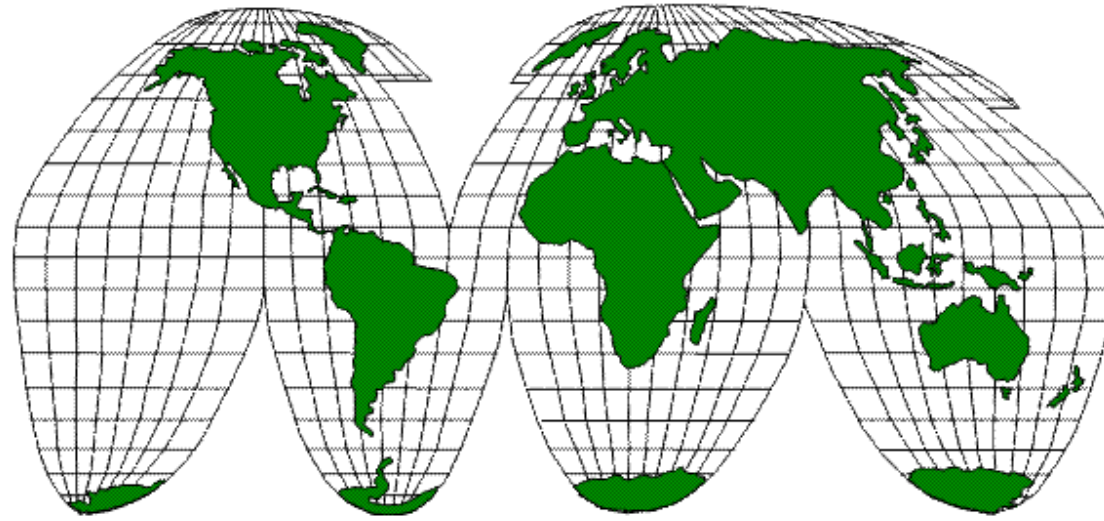


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Department of Defense
OFFICE OF PREPUBLICATION AND SECURITY REVIEW

DEFENSE HEALTH PROGRAM



Fiscal Year (FY) 2024 President's Budget

OPERATION AND MAINTENANCE

PROCUREMENT

RESEARCH, DEVELOPMENT, TEST AND EVALUATION

Volume 1: Justification Estimates

Volume 2: Data Book

March 2023

The Defense Health Program spans the globe in support of the Department of Defense's most important resource--active and retired military members and their families.

Preparation of the Defense-Wide budget excluding revolving funds, cost the Department of Defense a total of approximately \$1,177,233 in FY 2023

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TABLE OF CONTENTS

Exhibit PBA-19	Introductory Statement	1
Exhibit O-1	Operation and Maintenance Funding	11
Exhibit OP-32	Summary of Price and Program Growth - Summary	13
Exhibit PB-31R	Personnel Summary	17
Exhibit PB-31Q	Manpower Changes in Full-Time Equivalent	19
Exhibit PB-31D	Summary of Funding Increases and Decreases	21
Exhibit OP-5/OP-32	In-House Care	25
	Private Sector Care	41
	Consolidated Health Support.....	55
	Information Management.....	69
	Management Activities.....	88
	Education and Training.....	97
	Base Operations/Communications	109
	Facilities Sustainment, Restoration, and Modernization.....	123
	Cost of Medical Activities.....	125
	Exhibit PB-11	Personnel Summary
Exhibit PB-11A	Medical Workload Data - DHP Summary	133
Exhibit PB-11B	Advisory and Assistance Services.....	141
Exhibit PB-15	Summary of Funds Budgeted for Environmental Projects.....	143
Exhibit PB-28	Major DoD Headquarters Activities - DHP.....	147
Exhibit PB-22	Procurement Plan - DHP	149
Exhibit P-1	Procurement Budget Item - DHP	151
Exhibit R-1	RDT&E Programs - DHP	157
R-2 Exhibit	RDT&E Project Justification DHP	158

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Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Introductory Statement

Appropriation Summary

<u>Appropriation Summary</u>	<u>FY 2022 Actuals</u>	<u>Price Change</u>	<u>Program Change</u>	<u>FY 2023 Enacted</u>	<u>Price Change</u>	<u>Program Change</u>	<u>FY 2024 Request</u>
Operation & Maintenance	33,640.8	1,501.4	466.9	35,609.1	1,406.0	85.20	37,100.3
RDT&E	2,638.5	14.6	388.3	3,041.4	18.4	-2,128.00	931.8
Procurement	<u>758.7</u>	<u>23.2</u>	<u>-211.8</u>	<u>570.1</u>	<u>16.3</u>	<u>-204.50</u>	<u>381.9</u>
Total DHP	37,038.0	1,539.2	643.4	39,220.6	1,440.7	-2,247.30	38,414.0
MERHCF Receipts	<u>11,393.8</u>			<u>11,846.6</u>			<u>12,291.6</u>
Total Health Care Costs	48,431.8			51,067.2			50,705.6

Notes:

1. FY 2022 actuals include \$227.726 million for Overseas Operations Costs, and excludes funds transferred to VA for Lovell FHCC and the DoD-VA Joint Incentive Fund (\$152.0 million).
2. FY 2023 enacted includes \$116.171 million for Overseas Operations Costs, \$14.1 million for Ukraine Supplemental, \$5.0 million for Fisher House, \$168 million for transfer to VA for Lovell FHCC, and \$15 million for transfer to Joint Incentive Fund.
3. FY 2024 request includes \$230.885 million for Overseas Operations Costs, \$172.0 million for transfer to VA for Lovell FHCC and \$15 million for transfer to the DoD-VA Joint Incentive Fund.
4. Reflects DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) O&M transfer Receipts for FY 2022, FY 2023 and FY 2024 that support 2.5 million Medicare-eligible retirees and their family members.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

Description of Operations Financed:

The Defense Health Program (DHP) Operation and Maintenance (O&M) appropriation funding provides for worldwide medical and dental services to active forces and other eligible beneficiaries, occupational and industrial health care, and specialized services for the training of medical personnel. The MHS provides care in government owned and operated medical treatment facilities focused on sustaining readiness of the medical force and the medical readiness of deployable forces. Additionally, the MHS purchases more than 65 percent of the total care provided for beneficiaries through tailored contracts, such as Managed Care Support Contracts responsible for the administration of the TRICARE benefit. The DoD Medicare Eligible Retiree Health Care Fund (MERHCF) is an accrual fund to pay for DoD's share of applicable Direct Care and Private Sector Care operation and maintenance health care costs for Medicare-eligible retirees, retiree family members and survivors.

In FY 2024, we are anticipating COVID costs to continue to come down, driving a reduction in the DHP budget in Direct Care and Private Sector Care for costs attributed directly to COVID. The Department continues to invest in testing, Bio-surveillance, genomic sequencing, and integrating health information technology systems to protect against and treat COVID-19 and prepare for new variants, while applying lessons learned to prepare for future biological threats and other major public health emergencies.

The National Defense Authorization Acts (NDAA) for FY 2017, FY 2019, and FY 2020 contained language to drive a wide range of structural and management reforms within the MHS. These adjustments have been catalysts for the transformation of the MHS into a more integrated system of readiness and health. As we develop new ways of doing business, our commitment is to build an improved system of military health. This system will continuously improve, ensuring success in supporting service members that are fit to fight; medical professionals are ready to support them in training and on the battlefield; and our great outcomes for all those who serve. The MHS is laser-focused on three key areas of organizational reform; integrated management of care provided in the direct care and purchased care systems, a reinvigorated approach to readiness within the direct care system, and optimizing the recruitment, education, training, and sustainment of talented and committed service members with size, quality, and composition to deliver care, anywhere, anytime in support of our service members. The FY 2024 budget continues the MHS reform efforts underway by focusing on improving access to services for our patients by better integrating the direct and purchased care systems. Standardization will lead to improved safety and the availability of options for patients to manage their health care more easily. As of FY2022, the Defense Health Agency (DHA) has completed the transition of all Military Medical Treatment Facilities (MTF) to DHA in accordance with the Department's approved conditions-based execution plan (Plan 3 version 6) for critical milestones.

In response to Section 741 of the NDAA for FY 2023, the FY 2024 President's Budget suspends planned clinical medical military end strength divestitures. The Department will use this directed pause to conduct an assessment of current military medical end strength to match operational requirements and enable the MHS to increase the medical readiness of the force, as well as the readiness of our medical force. Following this assessment, the Department will submit a report to the House and Senate Armed Services Committees that certifies the completion of a comprehensive review of the military medical manning and justification for any proposed changes to the composition of the military medical end strength and the plan to address civilian backfill and persistent civilian vacancies or risks associated with the planned reductions.

Private Sector Care continues to be a vital part of the Military Health System in FY 2024 and represents over half of the Operations and Maintenance requirement. Over the period of FY 2012 to FY 2018, both private health insurance premiums and National Health Expenditures per capita rose 25% (or 3.7% annually). The

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

Private Sector Care budget should have continued to rise but the Department, with concurrence from Congress, instituted a series of initiatives that bent the cost curve. A combination of benefit changes, payment savings initiatives, contract changes, and population reductions offset underlying increases in health care costs, which is estimated to have saved \$3.5 billion over a six-year period. Beginning toward the end of FY 2019 and continuing into FY 2020, the Department began to experience significant growth without the benefit of new reforms to offset the increases. In FY 2022, the Department focused on re-baselined funding for Private Sector Care healthcare requirements using the latest execution data, National Health Expenditure rates, beneficiary population forecasts, and current policy/compensation assumptions. Based on FY 2021 execution and FY 2022 execution, the much higher PSC baseline update was valid. In FY 2024, the Department is making additional investments in Private Sector Care based on the previous year's execution trends and the FY 2024 request fully funds the Department's anticipated PSC requirements to reduce risk to other DoD programs. Private Sector Care will continue to represent an important part of the overall health system in FY 2024 and beyond.

Mental Health continues to be an area of emphasis across the DoD. The FY 2024 budget invests \$1.4 billion in clinical mental health programs and initiatives include those which evaluate, treat, and follow-up with patients with a variety of mental health issues. These programs leverage evidence-based best practices and treatment, practical problem resolution, case management and crisis management to support positive health outcomes. Ongoing mental health efforts within the Department include Primary Care Behavioral Health, Tele-Behavioral Health, National Intrepid Center of Excellence and Intrepid Spirit Centers, Substance Abuse Program, as well as research on mental health aimed to accelerate the innovation and delivery of preventive interventions and treatments for TBI, PTSD, and other mental health conditions.

The DoD and the Department of Veteran's Affairs continue to progress in the establishment of the unified Electronic Health Record. In FY 2024, the DoD continues funding the clinical application, HealthIntent, which provides a platform for population health and analytic tools and offers a seamless longitudinal record between the DoD and VA that will grant providers and beneficiaries' access to detailed medical histories.

The FY 2024 budget supports the completion of MHS GENESIS deployment Outside the Continental United States with the following waves slated to go live within FY 2024: Waves LANDSTUHL, LAKENHEATH, OKINAWA, AND GUAM/SOUTH KOREA. This is all part of the Defense Healthcare Management System Modernization Program (DHMSM) Program Management Office's (PMO) deployment schedule and incorporates lessons learned from prior deployments completed to date. In addition, the FY 2024 budget supports MHS GENESIS moving to full sustainment of all sites post deployment as well as critical enhancements to the original MHS GENESIS capabilities. These enhancements include tele-health initiatives, interfaces between MHS GENESIS and the Patient Queuing & Notification System (PQNS) and the General Fund Enterprise Business System (GFEBs), and product improvement engineering to support agile development, configuration, and test of new capabilities for MHS GENESIS.

In addition, the FY24 budget supports MHS strategic goals and facilitates informed decision-making through the delivery of vital information services and data in a timely, relevant, and actionable manner via Enterprise Intelligence & Data Solutions (EIDS). EIDS has become the nexus of all Military Health System (MHS) secondary data and the core data broker and provider for most clinical and operational medical systems across the enterprise. The EIDS PMO strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoD leadership to improve patient care through the MIP. EIDS Military Health System Information Platform (MIP) enclave integrates over 130 data sources, 50+ clinical registries and rationalized over 22 data warehouses, 18 applications over the last 4 years. In addition, it supports a set of DoD legacy systems and projects that aim to increase data interoperability and access to electronic health data via digital health hub serving up health care data to DoD and Federal partners. The MIP provides a core

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

clinical research platform for self-service business intelligence and is building an artificial intelligence and machine learning workbench. Additionally, EIDS is building the first secure cloud-based genomics platform for the DoD. An inability to fully fund the EIDS initiative would result in an enterprise loss of value in bringing together data, information technology, and data science, delivering analytics-driven insights for customers driving towards prescriptive analytics, as well as delay the ability of the Departments to meet the Congressional intent of a fully interoperable health record.

The DHP appropriation funds the Research, Development, Test and Evaluation (RDT&E) program developed in response to the needs of the National Defense Strategy and Joint Capabilities Integration and Development System (JCIDS). The goal is to advance the state of medical science in those areas of most pressing need and relevance to today's battlefield experience and emerging threats. The objectives are to discover and explore innovative approaches to protect, support, and advance the health and welfare of military personnel and individuals eligible for care in the MHS; to accelerate the transition of medical technologies into deployed products; and to accelerate the translation of advances in knowledge into new standards of care for injury prevention, treatment of casualties, rehabilitation, and training systems that can be applied in theater or in military medical treatment facilities.

The DHP Procurement program funds acquisition of capital equipment in MTFs and other selected health care activities which include equipment for initial outfitting of newly constructed, expanded, or modernized health care facilities; equipment for modernization and replacement of uneconomically repairable items; and MHS information technology (IT) requirements.

O&M Changes

Narrative Explanation of FY 2023 and FY 2024 Operation and Maintenance (O&M) Changes:

The DHP O&M funding reflects an overall increase of \$1,491.2 million between FY 2023 and FY 2024, consisting of \$1,406.0 million in price growth and a net program increase of \$85.2 million. \$230.9 million of Overseas Operations Costs is included in the base request.

Program **increases** include:

- \$402.8 million increase is based on beneficiary population forecasts, policy changes and significantly increasing healthcare costs. The increase is fueled by higher Medicare reimbursement rates set by the Centers for Medicare and Medicaid Services (CMS), which statutorily determine the TRICARE reimbursement rates for PSC providers and facilities.
- \$78.2 million to address the estimated impacts of Executive Order 14026, Increasing the Minimum Wage for Federal Contractors, dated April 27, 2021 (BAG 1 \$46.2M, BAG 3 \$30.6M, BAG 6 \$1.4M).
- \$73.4 million provides funds for Joint Operational Medicine Information Systems requirements, the increase is largely due to the realignment of funding from RDT&E to O&M to reflect the new Acquisition Strategy approved January 2021, including: 1) continued funding of software development that will occur beyond the first MVCR; 2) funding of IT Management and testing support for software development beyond the first MVCR. Additionally, increase funding is required to maintain new capabilities that are added to the suite of Operational Medicine Information Systems (OpMed IS) as part of the

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

program's Capability Roadmap. The newly deployed capabilities include Medical Common Operating Picture, Healthcare Delivery, Operational Medicine Data Service, and Theater Blood.

- \$54.5 million funds increase in supplemental health care program due to increased utilization of the Private Sector Care network for Active Duty care not available in the Military Treatment facilities.
- \$46.6 million increase to Retail and Mail Order Scripts attributed to more patients being seen in the Private Sector Care and filling prescriptions in Mail Order and Retail, following patient preference and behavior inducted by COVID.
- \$46.5 million funds increased utilization of Private Sector Care mental health treatment by Active Duty.
- \$39.1 million to improve the ability to prevent, detect, and respond to biological incidents and biological threats as highlighted in the Biodefense Posture Review.
- \$32.7 million one-time increase for Microsoft 365 Enterprise E5 licensing upgrades for improved Zero Trust capabilities.
- \$23.7 million increase based on transfer of full-time equivalents, civilian pay and non-pay funding from the Department of the Army and the Department of the Air Force to complete the Department of Defense Public Health consolidation at the Defense Health Agency in accordance with Section 711 of the National Defense Authorization Act of FY 2019.
- \$4.6 million increase is based on a Managed Care Support Contract revision to expand on existing two-region structure by implementing demonstrations permitting the DoD to test the efficacy of offering beneficiaries access to multiple networks in the same geographic area.
- \$3.6 million transfer of civilian pay funds, full-time equivalents, and associated programming resources to the Defense Health Agency from the Department of the Army for the Initial Entry Training Reception Battalion Medical Support function.
- \$2.1 million increase in supports the FY 2017 NDAA note on the national security challenges posed by anomalous health incidents (P. L. 114-328, 10 U. S. C. 111 note) and ensures that individuals affected by anomalous health incidents receive timely and comprehensive health care and treatment.

Program **decreases** include:

- \$200.0 million decrease in Direct Care Pharmaceuticals due to the decline in Military Treatment Facility Pharmacy utilization observed since FY2020.
- \$118.3 million decrease in the Military Health System Information Management/Information Technology Legacy sustainment funding as the Defense Health Agency implements consolidation measures to reduce infrastructure costs at the Military Treatment Facilities and the Defense Health Agency.
- \$95.2 million decrease in COVID funding assumes that future outbreaks in COVID variants will be less severe due to increased vaccination/natural immunity, requiring fewer hospitalization costs and more outpatient care. (BAG 1 \$72.3M, BAG 3 \$22.9M).
- \$83.8 million decrease for the transfer of the Service's Medical Readiness activities which occur outside of the Military Treatment Facilities to the Military Departments (BAG 1 \$55.8M, BAG 3 \$11.7M, BAG 4 \$899K, BAG 5 \$463K BAG 6 \$10.3M, BAG 7 \$4.6M).
- \$68.9 million decrease in Budget Activity Group 7 based on contract consolidation and efficiencies gained as DHA implements standardization of contract management for the Military Treatment Facilities.
- \$47.5 million decrease in Department of Defense Healthcare Management System Modernization (DHMSM) due to the reduction in management oversight and travel required to support deployment in FY 2024. Deployment efforts for MHS GENESIS will complete in the first half of FY 2024 in accordance with the approved deployment schedule.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

- \$31.9 million decrease to facility sustainment funding based on the facility sustainment model for non-critical facilities funded at 85 percent in accordance with current strategy to maintain facilities sustainment costs.
- \$15.0 million adjustment to reverse one-time funding of Telehealth for Military Children and Families to improve access to care through telehealth opportunities.
- \$15.0 million adjustment to reverse one-time funding of Therapeutic Service Dog Training to determine the measurable effects of Therapeutic Service Dog Training program as a therapeutic intervention for Service Members with posttraumatic stress disorder.
- \$10.0 million adjustment to reverse one-time funding of Uniformed Services University of the Health Sciences' (USUHS) for management and administration of the USUHS academic programs.
- \$7.0 million adjustment to reverse one-time funding of the Tri-Service Nursing Research Program.
- \$6.5 million decrease in Management Activities contract funding based on consolidation of contracts and increased contract standard standardization to achieve purchasing efficiencies.
- \$5.0 million adjustment to reverse one-time funding of Armed Outdoor Recreation and Education Activities funding to establish an outdoor recreation wellness program for military families in conjunction with vetted non-governmental partners.
- \$5.0 million adjustment to reverse one-time funding for Fisher House.
- \$5.0 million adjustment to reverse one-time funding of Fetal Alcohol Spectrum Disorders Prevention and Clinical Guidelines.
- \$4.0 million adjustment to reverse one-time funding of Armed Forces Medical Examiner DNA testing funding increase to support the Prisoner of War/Missing in Action efforts.
- \$2.5 million adjustment to reverse one-time funding of Specialized Medical Pilot Program for military orthopedic surgeons advanced arthroscopy skills course.
- \$2.2 million decrease in Education and Training travel and equipment requirements at the Defense Health Agency through consolidation of education and training programs.

Continuing in FY 2024, the Department projects that up to \$172.0 million should transfer to the Joint DoD -VA Medical Facility Demonstration Fund established by section 1704 of Public Law 111-84, (National Defense Authorization Act for FY 2010). This fund combines the resources of DoD and VA to operate the first totally integrated Federal Health Care Center in the country by the total integration of the North Chicago VA Medical Center and the Navy Health Clinic Great Lakes, IL.

Continuing in FY 2024, the Department will transfer \$15 million to the DoD-VA Health Care Joint Incentive Fund (JIF). Authority for the JIF is established by Section 8111, Title 38, of the United States Code (USC) and Section 721 of Public Law 107-314(National Defense Authorization Act for 2003). This fund combines the resources of the DoD and VA to implement, fund, and evaluate creative coordination and sharing initiatives at the facility, intraregional, and nationwide levels.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

RDT&E Changes

Narrative Explanation of FY 2023 and FY 2024 Research Development Test & Evaluation (RDT&E) Changes:

The DHP RDT&E Program reflects a net decrease of \$2,109.6 million between FY 2023 and FY 2024. This includes a price growth of \$18.4 million and a program decrease of \$2,128.0 million.

Program **increases** include:

- \$10.0 million increase associated with the internal realignment of funding for the APOLLO (Applied Proteogenomics Organizational Learning and Outcome) project to accelerate and broaden the successful research efforts in the development of new cancer treatments.
- \$2.4 million increase associated with the programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Products Support and Advanced Concept Development from Army PE 0604110A.

Program **decreases** include:

- \$2,121.5 million decrease for FY 2023 one-time Congressional adjustments for congressional special interest.
- \$10.0 million decrease associated with the internal realignment of funding for the APOLLO (Applied Proteogenomics Organizational Learning and Outcome) project to accelerate and broaden the successful research efforts in the development of new cancer treatments.
- \$5.9 million decrease associated with the programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Products and Support Systems Development from Army PE 0605145A.
- \$2.1 million decrease associated with the realignment of funding to Information Technology Development – Defense Medical Information Exchange (DMIX) (PE 0605039DHA) from BA-08 Software & Digital Technology Pilot Program.
- \$0.9 million decrease in miscellaneous adjustments related to DoD Healthcare Management System Modernization (DHMSM) and Medical Products and Capabilities Enhancement Activities.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

Procurement Changes

Narrative Explanation of FY 2023 and FY 2024 Procurement Changes:

The DHP Procurement Program has a net decrease \$188.2 million between FY 2023 and FY 2024. This includes price growth of \$16.3 million and a net program decrease of \$204.5 million.

Program **increases** include:

- \$28.0 million increase to Joint Operational Medicine Information Systems (JOMIS) program per rephasing of activities to align with the program's new Acquisition Strategy and Capability Roadmap signed by Milestone Decision Authority (MDA) Jan 2021. Funding will be used for initial system implementation and fielding of JOMIS programs, to include new equipment training (NET) as well as procurement of hardware and software which is required to build out the infrastructure of JOMIS's hosting requirement. Deployment activities include purchasing required commercial software user license and site visits, localized configuration, on-site deployment support to include "over-the shoulder" support to approximately 450+ forward and resuscitative sites, 300+ ships, 2 hospital ships, 6 theater hospitals, and 3 aeromedical staging units deployed across all geographic combatant commands environments while providing access to authoritative sources of clinical data.

Program **decreases** include:

- \$227.5 million decrease in Department of Defense Healthcare Management System Modernization (DHMSM) due to the planned completion of MHS GENESIS wave deployments in the first half of FY 2024.
- \$5.0 million decrease for the replacement of medical equipment across the Military Health System for Medical/Surgical, Preventive Medicine/Pharmacy, and Radiographic programs.

President's Management Plan - Performance Metrics Requirements:

The Military Health System (MHS) continues to refine existing performance measures and develop specific criteria to determine and measure outputs/outcomes as compared with initial goals. The Quadruple Aim provides a focused and balanced approach to overall performance. This approach includes outcome measures related to medical readiness, a healthy population, positive patient experiences and the responsible management of health care costs.

- **Individual Medical Readiness** – This measure provides operational commanders, Military Department leaders and primary care managers use a measure to monitor the medical readiness status of their personnel, ensuring a healthy and fit fighting force medically ready to deploy. This represents the best-available indicator of the medical readiness of the Total Force (Active Component and Reserve Component) prior to deployment.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

- **Beneficiary Satisfaction with Health Plan** – Satisfaction is measured using a standard survey instrument comparable to those used by civilian plans. The goal is to improve MHS beneficiary overall satisfaction with TRICARE to a level at or above benchmark satisfaction with civilian plans utilizing the Consumer Assessment of Healthcare Providers and Systems survey. Increasing satisfaction with the Health Plan indicates that actions being taken are improving the overall functioning of the health plan from the beneficiary perspective. The MHS is modernizing and improving all its surveys to better assess beneficiary satisfaction. The MHS plans to resolve current known survey challenges by normalizing by demographics and volume to make the data more meaningful, improve result accuracy and performance assessment. The MHS also plans to improve the response rate, which is very low; low survey response rates overrepresents negative bias, per survey science and peer-reviewed literature.
- **Medical Cost Per Member Per Year** – This measure focuses on the annual overall cost growth for the Prime enrollees and includes all costs related to health care delivered to enrollees. The objective is to keep the rate of cost growth for TRICARE Prime enrollees to a level at or below the increases for the Civilian health care plans at the national level. Currently, the measure provides insight to issues regarding unit cost, utilization management, and purchased care management. The metric has been enhanced to properly account for differences in population demographics and health care requirements of the enrolled population. Since enrollment demographics can vary significantly by enrollment site, and across time, it is important to adjust the measure. For example, as increasing numbers of older individuals enroll, the overall average medical expense per enrollee would likely increase. Conversely, as younger, healthy active-duty family members enroll, the overall average would likely decrease. Using adjustment factors, a comparison across enrolment locations and across time is made more meaningful.

Below is reporting for FY 2022 performance measures related to the Quadruple Aim. Performance in general represents a return to more normal health care operations by the end of the fiscal year, following MHS supporting the Federal Emergency Management Agency (FEMA) as part of the whole-of-government response in confronting COVID-19. While most treatment operations have returned to a normal level, the impacts related to COVID-19 remain a significant health risk that likely will impact health care operations as more is understood regarding the long-term impacts of the virus. The overall success of each measure is discussed below:

- **Individual Medical Readiness** – The MHS achieved 91 percent for the Total Force Medical Readiness in the last quarter of FY 2022 versus the goal of 90 percent. The FY 2022 adjusted target is based on updated guidance signed out in July 2022, with respect to enhancing the performance levels and clarified reporting of individuals. In the past, individuals who were reported under Medically Ready Indeterminate and those currently deployed impacted the measure in a manner that would artificially lower the score because of administrative items easily resolved once members returned from deployments. The fourth quarter of FY 2022 was the first reporting period that exceeded the revised goal established in July of 2022. The key drivers for improved performance include: (1) reduced delinquent PHAs, (2) reduced Deployment-Limiting Medical Conditions, (3) reduced percentage of delinquent dental exams (Dental Class 4), and reduced percentage of non-deployable dental conditions (Dental Class 3).
- **Beneficiary Satisfaction with Health Plan** – Satisfaction with Health Care Plan performance for FY2022 matched or exceeding the benchmark for all quarters based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for the fiscal year. Overall, there was a slight decrease in the satisfaction level related to the continued access issues related to COVID-19. It appears that the continued access restrictions at the MTFs related to force health protections related to COVID-19 drove part of the decrease along with deployments in support of FEMA and whole-of-government response in confronting COVID-19. With the dramatic reduction of COVID-19 related health care utilization, the MHS has efforts in place to improve access to the

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Introductory Statement

MTFs which should improve the overall trend and maintain levels above the benchmark for future fiscal years. Major performance drivers for this measure are related to claims processing timeliness, interaction during health care encounter, and access to health care.

- **Medical Cost Per Member Per Year – Annual Cost Growth** – The performance estimate for the first 11 months of FY 2022 is a 1.9 percent growth vs goal of 4.1 percent growth. This represents a return to normal performance for the system and is primary attributable to the impacts of COVID-19 on the United States health care system during the pandemic. Overall, the entire health care system experienced a dramatic increase in utilization of health care services during FY 2021 as delayed care from COVID-19 returned. The return of normal growth in FY 2022 represents what is expected to be continued health care utilization for TRICARE Prime enrollees that should remain for the next couple of years.
- **Note:** Due to the deployment of MHS GENESIS and data availability issues, sites that have deployed the new Electronic Health Record are excluded from the Per Member Per Month measure. The 11-month timeframe is being utilized because of the deployment of MHS GENESIS to additional treatment facilities, and related data issues that are in the process of being resolved that link direct care costs and workload for multiple years to ensure that trend information is available.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Funding by Budget Activity**

(Dollars in Thousands)

0130D Defense Health Program			FY 2022^{1/} Actual	FY 2023^{2/} Enacted	FY 2024^{3/} Request
			<u>Base + OOC</u>	<u>Total</u>	<u>Base</u>
<u>BUDGET ACTIVITY 01: OPERATION & MAINTENANCE</u>					
0130D	010	In-House Care	9,375,947	9,919,173	10,044,342
0130D	020	Private Sector Care	18,019,192	18,577,877	19,893,028
0130D	030	Consolidated Health Support	1,332,433	1,897,536	2,007,012
0130D	040	Information Management	2,271,840	2,315,570	2,327,816
0130D	050	Management Activities	329,274	338,678	347,446
0130D	060	Education and Training	320,820	359,345	336,111
0130D	070	Base Operations/Communications	1,991,336	2,200,952	2,144,551
TOTAL, BA 01: OPERATION & MAINTENANCE			33,640,842	35,609,131	37,100,306
<u>BUDGET ACTIVITY 02: RDT&E</u>					
0130D	DEFENSE HEALTH PROGRAM		2,638,489	3,041,441	931,773
TOTAL, BA 02: RDT&E			2,638,489	3,041,441	931,773
<u>BUDGET ACTIVITY 03: PROCUREMENT</u>					
0130D	DEFENSE HEALTH PROGRAM		758,708	570,074	381,881
TOTAL, BA 03: PROCUREMENT			758,708	570,074	381,881
<u>SUMMARY OF OPERATION</u>			FY 2022	FY 2023	FY 2024
			<u>Actual</u>	<u>Enacted</u>	<u>Request</u>
OPERATION ENDURING SENTINEL			27,629	26,607	
OPERATION INHERENT RESOLVE			200,097	89,564	230,885
OVERSEAS OPERATIONS TOTAL			227,726	116,171	230,885

1. FY 2022 actuals include \$227,726K for Overseas Operations Costs, transfers to FHCC (\$137,000K), Fisher House (\$5,000K) and JIF (\$15,000K)
2. FY 2023 reflects enactment and includes \$116,171K for Overseas Operations Costs
3. FY 2024 request includes \$230,885K for Overseas Operations Costs

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Summary of Price and Program Growth**

	<u>FY 2022 Program</u>	<u>Price Growth Percent</u>	<u>Price Growth</u>	<u>Program Growth</u>	<u>FY 2023 Program</u>	<u>Price Growth Percent</u>	<u>Price Growth</u>	<u>Program Growth</u>	<u>FY 2024 Program</u>
0101 EXEC, GEN'L & SPEC SCHEDS	6,172,244	4.13%	254,914	-74,399	6,352,759	5.03%	319,417	-14,167	6,658,009
0103 WAGE BOARD	146,022	4.13%	6,031	-390	151,663	5.03%	7,626	-2,721	156,568
0104 FN DIRECT HIRE (FNDH)	43,324	4.13%	1,789	221	45,334	5.03%	2,279	-1,536	46,077
0105 SEPARATION LIABILITY (FNDH)	1,486	4.13%	61	-1,547	0	0.00%	0	0	0
0106 BENEFIT TO FMR EMPLOYEES	1	4.13%	0	72	73	5.03%	4	-4	73
0107 VOLUNTARY SEP INCENTIVES	1,329	4.13%	55	-739	645	5.03%	32	-29	648
0110 UNEMPLOYMENT COMPENSATION	6,892	4.13%	285	0	7,177	5.03%	361	0	7,538
TOTAL CIVILIAN PERSONNEL COMPENSATION	6,371,298		263,135	-76,782	6,557,651		329,719	-18,457	6,868,913
0308 TRAVEL OF PERSONS	138,895	2.10%	2,917	-6,288	135,524	2.20%	2,982	-3,655	134,851
TOTAL TRAVEL	138,895		2,917	-6,288	135,524		2,982	-3,655	134,851
0401 DLA ENERGY (FUEL PRODUCTS)	4,781	-7.47%	-357	1	4,425	-11.50%	-509	-42	3,874
0411 ARMY SUPPLY	2	-0.28%		-2	0	0.00%	0	0	0
0416 GSA SUPPLIES & MATERIALS	975	2.10%	20	-160	835	2.00%	17	-2	850
0417 LOCAL PURCH SUPPLIES & MAT	5,085	2.10%	107	-112	5,080	2.00%	102	-2	5,180
0422 DLA MAT SUPPLY CHAIN (MEDICAL)	3,257	0.66%	21	-204	3,074	6.21%	191	-201	3,064
TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	14,100		-208	-478	13,414		-200	-246	12,968
0647 DISA ENTERPRISE COMPUTING CENTERS	12,658	2.00%	253	-2,141	10,770	6.60%	711	-485	10,996
0671 DISA DISN SUBSCRIPTION SERVICES (DSS)	16	3.22%	1	0	17	6.47%	1		18

OP-32A Exhibit
DHP

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Summary of Price and Program Growth**

	<u>FY 2022 Program</u>	<u>Price Growth Percent</u>	<u>Price Growth</u>	<u>Program Growth</u>	<u>FY 2023 Program</u>	<u>Price Growth Percent</u>	<u>Price Growth</u>	<u>Program Growth</u>	<u>FY 2024 Program</u>
0691 DFAS FINANCIAL OPERATIONS (ARMY)	19,151	3.58%	686	0	19,837	4.26%	845		20,682
TOTAL OTHER FUND PURCHASES	31,825		939	-2,140	30,624		1,557	-485	31,696
0706 AMC CHANNEL PASSENGER	126	2.10%	3	-129	0	0.00%	0	0	0
0719 SDDC CARGO OPS-PORT HNDLG	185	10.00%	19	-59	145	33.90%	49	-45	149
0771 COMMERCIAL TRANSPORT	12,951	2.10%	272	-2,049	11,174	2.00%	223	-171	11,226
TOTAL TRANSPORTATION	13,262		293	-2,236	11,319		273	-217	11,375
0901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	49,727	4.13%	2,054	5,337	57,118	5.03%	2,872	-1,292	58,698
0912 RENTAL PAYMENTS TO GSA (SLUC)	47,848	2.10%	1,005	-2,200	46,653	2.20%	1,026	1	47,680
0913 PURCHASED UTILITIES (NON-FUND)	258,375	2.10%	5,426	26,439	290,240	2.20%	6,385		296,625
0914 PURCHASED COMMUNICATIONS (NON-FUND)	26,107	2.10%	548	405	27,060	2.20%	595	-28	27,627
0915 RENTS (NON-GSA)	52,635	2.10%	1,105	1,371	55,111	2.20%	1,212	-34	56,289
0917 POSTAL SERVICES (U.S.P.S)	4,242	2.10%	89	-1,553	2,778	2.20%	61	-2	2,837
0920 SUPPLIES & MATERIALS (NON-FUND)	567,830	2.10%	11,924	-27,313	552,441	2.20%	12,154	-1,540	563,055
0921 PRINTING & REPRODUCTION	23,373	2.10%	491	-353	23,511	2.20%	517	-182	23,846
0922 EQUIPMENT MAINTENANCE BY CONTRACT	151,162	2.10%	3,174	-7,152	147,184	2.20%	3,238	-3,116	147,306
0923 FACILITIES SUST, REST, & MOD BY CONTRACT	1,035,287	2.10%	21,741	188,611	1,245,639	2.20%	27,404	-85,256	1,187,787
0924 PHARMACEUTICAL DRUGS	3,616,158	5.20%	188,040	253,815	4,058,013	4.10%	166,379	-152,674	4,071,718
0925 EQUIPMENT PURCHASES (NON-FUND)	380,677	2.10%	7,994	104,686	493,357	2.20%	10,854	-2,242	501,969
0930 OTHER DEPOT MAINTENANCE (NON-FUND)	1	2.10%	0	-1	0	0.00%	0	0	0
0932 MGT PROF SUPPORT SVCS	446,327	2.10%	9,373	-115,414	340,286	2.20%	7,486	1,339	349,111

OP-32A Exhibit
DHP

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Summary of Price and Program Growth**

	<u>FY 2022 Program</u>	<u>Price Growth Percent</u>	<u>Price Growth</u>	<u>Program Growth</u>	<u>FY 2023 Program</u>	<u>Price Growth Percent</u>	<u>Price Growth</u>	<u>Program Growth</u>	<u>FY 2024 Program</u>
0933 STUDIES, ANALYSIS & EVAL	42,313	2.10%	889	-6,446	36,756	2.20%	809	-551	37,014
0934 ENGINEERING & TECH SVCS	74,893	2.10%	1,573	-22,696	53,770	2.20%	1,183	0	54,953
0955 OTHER COSTS (MEDICAL CARE)	346,062	5.20%	17,995	243,341	607,398	4.10%	24,903	980	633,281
0957 OTHER COSTS (LAND AND STRUCTURES)	12,215	2.10%	257	3,053	15,525	2.20%	342	0	15,867
0959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	114	2.10%	2	-113	3	2.20%	0		3
0960 OTHER COSTS (INTEREST AND DIVIDENDS)	447	2.10%	9	-129	327	2.20%	7	76	410
0964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	2,732	2.10%	57	308	3,097	2.20%	68	-5	3,160
0986 MEDICAL CARE CONTRACTS	17,482,724	5.20%	909,102	-157,691	18,234,135	4.10%	747,600	423,259	19,404,994
0987 OTHER INTRA-GOVT PURCH	503,531	2.10%	10,574	29,002	543,107	2.20%	11,948	-20,100	534,955
0988 GRANTS	47,609	2.10%	1,000	11,916	60,525	2.20%	1,332	-22,431	39,426
0989 OTHER SERVICES	347,690	2.10%	7,301	5,136	360,127	2.20%	7,923	-15,995	352,055
0990 IT CONTRACT SUPPORT SERVICES	1,551,383	2.10%	32,579	22,476	1,606,438	2.20%	35,342	-11,943	1,629,837
TOTAL OTHER PURCHASES	27,071,462		1,234,303	554,834	28,860,599		1,071,640	108,264	30,040,503
GRAND TOTAL	33,640,842		1,501,379	466,910	35,609,131		1,405,970	85,205	37,100,306

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Personnel Summary**

	<u>FY 2022 Actuals</u>	<u>FY 2023 Enacted</u>	<u>FY 2024 Request</u>	<u>Change FY 2023/2024</u>
<u>Active Military End Strength (E/S) (Total)</u>	<u>70,116</u>	<u>70,716</u>	<u>72,543</u>	<u>1,827</u>
Officer	26,371	26,473	26,770	297
Enlisted	43,745	44,243	45,773	1,530
 <u>Reservists on Full Time Active Duty (E/S) (Total)</u>	 <u>0</u>	 <u>1</u>	 <u>1</u>	 <u>0</u>
Officer	0	1	1	0
 <u>Civilian End Strength (Total)</u>	 <u>59,486</u>	 <u>60,123</u>	 <u>60,037</u>	 <u>-86</u>
U.S. Direct Hire	55,546	57,328	57,235	-93
Foreign National Direct Hire	1,884	1,294	1,293	-1
Total Direct Hire	57,430	58,622	58,528	-94
Foreign National Indirect Hire	1,813	1,094	1,093	-1
Reimbursable Civilian	243	407	416	9
 <u>Active Military Average Strength (A/S) (Total)</u>	 <u>70,718</u>	 <u>70,416</u>	 <u>71,629</u>	 <u>1,213</u>
Officer	26,387	26,421	26,621	200
Enlisted	44,331	43,995	45,008	1,013
 <u>Reservists on Full Time Active Duty (A/S) (Total)</u>	 <u>0</u>	 <u>1</u>	 <u>1</u>	 <u>0</u>
Officer	0	1	1	0
 <u>Civilian FTEs (Total)</u>	 <u>58,163</u>	 <u>57,395</u>	 <u>57,309</u>	 <u>-86</u>
U.S. Direct Hire	54,398	54,698	54,605	-93
Foreign National Direct Hire	1,830	1,219	1,218	-1
Total Direct Hire	56,228	55,917	55,823	-94
Foreign National Indirect Hire	1,697	1,076	1,075	-1
Reimbursable Civilian	238	402	411	9
 Contractor FTEs (Total)	 23,760	 23,679	 23,579	 -100

Personnel Summary Explanations

1. This exhibit represents the total civilian and contractor FTEs associated with the O&M/RDT&E, 0130D appropriation. FY2024 Overseas Operations Budget Request is accounted for in the Base Budget.

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates**

	<u>US Direct Hire</u>	<u>Direct Hire</u>	<u>Foreign National</u>		<u>Total</u>
			<u>Indirect Hire</u>		
1. FY 2022 FTEs	56,047	987	1,129		58,163
Reflects combination of increases and decreases of the Military Manpower civilian from the Defense Health Program to the Services. Action includes Military Treatment Facilities, and Program Element transfers transactions. This also reflect decreases as a results of Defense-wide review clean-up actions.	(947)	232	(53)		(768)
2. FY 2023 FTEs	55,100	1,219	1,076		57,395
Reflects decrease of Military Manpower civilian from Defense Health Program to the Services in support the DHP. Army Capabilities Development Integration Directorate (CDID), In-Dental Treatment Facilities Commander's Support, Initial Entry Training, Air Force Special Program Authorizations (SPA), Early Development Intervention Services (EDIS), Medical Review Board, Public Health Phase II, National Capital Region Special Mission Auxiliary medical function realignment, Biodefense Public Health.	(84)	(1)	(1)		(86)
3. FY 2024 FTEs	55,016	1,218	1,075		57,309
4. SUMMARY					
FY 2022					
O&M Total	56,047	987	1,129		58,163
Direct Funded	55,990	952	983		57,925
Reimbursable Funded	57	35	146		238
FY 2023					
O&M Total	55,100	1,219	1,076		57,395

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates**

Direct Funded	54,698	1,219	1,076	56,993
Reimbursable Funded	402	0	0	402
FY 2024				
O&M Total	55,016	1,218	1,075	57,309
Direct Funded	54,605	1,218	1,075	56,898
Reimbursable Funded	411	0	0	411

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Summary of Funding Increases and Decreases**

	O&M	RDT&E	Procurement	DHP Total
FY 2023 President's Budget Request (Amended, if applicable)	35,314,750	1,047,350	570,074	36,932,174
In-House Care	9,906,943			9,906,943
Private Sector Care	18,455,209			18,455,209
Consolidated Health Support	1,916,366			1,916,366
Information Management	2,251,151			2,251,151
Management Activities	338,678			338,678
Education and Training	334,845			334,845
Base Operations/Communications	2,111,558			2,111,558
RDT&E		1,047,350		1,047,350
Procurement			570,074	570,074
1. Congressional Adjustments	294,381	1,994,091	0	2,288,472
a) Distributed Adjustments	312,767	-127,369	0	185,398
b) Undistributed Adjustments	0		0	0
c) Adjustments to Meet Congressional Intent	0	2,121,460		2,121,460
d) General Provisions	-18,386	0	0	-18,386
FY 2023 Appropriated Amount	35,609,131	3,041,441	570,074	39,220,646
In-House Care	9,919,173			9,919,173
Private Sector Care	18,577,877			18,577,877
Consolidated Health Support	1,897,536			1,897,536
Information Management	2,315,570			2,315,570
Management Activities	338,678			338,678
Education and Training	359,345			359,345
Base Operations/Communications	2,200,952			2,200,952
RDT&E		3,041,441		3,041,441
Procurement			570,074	570,074
2. OCO and Other Supplemental Enacted	0	0	0	0
a) OCO and Other Supplemental Requested	0	0	0	0
3. Fact-of-Life Changes	0	0	0	0
a) Functional Transfers	0	0	0	0
1. Transfers In	0	0	0	0
2. Transfers Out	0	0	0	0
b) Technical Adjustments	0	0	0	0
1. Increases	0	0	0	0
2. Decreases	0	0	0	0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Summary of Funding Increases and Decreases**

	<u>O&M</u>	<u>RDT&E</u>	<u>Procurement</u>	<u>DHP Total</u>
c) Emergent Requirements	0	0	0	0
1. Program Increases	0	0	0	0
a) One-Time Costs	0	0	0	0
b) Program Growth	0	0	0	0
2. Program Reductions	0	0	0	0
a) One-Time Costs	0	0	0	0
b) Program Decreases	0	0	0	0
FY 2023 Baseline Funding	35,609,131	3,041,441	570,074	39,220,646
In-House Care	9,919,173			9,919,173
Private Sector Care	18,577,877			18,577,877
Consolidated Health Support	1,897,536			1,897,536
Information Management	2,315,570			2,315,570
Management Activities	338,678			338,678
Education and Training	359,345			359,345
Base Operations/Communications	2,200,952			2,200,952
RDT&E		3,041,441		3,041,441
Procurement			570,074	570,074
4. Reprogramming	0	0	0	0
a) Increases	0	0	0	0
b) Decreases	0	0	0	0
Revised FY 2023 Estimate	35,609,131	3,041,441	570,074	39,220,646
In-House Care	9,919,173			9,919,173
Private Sector Care	18,577,877			18,577,877
Consolidated Health Support	1,897,536			1,897,536
Information Management	2,315,570			2,315,570
Management Activities	338,678			338,678
Education and Training	359,345			359,345
Base Operations/Communications	2,200,952			2,200,952
RDT&E		3,041,441		3,041,441
Procurement			570,074	570,074
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (items 2 and 4)	0	0	0	0
a) OCO and Other Supplemental Requested	0	0	0	0
FY 2023 Normalized Current Estimate	35,609,131	3,041,441	570,074	39,220,646

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Summary of Funding Increases and Decreases**

	<u>O&M</u>	<u>RDT&E</u>	<u>Procurement</u>	<u>DHP Total</u>
In-House Care	9,919,173			9,919,173
Private Sector Care	18,577,877			18,577,877
Consolidated Health Support	1,897,536			1,897,536
Information Management	2,315,570			2,315,570
Management Activities	338,678			338,678
Education and Training	359,345			359,345
Base Operations/Communications	2,200,952			2,200,952
RDT&E		3,041,441		3,041,441
Procurement			570,074	570,074
6. Price Change	1,406,045	18,400	16,261	1,440,706
7. Functional Transfers	-56,472	0	0	-56,472
a) Transfers In	27,348	0	0	27,348
b) Transfers Out	-83,820	0	0	-83,820
8. Program Increases	978,225	2,427	28,041	1,008,693
a) Annualization of New FY 2023 Program	0	0	0	0
b) One-Time FY 2024 Increases	32,735	0	0	32,735
c) Program Growth in FY 2024	945,490	2,427	28,041	975,958
9. Program Decreases	-836,623	-2,130,495	-232,495	-3,199,613
a) Annualization of FY 2023 Program Decreases	0	0	0	0
b) One-Time FY 2023 Increases	-468,500	-2,121,460	0	-2,589,960
c) Program Decreases in FY 2024	-368,123	-9,035	-232,495	-609,653
FY 2024 Budget Request	37,100,306	931,773	381,881	38,413,960
In-House Care	10,044,342			10,044,342
Private Sector Care	19,893,028			19,893,028
Consolidated Health Support	2,007,012			2,007,012
Information Management	2,327,816			2,327,816
Management Activities	347,446			347,446
Education and Training	336,111			336,111
Base Operations/Communications	2,144,551			2,144,551
RDT&E		931,773		931,773
Procurement			381,881	381,881

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Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit

I. Description of Operations Financed:

This Budget Activity Group provides for the delivery of medical and dental care plus pharmaceuticals received by Department of Defense eligible beneficiaries in Military Treatment Facilities and Dental Treatment Facilities in the Continental United States (CONUS) and Outside the Continental United States (OCONUS). This program includes the following:

Care in Department of Defense Medical Centers, Hospitals and Clinics - Includes resources for the provision of healthcare in DoD-owned and operated CONUS and OCONUS Military Treatment Facilities which are staffed and equipped to provide inpatient care for both surgical and medical patients and/or outpatient care for ambulatory patients.

Dental Care - Includes resources for providing dental care and services in CONUS and OCONUS to authorized personnel through the operation of hospital departments of dentistry and installation dental clinics, and the operation of Regional Dental Activities.

Pharmaceuticals - Includes pharmaceuticals specifically identified and provided by Pharmacy Services in DoD owned and operated CONUS and OCONUS facilities. Excludes the cost of operating Pharmacy Services in the Military Treatment Facilities.

II. Force Structure Summary:

The In-House Care Budget Activity Group includes staffing in Military Treatment Facilities to provide the full range of inpatient and ambulatory medical and dental care services. In addition to medical and dental care, this Budget Activity Group also includes medical center laboratories, substance abuse programs, facility on-the-job training/education programs and federal health care sharing agreements. This Budget Activity Group excludes operation of management headquarters, deployable medical and dental units and health care resources devoted exclusively to teaching organizations.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit

III. Financial Summary (\$ in Thousands):

	FY 2023							FY 2024 Request
	FY 2022 Actuals	Budget Request	Congressional Action			Current Enacted		
			Amount	Percent	Appropriated			
A. BA Subactivities								
1. MEDCENs, Hospitals & Clinics (CONUS)	\$6,926,523	\$7,125,193	\$-29,625	-0.42%	\$7,095,568	\$7,095,568	\$7,273,270	
2. MEDCENs, Hospitals & Clinics (OCONUS)	\$565,348	\$525,857	\$32,016	6.09%	\$557,873	\$557,873	\$492,902	
3. Pharmaceuticals (CONUS)	\$1,253,499	\$1,592,708	\$0	0.00%	\$1,592,708	\$1,592,708	\$1,612,200	
4. Pharmaceuticals (OCONUS)	\$122,201	\$158,432	\$0	0.00%	\$158,432	\$158,432	\$158,701	
5. Dental Care (CONUS)	\$461,459	\$465,615	\$8,642	1.86%	\$474,257	\$474,257	\$467,875	
6. Dental Care (OCONUS)	\$46,917	\$39,138	\$1,197	3.06%	\$40,335	\$40,335	\$39,394	
Total	\$9,375,947	\$9,906,943	\$12,230	0.12%	\$9,919,173	\$9,919,173	\$10,044,342	

Notes:

1. FY 2022 actuals includes:
 - \$39,309K in Overseas Operations Costs execution
 - \$686K Ukraine Supplemental funding
2. FY 2022 actuals **excludes**:
 - \$140,000K reprogrammed to Private Sector Care for COVID-19 requirement
 - \$1,829,400 (O&M only) for DoD MERHCF receipts
3. FY 2023 estimate includes:
 - \$28,235K for Overseas Operations Costs in the enacted budget
 - \$14,100K Ukraine Supplemental funding
4. FY 2023 estimate **excludes** anticipated DoD MERHCF receipts of \$1,883,900K (O&M only).
5. FY 2024 estimate includes \$34,495K for Overseas Operations Costs in the budget request.
6. FY 2024 estimate **excludes** anticipated DoD MERHCF receipts of \$1,757,900K (O&M only).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change FY 2023/FY 2023</u>	<u>Change FY 2023/FY 2024</u>
BASELINE FUNDING	\$9,906,943	\$9,919,173
Congressional Adjustments (Distributed)	35,616	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	-23,386	
SUBTOTAL APPROPRIATED AMOUNT	9,919,173	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	9,919,173	
Supplemental	0	
Reprogrammings	0	
Price Changes		430,589
Functional Transfers		-52,209
Program Changes		-253,211
CURRENT ESTIMATE	9,919,173	10,044,342
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$9,919,173	\$10,044,342

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

FY 2023 President's Budget Request (Amended, if applicable)	\$9,906,943
1. Congressional Adjustments	\$12,230
a) Distributed Adjustments	\$35,616
1) a. Cost Index Increase:	\$115,800
2) b. Telehealth for Military Children and Families:	\$15,000
3) c. Ukraine Supplemental (Division M):	\$14,100
4) d. Medical Care Contracts Historic Overestimation:	\$-79,203
5) e. Overestimated Growth:	\$-21,683
6) f. Baseline Adjustment:	\$-8,398
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions.....	\$-23,386
1) a. Favorable Foreign Currency:	\$-23,386
 FY 2023 Appropriated Amount	 \$9,919,173

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

2. Supplemental Appropriations	\$0
a) Supplemental Funding	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0
c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding.....	\$9,919,173
4. Reprogrammings (Requiring 1415 Actions)	\$0
a) Increases.....	\$0
b) Decreases	\$0
Revised FY 2023 Estimate.....	\$9,919,173
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings.....	\$0
a) Less: Supplemental Funding.....	\$0
FY 2023 Normalized Current Estimate	\$9,919,173
6. Price Change	\$430,589
7. Functional Transfers	\$-52,209

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

a) Transfers In\$3,606

1) Initial Entry Training Reception Battalion Medical Support:\$3,606

Transfers civilian pay funds, full time equivalents and associated programmatic resources (+\$3,606K; +18 FTEs) to the Defense Health Agency from the Department of the Army for the Initial Entry Training (IET) Reception Battalion Medical Support function. Initial Entry Training Reception Battalion Medical Support is a Defense Health Program readiness issue that directly aligns to Soldier Readiness. Army Medical Command has determined that the Army Medical Senior Leaders within the Defense Health Agency will manage and execute this program.

b) Transfers Out\$-55,815

1) Medical Readiness Transfer to the Military Departments:\$-55,815

The Defense Health Agency continues the transfer of the Medical Readiness activities, which occur outside of the Military Treatment Facilities to the Military Departments.

a. The Defense Health Agency will transfer (-\$12,023K; -30 FTES) to the Department of the Army Military Human Resources Support Staff in support of Medical Readiness Functions (-\$2,616K; -30 FTES) and non-pay support of the Army Records Processing Center (ARPC) contract (-\$9,407K).

b. The Defense Health Agency will transfer (-\$43,792K; -29 FTES) to the Department of the Air Force the following programs: Early Development Intervention Services (-\$4,817K; -6 FTES); National Capital Region Special Mission Auxiliary Medical Function (-\$1,449K; -9 FTES); Aeromedical Evacuation/Patient Movement and Force Development functions (-\$623K; -14 FTES). Additionally, transfers Medical Readiness support contracts for Flight and Operational Medicine, Human Performance, Medical Readiness Training/Operations, Operational Consultation, in support of the School of Aerospace Medicine (-\$36,903K).

8. Program Increases\$48,326

a) Annualization of New FY 2023 Program\$0

b) One-Time FY 2024 Increases\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

c) Program Growth in FY 2024.....	\$48,326
1) a. Executive Order Minimum Wage Adjustment for Federal Contractors:.....	\$46,201
<p>Funding to address the estimated impacts of Executive Order (E.O.) 14026, Increasing the Minimum Wage for Federal Contractors, dated April 27, 2021. E.O. 14026, Section 4(a) requires the Department of Labor to implement regulations to increase the minimum wage to \$15 per hour by January 30, 2022, on contracts covered by the Fair Labor Standards Act, the Service Contract Act (SCA), or the Davis Bacon Act (DBA). The In-House Care Budget Activity Group increase was applied to housekeeping, medical assistant, and medical clerk contracts. The FY 2023 In-House Care baseline funding is \$9,919,173K. The FY 2023 In-House Care baseline contractor staffing is 14,515 CMEs.</p>	
2) b. Anomalous Health Incidents:.....	\$2,125
<p>Additional funding for Anomalous Health Incidents. Funding supports the FY 2022 NDAA (P. L. 117-81, Sec 732, 10 U. S. C. 1071 note), Access by United States Government Employees and their Family Members to Certain Facilities of Department of Defense for Assessment and Treatment of Anomalous Health Conditions, which ensures that individuals affected by anomalous health incidents (as defined by the Secretary of Defense) receive timely and comprehensive health care and treatment. Funding increases medical care contracts in the MEDCENs, Hospitals and Clinics (CONUS) program element. The FY 2023 Anomalous Health Incidents program baseline funding is \$21,242K.</p>	
3) c. Overseas Operations Costs Accounted for in the Base:	\$0
<p>Overseas Operations Costs of \$34,495K for non-enduring activities is included in the FY 2024 In-House Care baseline request. This funding directly supports pre/post deployment activities such as medical records reviews, hearing and vision exams, medical evaluations, pharmaceutical immunizations and behavioral health screening for all deploying and returning soldiers. Funding also supports backfill of deployed personnel with medical staff to sustain the delivery of patient care in Military Medical Treatment Facilities (MTFs). The FY 2023 In-House Care Overseas Operations Costs baseline funding is \$28,235K.</p>	
9. Program Decreases	\$-301,537
a) Annualization of FY 2023 Program Decreases	\$0
b) One-Time FY 2023 Increases	\$-15,000

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

1) a. Telehealth for Military Children and Families:\$-15,000
Adjustment to reverse one-time Telehealth for Military Children and Families funding increase which was issued to the Defense Health Agency to improve access to care through telehealth opportunities. Adjustment decreases medical care contracts funding in the MEDCENs, Hospitals and Clinics (CONUS) program element. The FY 2023 MEDCENs, Hospitals and Clinics (CONUS) program element baseline funding is \$7,095,568K.

c) Program Decreases in FY 2024\$-286,537

1) a. Reduced Pharmaceutical Requirements:.....\$-200,000
Reduce requirements in Direct Care Pharmaceuticals due to decline in Military Treatment Facility (MTF) Pharmacy utilization observed since FY 2020. MTF Pharmacy utilization has not rebounded significantly since the COVID-19 outbreak. Requirements have been adjusted downward to meet current utilization rates. The FY 2023 CONUS Pharmaceuticals baseline is \$1,592,708K.

2) b. Reduced requirement for COVID-19:.....\$-72,308
The FY 2024 reduction in COVID funding assumes that future outbreaks in COVID variants will be less severe due to increased vaccination/natural immunity, requiring less hospitalization costs and more outpatient care. COVID-19 funding within the DHP will source diagnostic tests and COVID-19 booster vaccines in the Direct care System. The FY 2023 In-House Care baseline funding is \$9,919,173K.

3) c. Corporate Dental System:\$-14,229
Realigns the Corporate Dental System contract dollars from In-House Care, Dental Care (CONUS) program element to Information Management/Information Technology (IM/IT). The Corporate Dental System is a single IT platform for all Services to document dental readiness and dental care across the Army, Navy, and Air Force. Realignment supports the DHA's effort to consolidate the management and administration of all IM/IT systems within the Information Management/Information Technology Budget Activity Group. The FY 2023 In-House Care, Dental Care (CONUS) baseline funding is \$474,257K. The FY 2023 In-House Care, Dental Care (CONUS) baseline contractor staffing is 917 CMEs.

FY 2024 Budget Request\$10,044,342

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit

IV. Performance Criteria and Evaluation Summary:

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Population - Eligible Beneficiaries, CONUS</u>					
Active Duty	1,380,219	1,368,677	1,378,739	-11,542	10,062
Active Duty Family Members	1,737,389	1,724,235	1,736,087	-13,154	11,852
Retirees	1,018,489	1,018,059	1,016,122	-430	-1,937
Family Members of Retirees	2,390,867	2,389,181	2,386,163	-1,686	-3,018
Subtotal Eligible	6,526,964	6,500,152	6,517,111	-26,812	16,959
Medicare Eligible Beneficiaries	2,423,420	2,446,649	2,471,010	23,229	24,361
Total Eligible Beneficiaries	8,950,384	8,946,801	8,988,121	-3,583	41,320
<u>Population - Eligible Beneficiaries, OCONUS</u>					
Active Duty	191,999	190,346	191,536	-1,653	1,190
Active Duty Family Members	123,876	122,754	123,383	-1,122	629
Retirees	26,639	26,599	26,529	-40	-70
Family Members of Retirees	101,088	100,916	100,695	-172	-221
Subtotal Eligible	443,602	440,615	442,143	-2,987	1,528
Medicare Eligible Beneficiaries	95,196	96,209	97,253	1,013	1,044
Total Eligible Beneficiaries	538,798	536,824	539,396	-1,974	2,572
<u>Population - Eligible Beneficiaries, Worldwide</u>					
Active Duty	1,572,218	1,559,023	1,570,275	-13,195	11,252
Active Duty Family Members	1,861,265	1,846,989	1,859,470	-14,276	12,481
Retirees	1,045,128	1,044,659	1,042,651	-469	-2,008
Family Members of Retirees	2,491,955	2,490,098	2,486,858	-1,857	-3,240
Subtotal Eligible	6,970,566	6,940,769	6,959,254	-29,797	18,485
<u>Medicare Eligible Beneficiaries:</u>					
Active Duty Family Members	4,249	4,197	4,228	-52	31
Guard/Reserve Family Members	1,396	1,412	1,412	16	0
Eligible Retirees	1,222,425	1,237,850	1,253,102	15,425	15,252
Eligible Family Members of Retirees	784,640	794,498	804,313	9,858	9,815
Survivors	503,638	502,633	502,936	-1,005	303
Others	2,268	2,268	2,268	0	0
Total Medicare Eligible Beneficiaries	2,518,616	2,542,858	2,568,259	24,242	25,401
Total Eligible Beneficiaries	9,489,182	9,483,627	9,527,513	-5,555	43,886

Notes:

1. The FY 2023 and FY 2024 estimates are projected numbers of MHS eligible beneficiaries and are based on (a) future Budget End Strengths of Active Duty and Active Guard/Reserve members and (b) the DoD's Actuary's projection of retirees.
2. The US "Medicare Eligible Beneficiaries" are: Active Duty Family Members, Guard/Reserve Family Members, Eligible Retirees, Eligible Family Members of Retirees, Inactive Guard/Reserve, Inactive Guard/Reserve Family Members, Survivors, and Others.
3. The Worldwide "Eligible Family Members of Retirees" are Family Members of Retirees, Inactive Guard/Reserves, and Inactive Guard/Reserve Family Members.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Enrollees - Direct Care</u>					
TRICARE Region - East	1,596,359	1,588,310	1,580,810	-8,049	-7,500
TRICARE Region - West	905,814	907,612	904,810	1,798	-2,802
TRICARE Region - Europe	121,855	121,855	122,015	0	160
TRICARE Region - Pacific	127,539	127,780	128,018	241	238
TRICARE Region - Latin America	4,566	4,533	4,508	-33	-25
Alaska	51,309	51,285	51,270	-24	-15
Sub-Total CONUS Regions	<u>2,553,482</u>	<u>2,547,207</u>	<u>2,536,890</u>	<u>-6,275</u>	<u>-10,317</u>
Sub-Total OCONUS Regions	<u>253,960</u>	<u>254,168</u>	<u>254,541</u>	<u>208</u>	<u>373</u>
Total Direct Care Enrollees	<u>2,807,442</u>	<u>2,801,375</u>	<u>2,791,431</u>	<u>-6,067</u>	<u>-9,944</u>

Notes:

1. The FY 2023 estimate is derived from the review of the weighted moving average, improved staffing and efficiency efforts for key Ready Medical Force sites.
2. The FY 2024 estimate is based on the smoothed weighted moving average of FY 2023 estimates.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Direct Care System Workload (from M2 and Business Planning Tool)</u>					
Inpatient Admissions, Non-Weighted (SIDR Dispositions-All)	134,442	133,527	132,551	-915	-976
Inpatient Admissions, Weighted (MS-DRG RWPs, Non Mental Health)	104,796	104,156	103,449	-640	-707
Inpatient Admissions, Occupied Bed Days (Mental Health Only)	68,770	68,688	68,405	-82	-283
Average Length of Stay (ALL Bed Days/All Dispositions)	2	2	2		0
Ambulatory Visits, Non-Weighted (Encounters, CAPER)	31,032,285	31,013,853	30,989,587	-18,432	-24,266
Ambulatory Visits, Weighted (Adj Provider Aggregate RVUs, CAPER)	64,365,082	64,372,868	64,371,957	7,786	-911
Number of Outpatient Pharmacy Prescriptions (30-Day equivalents)	31,328,462	30,263,275	29,234,305	-1,065,187	-1,028,970

Notes:

1. The FY 2023 estimates were updated after the President's Budget enactment. These figures are based on current data and trends analysis used in the forecasts for the FY 2024 estimates.
2. The FY 2023 and FY 2024 estimates use a centrally weighted moving average at the Parent Military Treatment Facility and Healthcare Product/Service Line Level.
3. A trend in increasing RVU per encounter estimates are contributing to disproportionate decreases in encounters to workload.
4. The FY 2022 to FY 2023 and FY 2023 to FY 2024 decreased pharmacy prescriptions (30-Day equivalents) is due to more patients being seen in the Private Sector Care and filling prescriptions in Mail Order and Retail following patient preference and behavior induced by the COVID-19 pandemic.
5. There are data quality improvements with increasing knowledge of MHS GENESIS systems. Workload and encounter estimates reflect these data quality improvements. As data continues to mature, estimates can change.

Exclusions:

1. The TRICARE for Life (TFL) eligible beneficiary encounters are an estimate. FY 2022 ambulatory encounters observe that 10 - 11 percent of the encounters are eligible TFL beneficiaries. Estimates include a 10% reduction in encounters for the TFL population.
2. Excluded workload from Military Service Line Unit Assets.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

	<u>FY 2022 Actuals</u>	<u>FY 2023 Enacted</u>	<u>FY 2024 Request</u>	<u>FY 2022-2023 Change</u>	<u>FY 2023-2024 Change</u>
<u>Dental Workload (Dental Weighted Values (DWVs)(from Components)</u>					
CONUS	11,289,654	11,307,188	11,335,912	17,534	28,724
OCONUS	1,879,878	1,875,890	1,874,287	-3,988	-1,603
Total DWVs	13,169,532	13,183,078	13,210,199	13,546	27,121
<u>CONUS</u>					
Active Duty	10,663,878	10,678,763	10,702,333	14,885	23,570
Non-Active Duty	625,776	625,776	625,776	0	0
Total CONUS	11,289,654	11,304,539	11,328,109	14,885	23,570
<u>OCONUS</u>					
Active Duty	1,484,162	1,480,191	1,478,121	-3,971	-2,070
Non-Active Duty	395,716	395,716	395,716	0	0
Total OCONUS	1,879,878	1,875,907	1,873,837	-3,971	-2,070

Notes:

1. The FY 2023 estimates were updated after the President's Budget enactment. These figures reflect the current data and trends analysis used in the forecasts for the FY 2024 estimates.
2. The FY 2023 estimates are derived from the review of a weighted moving average, calculated at the Parent Facility, with the workload for non-Active Duty held steady.
3. The FY 2024 estimates are based on the smoothed weighted moving average of FY 2023 estimates, with the workload for non-Active Duty held steady.
4. The average Dental Weighted Value per encounter continues to trend up, particularly for Active Duty beneficiaries, increasing from 2.8 to 3.5, attributed to a post-COVID-19 recovery, with multiple procedures performed during dental visits.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit

V. Personnel Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	48,124	51,927	53,038	3,803	1,111
Officer	17,434	18,329	18,534	895	205
Enlisted	30,690	33,598	34,504	2,908	906
Active Military Average Strength (A/S) (Total)	48,640	50,026	52,483	1,386	2,457
Officer	17,064	17,882	18,432	818	550
Enlisted	31,576	32,144	34,051	568	1,907
Civilian FTEs (Total)	45,870	44,792	44,727	-1,078	-65
U.S. Direct Hire	42,967	43,088	43,024	121	-64
Foreign National Direct Hire	1,445	812	811	-633	-1
Total Direct Hire	44,412	43,900	43,835	-512	-65
Foreign National Indirect Hire	1,458	892	892	-566	0
Average Annual Civilian Salary (\$ in thousands)	110.1	114.4	120.1	4.3	5.7
Contractor FTEs (Total)	14,512	14,515	14,450	3	-65

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2022 to FY 2023 (+3,803) reflects the following changes by Component: Army (+478): for transfer of the following programs to the Department of the Army: In-Military Treatment Facility (MTF) Army Readiness Programs (-237); Defense-Wide Review Army Readiness (-39); Public Health Command and Regional Dental Command (-17); Army technical correction to align Agency controls with Service controls in the CAPE manpower system (-1); and FY 2022 execution adjustments and FY 2023 Next Generation Resources Management System (NGRMS) program element sync (+772). Navy (+3,416): for transfer of Navy BUMED resources to the Department of the Navy for the following programs: Medical Sealift Command (-73); Research and Development Lab (-20); CVN Carrier Support (-10); Medical Headquarters (-1); as well as continued technical adjustments for the revised drawdown reductions, including restoral (+3,905) and FY 2022 execution adjustments, and FY 2023 NGRMS program element sync (-385). Air Force (-91): for transfer of non-MTF resources to the Department of the Air Force (-72) as well as execution adjustments and FY 2023 NGRMS program

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

V. Personnel Summary: (Cont.)

element sync (-19). The net increase from FY 2023 to FY 2024 (+1,111) reflects the following changes by Component: Army (+1,425): for Medical End Strength restoral (+2,602) and NGRMS program element sync (-1,177). Navy (-258): for Medical End Strength Restoral (+1,822), the restoral of planned end strength reductions of Mental Health professionals at Medical Treatment Facilities (+75), transfer to the Department of the Navy for Research and Development (-4), Unit Deployment Program (-2), and NGRMS program element sync (-2,149). Air Force: (-56): for transfer to the Department of the Air Force for National Capital Region Special Mission Auxiliary (-26) and Program Corrections (-30).

Explanation of changes in Civilian FTEs: The net decrease from FY 2022 to FY 2023 (-1,078) reflects FY 2022 execution adjustments (-23: Army +3,496, Directed Care Financial Management -614, and Defense Health Agency -2,905), based on FY 2022 actual FTE execution, and the following changes by component: Direct Health Agency (+107): Transfer of the Army's Deployment Health Program to Defense Health Agency. Navy (+116): realigning IM/IT resources to Health Information Technology (-8); and Navy internal realignment to other Bags (+124). Air Force (+86): Internal realignment from other BAGs. Army (-1,364): Transfer of the following programs to the Department of the Army: 1) In-Medical Treatment Facility Readiness Programs (-483); 2) FTE only transfer for Family Advocacy Program (-326); 3) Army Medical Readiness (-29); 4) Readiness Functions of the Army Medicine Regional Dental Commands (-26); realigning IM/IT resources to Health Information Technology (-281); and internal realignments to other BAGs (-219). The net decrease from FY 2023 to FY 2024 (-65) reflects the following changes: Transfer to the Department of the Air Force (-29) for Early Development Intervention Services (-6), National Capital Region Special Mission Auxiliary Function (-9), and Defense-Wide Review directed medical readiness activities outside the Military Treatment Facilities (-14); Transfer to the Department of the Army (-54) for In-Dental Treatment Facilities Commander's Support Staff to Army (-30), and Womack Medical Center Readiness Clean-Up (-24); and Transfer to the Defense Health Agency from the Department of the Army for the Initial Entry Training Reception Battalion Medical Support (+18).

Explanation of changes in Contractor FTEs: The increase from FY2022 to FY2023 (+3) reflects execution adjustments based on actual FY 2022 execution in the MEDCENS, Hospitals and, Clinics OCONUS (+48), MEDCENS, Hospitals, Clinics CONUS (-33), and Dental Care CONUS (-9), as well as Enterprise-wide DHP Reform Management efforts to shape the DHP workforce within MEDCENS, Hospitals, Clinics CONUS (+27), Dental Care CONUS (+33), and MEDCENS, Hospitals and, Clinics OCONUS (-63). The net decrease from FY 2023 to FY 2024 (-65) accounts for the Dental Care CONUS (+13) program element attributed to Enterprise-wide DHP Reform Management efforts to shape the DHP workforce and in the MEDCENS, Hospitals, Clinics CONUS (-78) program element attributed to contract dollars transferred to the Military Departments.

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
101 EXEC, GEN'L & SPEC SCHEDS	4,867,390	201,023	-140,531	4,927,882	247,774	-6,210	5,169,446
103 WAGE BOARD	107,791	4,452	-6	112,237	5,643	-2,224	115,656
104 FN DIRECT HIRE (FNDH)	33,241	1,373	-2	34,612	1,740	-1,422	34,930
105 SEPARATION LIABILITY (FNDH)	1,255	52	-1,307	0	0	0	0
107 VOLUNTARY SEP INCENTIVES	842	35	-524	353	18	-18	353
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	5,010,519	206,935	-142,370	5,075,084	255,175	-9,874	5,320,385
308 TRAVEL OF PERSONS	79,874	1,677	-10,708	70,843	1,559	-97	72,305
0399 TOTAL TRAVEL	79,874	1,677	-10,708	70,843	1,559	-97	72,305
401 DLA ENERGY (FUEL PRODUCTS)	325	-24	1	302	-35	-43	224
416 GSA SUPPLIES & MATERIALS	897	19	-161	755	15	-2	768
417 LOCAL PURCH SUPPLIES & MAT	5,085	107	-112	5,080	102	-2	5,180
422 DLA MAT SUPPLY CHAIN (MEDICAL)	3,094	20	-208	2,906	180	-195	2,891
0499 TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	9,401	122	-480	9,043	262	-242	9,063
771 COMMERCIAL TRANSPORT	7,845	165	-444	7,566	151	-171	7,546
0799 TOTAL TRANSPORTATION	7,845	165	-444	7,566	151	-171	7,546
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	41,022	1,694	5,649	48,365	2,432	-1,114	49,683
912 RENTAL PAYMENTS TO GSA (SLUC)	20	0	8	28	1	0	29
913 PURCHASED UTILITIES (NON-FUND)	1	0	-1	0	0	0	0
914 PURCHASED COMMUNICATIONS (NON-FUND)	745	16	0	761	17	-22	756
915 RENTS (NON-GSA)	15,471	325	-1,412	14,384	316	-27	14,673
917 POSTAL SERVICES (U.S.P.S)	1,239	26	-80	1,185	26	-2	1,209
920 SUPPLIES & MATERIALS (NON-FUND)	464,789	9,761	-36,721	437,829	9,632	-1	447,460
921 PRINTING & REPRODUCTION	4,498	94	-122	4,470	98	-96	4,472
922 EQUIPMENT MAINTENANCE BY CONTRACT	139,906	2,938	-8,438	134,406	2,957	-3,080	134,283
923 FACILITIES SUST, REST, & MOD BY CONTRACT	98,477	2,068	-1,660	98,885	2,175	-1,693	99,367

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
In-House Care OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
924 PHARMACEUTICAL DRUGS	1,381,426	71,834	277,756	1,731,016	70,972	-200,000	1,601,988
925 EQUIPMENT PURCHASES (NON-FUND)	249,260	5,234	92,323	346,817	7,630	-1,746	352,701
932 MGT PROF SUPPORT SVCS	13,955	293	-1,138	13,110	288		13,398
933 STUDIES, ANALYSIS & EVAL	5,266	111	393	5,770	127	-99	5,798
955 OTHER COSTS (MEDICAL CARE)	267,242	13,897	-14,634	266,505	10,927	-7,552	269,880
960 OTHER COSTS (INTEREST AND DIVIDENDS)	0	0	1	1	0		1
964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	2,594	54	-61	2,587	57	-4	2,640
986 MEDICAL CARE CONTRACTS	1,483,740	77,154	-9,561	1,551,333	63,605	-76,522	1,538,416
987 OTHER INTRA-GOVT PURCH	28,996	609	-1,229	28,376	624	-595	28,405
988 GRANTS	4,524	95	-162	4,457	98	-326	4,229
989 OTHER SERVICES	51,827	1,088	-555	52,360	1,152	-1,566	51,946
990 IT CONTRACT SUPPORT SERVICES	13,310	280	402	13,992	308	-591	13,709
0999 TOTAL OTHER PURCHASES	4,268,308	187,571	300,758	4,756,637	173,442	-295,036	4,635,043
9999 GRAND TOTAL	9,375,947	396,470	146,756	9,919,173	430,589	-305,420	10,044,342

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

I. Description of Operations Financed:

This Budget Activity Group provides for all medical and dental care plus pharmaceuticals received by Military Health System (MHS)-eligible beneficiaries using health care services offered in the private sector. This Budget Activity Group includes the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), the TRICARE Managed Care Support Contracts (MCSC), the Uniformed Services Family Health Program (USFHP), the TRICARE Overseas Program (TOP), the Supplemental Care Programs, TRICARE Mail Order Pharmacy (TMOP), the National Retail Pharmacy, TRICARE Reserve Select (TRS), which is a premium-based program for reservists and their family members, and various support activities.

Pharmaceuticals - Purchased Health Care – This category includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Mail Order Pharmacy (TMOP). Pharmaceuticals excludes manpower authorizations and all administrative expenses of the Defense Health Agency to include regional offices and Defense Supply Center-Philadelphia's management of the TMOP.

National Retail Pharmacy – Includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Retail Pharmacy Program. The TRICARE Retail Pharmacy Program provides network pharmaceutical prescription benefits for eligible beneficiaries from private-sector retail pharmacies.

TRICARE Managed Care Support Contracts (MCSC) – Includes expenses for the at-risk health care costs specifically for providing benefits identified in Title 32 United States Code of Federal Regulations 199 and measurable to the following for areas serviced by TRICARE Managed Care Support Contracts: healthcare authorized under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) for the following beneficiaries: (a) retired military personnel and (b) for spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. Also includes costs for the Extended Care Health Option (ECHO) for disabled dependents of active duty personnel covered under the Program for Persons with Disabilities (PPPWD) Act: Includes health care costs for those programs that are considered at-risk to the TRICARE Managed Care Support Contracts and external and internal resource sharing agreements, when paid by the TRICARE Managed Care Support contractors. In addition, it includes underwritten costs for health care for those beneficiaries who have enrolled directly with the MCSC-affiliated contracted providers.

MCSC excludes PSC health care costs captured in separate PSC programs due to population or separate PSC contracts for these areas. Such as: (a) Beneficiaries enrolled to Military Treatment Facility (MTF) providers for health care are accounted for in MTF Enrollees - Purchased Care; (b) claims processed by the TRICARE Overseas Contract; (c) any not-at-risk/non-underwritten costs associated with the Supplemental Care Program and (d) Miscellaneous Purchased Care activities such as surveys, demonstrations, or pilots requested by Congress. Also excluded are Defense Health Agency (DHA) costs for manpower authorizations and any administrative costs of DHA executive agents associated with managing TRICARE Managed Care Support Contracts.

Military Treatment Facility (MTF) Enrollees Purchased Care – Includes expenses for the underwritten costs for TRICARE health care benefits provided to the MTF Prime enrollees as authorized under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Excludes health care provided under the Supplemental Care - Health Care program for active duty service members.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

I. Description of Operations Financed: (Cont.)

Dental Purchased Care – Includes expenses associated with the government-paid portion of insurance premiums specifically for providing dental benefits in civilian facilities and by private practitioners for the beneficiaries who are enrolled in the TRICARE Dental Program. Beneficiaries eligible for enrollment are: (a) active duty family members, and (b) select reservist or individual ready reservist (IRR) and dependent family members. It also, includes administrative, management, and health care costs associated with these dental services. Excludes dental services and costs expensed for active duty members in the Supplemental Care - Dental program and direct health care system.

Uniformed Services Family Health Program (USFHP) – Includes costs based on annual capitation rates for providing TRICARE-like benefits authorized through contracts with designated civilian hospitals in selected markets to beneficiaries that enroll to a USFHP civilian facility located in their geographic residence. Beneficiaries eligible for enrollment into USFHP include active duty family members, retirees and their family members, and survivors who live within the specially designated geographic area.

Supplemental Care - Health Care – Includes costs for providing the TRICARE Prime benefit to active duty service members and other designated eligible patients who receive health care services in the civilian sector or non-defense facilities either referred or non-referred from the Military Treatment Facility (MTF), emergent care, and authorized non-emergent care. Includes members in travel status, Navy/Marine Corps service members enrolled to deployable units and referred by the unit primary care manager, eligible Reserve Component personnel, ROTC students, cadets/midshipmen, and eligible foreign military. This program also covers health care sought in the civilian sector due to active duty assignments in remote continental United States (CONUS) locations. The types of claims include health care under TRICARE Prime Remote, MTF-referred care, emergency care, and authorized non-emergency/non-referred care. It comprises the costs of sharing agreements that the managed care support contractors do not pay and excludes all costs associated with dental care for active duty members expensed in Supplemental Care - Dental program.

Supplemental Care - Dental – Includes costs for a dental benefit for uniform dental care and administrative expenses for active duty members, including eligible mobilized select reserves or individual ready reserves (IRR), receiving services in the civilian sector to include dental practitioners within Veterans Affairs facilities. Due to military assignments in remote CONUS locations, this program also covers dental care for active duty members in the civilian sector.

Continuing Health Education/Capitalization of Assets (CHE/CAP) – Provides for support of graduate medical education and capital investment within civilian facilities that provide services to the Military Health System and Medicare. These facilities operate under the Diagnosis Related Group (DRG) system of payment providing federal inpatient services under TRICARE and Medicare.

TRICARE Overseas Program (TOP) – Includes costs specifically for delivery of Military Health System Prime benefits in civilian facilities by private practitioners to active duty and eligible active duty family member beneficiaries enrolled in the TRICARE Overseas Program (TOP) and foreign claims for non-active duty beneficiaries, including Medicare-eligibles (when Medicare Part B is purchased). Coverage includes Europe, the Pacific region, Latin America, Asia, Africa, and Canada, and covered through Remote Overseas areas or TRICARE Select options per the TOP contract. The scope of health care includes medical, dental, inpatient care, laboratory work, health care testing, and other health care services equivalent to the TRICARE program. Benefits are exclusively pass-through costs. The benefits program excludes custodial care claims, special and emergent care claims, and Alaska claims. It also includes overseas health care provided

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

I. Description of Operations Financed: (Cont.)

under the Supplemental Care program. It excludes demonstrations, congressional mandates, and other healthcare expenses in the Miscellaneous Purchased Health Care program.

Miscellaneous Purchased Health Care – Includes costs specifically for providing benefits identified in Title 32 of the Code of Federal Regulations Part 199 (32 CFR 199) authorized under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) for the following beneficiaries: (a) retired military personnel and (b) spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. It also includes costs for special education and institutional care in civilian facilities for disabled dependents of active-duty personnel covered under the Program for Persons with Disabilities (PFPWD) Act. Includes administrative, management, and health care costs for Custodial Care, Special, and Emergent Care claims, Alaska claims, Autism Benefits, Laboratory Developed Tests (LDTs), State Vaccine Program, TRICARE/Medicare dual eligible beneficiaries program (e.g., TRICARE Dual Eligible Fiscal Intermediary Contract (TDFIC)), transition assistance programs, and TRICARE Reserve Select (TRS).

Miscellaneous Support Activities – Includes the miscellaneous administrative costs and support contract expenses for various programs, demonstrations, and other congressionally-mandated programs or actions not directly providing health care. Programs financed include contracts for marketing and education functions, claims auditing, surveys, E-Commerce, case management services, the National Quality Monitoring Service, and ongoing support from the Defense Enrollment Eligibility Reporting System (DEERS).

II. Force Structure Summary:

TRICARE healthcare benefits under contracts in private sector care (PSC) programs are available to approximately 9.5 million DoD beneficiaries. The Managed Care Support Contractors (MSCS) provide uniform healthcare plan options to eligible beneficiaries when they enroll with their regional contractor. TRICARE benefits include Dental Care via contracts with civilian dental practitioners as well. TRICARE benefits are available to approximately 2.6 million Medicare-eligible beneficiaries of Military Retirees, special eligibility groups who qualify and receive benefits from Medicare by law.

The Medicare Eligible Retiree Health Care Fund (MERHCF) covers these costs and is excluded from the baseline budget for PSC contracts.

FY 2022 Private Sector Care execution was \$18,106,275K, which exceeds the enacted baseline of \$17,977,979K by \$128,296K. The FY 2022 actuals account for \$41,213K reprogrammed from In-House Care, COVID-19 requirements. The DHP FY 2021/2022 Carry Over Authority alleviated an additional \$82,693K.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands):

	FY 2023						
	FY 2022	Budget	Congressional Action			Current	FY 2024
			Actuals	Request	Amount		
A. BA Subactivities							
1. Pharmaceuticals Purchased Health Care	\$979,268	\$952,687	\$0	0.00%	\$952,687	\$952,688	\$1,044,733
2. National Retail Pharmacy	\$1,271,791	\$1,308,962	\$23,200	1.77%	\$1,332,162	\$1,332,163	\$1,380,425
3. Managed Care Support Contracts	\$7,566,388	\$7,453,535	\$105,000	1.41%	\$7,558,535	\$7,558,535	\$8,170,552
4. MTF Enrollee Purchased Care	\$3,081,359	\$3,547,846	\$-50,532	-1.42%	\$3,497,314	\$3,497,314	\$3,691,640
5. Dental Purchased Care	\$296,653	\$343,296	\$0	0.00%	\$343,296	\$343,297	\$352,964
6. Uniformed Services Family Health Program	\$591,573	\$635,869	\$0	0.00%	\$635,869	\$635,869	\$661,735
7. Supplemental Care - Health Care	\$1,870,090	\$1,865,603	\$5,000	0.27%	\$1,870,603	\$1,870,603	\$2,096,437
8. Supplemental Care - Dental	\$175,344	\$112,221	\$5,000	4.46%	\$117,221	\$117,222	\$125,879
9. Continuing Health Education/Capitalization	\$419,099	\$391,676	\$20,000	5.11%	\$411,676	\$411,676	\$448,585
10. Overseas Purchased Health Care	\$415,252	\$394,781	\$15,000	3.80%	\$409,781	\$409,777	\$408,600
11. Miscellaneous Purchased Health Care	\$1,242,386	\$1,337,863	\$0	0.00%	\$1,337,863	\$1,337,863	\$1,392,941
12. Miscellaneous Support Activities	\$109,989	\$110,870	\$0	0.00%	\$110,870	\$110,870	\$118,537
Total	\$18,019,192	\$18,455,209	\$122,668	0.66%	\$18,577,877	\$18,577,877	\$19,893,028

Notes:

1. FY 2022 actuals includes:
 - \$188,223K for Overseas Operations Costs execution
2. FY 2022 actuals **excludes**:
 - \$82.693K of FY 2021/2022 Carryover authority for Private Sector healthcare requirements.
 - \$9.011,100K of DoD MERHCF receipts (O&M only)
3. FY 2023 estimate includes \$86,860K for OOC.
4. FY 2023 estimate **excludes** \$9,389,900K of anticipated DoD MERHCF receipts (O&M only).
5. FY 2024 request includes \$196,156K for OOC.
6. FY 2024 request **excludes** \$9,756,200K of anticipated DoD MERHCF receipts (O&M only).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change</u>	<u>Change</u>
BASELINE FUNDING	FY 2023/FY 2023	FY 2023/FY 2024
	\$18,455,209	\$18,577,877
Congressional Adjustments (Distributed)	122,668	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	18,577,877	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	18,577,877	
Supplemental	0	
Reprogrammings	0	
Price Changes		760,148
Functional Transfers		0
Program Changes		555,003
CURRENT ESTIMATE	18,577,877	19,893,028
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$18,577,877	\$19,893,028

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Private Sector Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

FY 2023 President's Budget Request (Amended, if applicable)	\$18,455,209
1. Congressional Adjustments	\$122,668
a) Distributed Adjustments	\$122,668
1) a. Cost Index Increase	\$173,200
2) b. Unjustified Growth	\$-31,607
3) c. Baseline Adjustment	\$-18,925
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent	\$0
d) General Provisions	\$0
FY 2023 Appropriated Amount	\$18,577,877
2. Supplemental Appropriations	\$0
a) Supplemental Funding	\$0
3. Fact-of-Life Changes	\$0
a) Functional Transfers	\$0
b) Technical Adjustments	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding.....	\$18,577,877
4. Reprogrammings (Requiring 1415 Actions).....	\$0
a) Increases.....	\$0
b) Decreases.....	\$0
Revised FY 2023 Estimate.....	\$18,577,877
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings.....	\$0
a) Less: Supplemental Funding.....	\$0
FY 2023 Normalized Current Estimate.....	\$18,577,877
6. Price Change.....	\$760,148
7. Functional Transfers.....	\$0
a) Transfers In.....	\$0
b) Transfers Out.....	\$0
8. Program Increases.....	\$555,003
a) Annualization of New FY 2023 Program.....	\$0
b) One-Time FY 2024 Increases.....	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

c) Program Growth in FY 2024.....	\$555,003
1) a. Private Sector Care Medical Contracts Baseline Requirement:.....	\$402,773
<p>The Private Sector Care (PSC) adjustment is based on beneficiary population forecasts, policy changes, and increasing healthcare costs, fueled by higher Medicare reimbursement rates set by the Centers for Medicare and Medicaid Services (CMS), which statutorily determine the TRICARE reimbursement rates for PSC providers and facilities. According to CMS, inpatient hospital rates updated on August 1, 2022, reflect the highest market basket update in the last 25 years. The Medicare rate increase exacerbates the demands on the PSC budget to absorb the COVID-19 costs and workload, DoD medical efficiency efforts to streamline the Medical Treatment Facility care, costs associated with the new PSC T-5 contract including the FY 2024 transition cost, and the likely reduction in the level of provider discounts, and benefit policy decisions directing a TRICARE reproductive benefit expansion and reduced beneficiary out-of-pocket costs. The FY 2023 Private Sector Care baseline budget request is \$18,577,877K.</p>	
2) b. Active Duty Utilization of Private Sector Care (Non-Mental Health):.....	\$54,540
<p>Funds increased utilization due to the continued shift of Active Duty (AD) care from Direct Care military treatment facilities to Private Sector Care network. From FY 2018 to FY 2022, the DHP has observed PSC obligations for care for AD members increase an average of 10% annually. The FY 2023 Private Sector Care baseline budget request is \$18,577,877K.</p>	
3) c. Private Sector Care Pharmacy Baseline Requirement:.....	\$46,630
<p>Retail Pharmacy costs continue to grow significantly, with increases of 13%, 9%, and 11% in FY 2020 – FY 2022. Additionally, FY 2023 Retail costs through January are 23% higher compared to FY 2022. Funds increased Retail and Mail Order Scripts attributed to more patients seen in the Private Sector Care and filling prescriptions in Mail Order and Retail, following patient preference and behavior induced by COVID. In addition, with the rollout of MHS GENESIS, patients seen at the MTF can request their prescriptions be sent to the pharmacy of their choice. The FY 2023 Private Sector Care baseline budget request is \$18,577,877K.</p>	
4) d. Active Duty Mental Health:.....	\$46,460
<p>Funds increased utilization of Private Sector Care (PSC) mental health treatment by Active Duty (AD). From FY 2018 to FY 2022, the DHP has observed that PSC non-institutional costs for AD members with mental health diagnoses increased by 29.8% annually. During the same period, PSC institutional costs for AD members with a mental health or alcohol/drug use diagnosis increased an average of 14.5% annually. The FY 2023 Private Sector Care baseline budget request is \$18,577,877K.</p>	
5) e. TRICARE Competitive Plan Demo:.....	\$4,600
<p>Managed Care Support Contract revision to expand the existing two-region structure by implementing demonstrations</p>	

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Private Sector Care OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

permitting the DoD to test the efficacy of offering beneficiaries access to multiple networks in the same geographic area. This demonstration achieves the Department's objectives to improve readiness, increase beneficiary choice, and quality-based payments and industry business standards. The FY 2023 Managed Care Support Contract baseline budget request is \$7,561,998K.

9. Program Decreases	\$0
a) Annualization of FY 2023 Program Decreases	\$0
b) One-Time FY 2023 Increases	\$0
c) Program Decreases in FY 2024	\$0
FY 2024 Budget Request	\$19,893,028

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Prime Enrollees - Managed Care Support Contract</u>					
TRICARE Region - East	921,280	921,397	925,446	117	4,049
TRICARE Region - West	374,343	374,390	376,035	47	1,645
Total MCS Contracts	1,295,623	1,295,787	1,301,481	164	5,694
<u>TRICARE Select Enrollees</u>					
TRICARE Region - East	1,401,058	1,401,236	1,407,393	178	6,157
TRICARE Region - West	576,403	576,476	579,009	73	2,533
Total Select	1,977,461	1,977,712	1,986,402	251	8,690
TRICARE Region - Overseas - Europe, Pacific, Latin America	538,798	536,825	539,395	-1,973	2,570
Total MCSC, Select and TRICARE Overseas	3,811,882	3,810,324	3,827,278	-1,558	16,954

Notes:

1. FY 2023 estimate reflects current data, and trends analysis used in the FY 2024 estimates forecasts.
2. All data **excludes** TRICARE for Life beneficiaries paid by MERHCF and Tricare Dual Eligible Fiscal Intermediary Contract (TDEFIC).
3. Overseas enrollee counts include Prime, Prime Remote, and Select beneficiaries enrolled under Tricare Overseas Prime (TOP) contract.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Private Sector Care System Workload</u>					
Outpatient-Visits	77,204,553	78,361,596	80,065,609	1,157,043	1,704,013
Outpatient-Weighted (Relative Value Units, RVUs)	161,042,208	163,455,701	167,010,129	2,413,493	3,554,428
Inpatient-Admissions	324,648	329,514	336,679	4,866	7,165
Inpatient-Weighted (Relative Weighted Products, RWPs)	299,157	303,640	310,243	4,483	6,603
<u>Pharmacy</u>					
Retail - Number of Scripts (30-day equivalents)	23,701,662	25,640,796	27,738,579	1,939,134	2,097,783
Mail Order - Number of Scripts (30-day equivalents)	12,579,891	12,762,085	12,946,919	182,194	184,834
<u>TRICARE</u>					
Dental Program Enrollment	707,124	707,124	707,124	0	0
<u>Uniformed Services Family Health Plan</u>					
Enrollees (Non-Medicare eligible, DoD Only)	109,783	110,243	110,706	460	463

Workload Notes:

1. FY 2023 estimate reflects current data, and trends analysis used in the FY 2024 estimates forecasts. Anticipated utilization increases, population growth, and adjustments to specialty care within the direct care system drive projected workload increases.
2. FY 2022 to FY 2023 and FY 2023 to FY 2024 increased Retail and Mail Order number of Scripts (30-Day equivalents) is attributed to more patients utilizing Private Sector Care and filling prescriptions in Mail Order and Retail, following patient preference and behavior induced by COVID. In addition, with the rollout of MHS GENESIS, patients seen at the MTF can request their prescriptions be sent to the pharmacy of their choice.
3. The FY 2022 and FY 2023 USFHP enrollee and Dental Program Enrollment estimates are based on the population trend.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

V. Personnel Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	0	0	0	0	0
Reserve Drill Strength (E/S) (Total)	0	0	0	0	0
Reservists on Full Time Active Duty (E/S) (Total)	0	0	0	0	0
Civilian End Strength (Total)	0	0	0	0	0
Active Military Average Strength (A/S) (Total)	0	0	0	0	0
Reserve Drill Strength (A/S) (Total)	0	0	0	0	0
Reservists on Full Time Active Duty (A/S) (Total)	0	0	0	0	0
Civilian FTEs (Total)	0	0	0	0	0
Average Annual Civilian Salary (\$ in thousands)	0.0	0.0	0.0	0.0	0.0
Contractor FTEs (Total)	0	0	0	0	0

Personnel Summary Explanations:

Civilian, Contractor, and Military personnel are not programmed in the Private Sector Care Budget Activity Group.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Private Sector Care OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 <u>Program</u>	<u>Change from FY 2022 to FY 2023</u>		FY 2023 <u>Program</u>	<u>Change from FY 2023 to FY 2024</u>		FY 2024 <u>Program</u>
		<u>Price Growth</u>	<u>Program Growth</u>		<u>Price Growth</u>	<u>Program Growth</u>	
308 TRAVEL OF PERSONS	611	13	-104	520	11		531
0399 TOTAL TRAVEL	611	13	-104	520	11	0	531
647 DISA ENTERPRISE COMPUTING CENTERS	12,658	253	-2,141	10,770	711	-485	10,996
0699 TOTAL OTHER FUND PURCHASES	12,658	253	-2,141	10,770	711	-485	10,996
920 SUPPLIES & MATERIALS (NON-FUND)	10	0	-3	7	0		7
921 PRINTING & REPRODUCTION	6,400	134	-617	5,917	130	-6	6,041
924 PHARMACEUTICAL DRUGS	2,216,471	115,256	-46,878	2,284,849	93,679	46,630	2,425,158
925 EQUIPMENT PURCHASES (NON-FUND)	4,498	94	-633	3,959	87	-4	4,042
932 MGT PROF SUPPORT SVCS	59,233	1,244	-117	60,360	1,328	6,909	68,597
933 STUDIES, ANALYSIS & EVAL	5,224	110	-153	5,181	114	-76	5,219
959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	2	0	1	3	0		3
986 MEDICAL CARE CONTRACTS	15,694,148	816,096	-323,467	16,186,777	663,658	503,010	17,353,445
987 OTHER INTRA-GOVT PURCH	16,232	341	47	16,620	366	-972	16,014
989 OTHER SERVICES	3,705	78	-869	2,914	64	-3	2,975
0999 TOTAL OTHER PURCHASES	18,005,923	933,353	-372,689	18,566,587	759,426	555,488	19,881,501
9999 GRAND TOTAL	18,019,192	933,619	-374,934	18,577,877	760,148	555,003	19,893,028

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

I. Description of Operations Financed:

This Budget Activity Group encompasses nine functions supporting military medical readiness and delivery of patient care worldwide. The nine medical support functions include:

Examining Activities - Resources administering physical examinations and performing evaluations of medical suitability for military service. Includes resources required for Armed Forces Examination and Entrance Stations and the Department of Defense (DoD) Medical Examination Review Board.

Other Health Activities - Resources organizations and functions that support the provision of health care for DoD beneficiaries. Examples include: central medical laboratories, medical services squadrons, Army and Navy Medicine regional commands, public affairs, the Women Infants and Children Program, humanitarian actions, family advocacy, patient affairs, and contribution of resources for the DoD beneficiaries' health care at the CAPT James A. Lovell Federal Health Care Center North Chicago, IL.

Military Public/Occupational Health - Resources public health civilian personnel, supplies, permits, certification and licensure fees, support equipment, and the associated requirements specifically identified for management, direction, and operation of disease prevention and control. Examples include epidemiology, medical entomology, drinking water safety, monitoring hazardous waste disposal, food and facility sanitation, wellness/health promotion and education, community health nursing, medical intelligence, disease and climate illness, disease prevention and control, hearing conservation, and health and injury surveillance.

Veterinary Services -Resources managing, directing, and operating veterinary procedures involving animals in clinical investigation departments and controlling zoonotic and veterinary public health diseases. Professional support of specialty training programs such as laboratory animal medicine and pathology and support of training programs involving animal models.

Military Unique - Other Medical Activities - Resources unique military medical functions and activities related to the size of the military population supported. Examples of programs include physiological training units, drug abuse detection laboratories, optical repair and fabrication laboratories, medical logistics offices, medical materiel activities, deployment planning, plans, operation and training offices in military treatment facilities, and the Department of Defense Armed Forces Blood Program.

Aeromedical Evacuation System - Resources the facilitation on strategic and CONUS theater patient movement and global patient in-transit visibility in time of peace and war.

Service Support to Other Health Activities - Resources to support USTRANSCOM's Global Patient Movement Requirements Center.

Joint Pathology Center (JPC) - Resources civilian personnel, equipment, and the associated operation and maintenance of the JPC including pathology education, consultation, and diagnostic testing provided to the Department of Defense and other Federal Agencies.

Federal Advisory Committee Act (FACA) Advisory Board Activities - Resources the FACA Advisory Board and subcommittee functions, meetings, support, studies, and other activities. FACA is composed of those committees, boards, commissions, councils, task forces and similar groups which have been established

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

I. Description of Operations Financed: (Cont.)

to advise officers and agencies in the executive branch of the Federal Government and must follow the regulatory and statutory requirements related to FACA in Title 5 Appendix, United States Code (U.S.C.).

II. Force Structure Summary:

Consolidated Health Support includes civilian staffing and contracts to support the Defense Health Agency, the Army Medical Command, the Navy Bureau of Medicine and Surgery, and the Air Force Medical Service by providing the active duty and beneficiary population with complementary health care such as laboratory testing, immunizations, physical exams, humanitarian actions, entomology testing, disease prevention and control, veterinary services, physiological training, optical repair and fabrication, intra- and inter-theater patient transportation, and pathology education and consultation. In addition, this Budget Activity Group funds operations at the Army and Navy regional medical commands, the Armed Forces Blood Program, the medical logistics offices, and deployment planning and provides resources for facilitating USTRANSCOM's Global Patient Movement Requirements Center.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

III. Financial Summary (\$ in Thousands):

	FY 2023							FY 2024 Request
	FY 2022 Actuals	Budget Request	Congressional Action			Current Enacted		
			Amount	Percent	Appropriated			
A. BA Subactivities								
1. Examining Activities	\$9,579	\$9,183	\$0	0.00%	\$9,183	\$9,183	\$9,222	
2. Other Health Activities	\$319,960	\$778,332	-\$33,771	-4.34%	\$744,561	\$744,561	\$798,970	
3. Military Public / Occupational Health	\$462,003	\$556,555	-\$1,432	-0.26%	\$555,123	\$555,123	\$604,306	
4. Veterinary Services	\$2,685	\$2,559	\$0	0.00%	\$2,559	\$2,559	\$2,628	
5. Military Unique-Other Medical Activities	\$510,697	\$537,785	\$16,373	3.04%	\$554,158	\$554,158	\$559,054	
6. Aeromedical Evacuation System	\$22	\$395	\$0	0.00%	\$395	\$395	\$379	
7. Service Support to Other Health Activities- TRANSCOM	\$0	\$493	\$0	0.00%	\$493	\$493	\$502	
8. Joint Pathology Center	\$27,487	\$29,041	\$0	0.00%	\$29,041	\$29,041	\$29,943	
9. Support to FACA Advisory Board Activities	\$0	\$2,023	\$0	0.00%	\$2,023	\$2,023	\$2,008	
Total	\$1,332,433	\$1,916,366	-\$18,830	-0.98%	\$1,897,536	\$1,897,536	\$2,007,012	

Notes:

1. FY 2022 actuals include:
 - \$194K for Overseas Operations Costs execution
 - \$-25,363K reprogrammed from Consolidated Health Support to other BAGs for unfunded requirements
2. FY 2022 actuals **excludes**:
 - \$137,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the Joint DoD/VA Medical Facility Demonstration Fund as **these dollars are requested by DoD but executed by the Department of Veterans Affairs**
 - \$15,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the DoD/VA Joint Incentive Fund as **these dollars are requested by DoD but executed by the Dept. of Veterans Affairs**
3. The FY 2023 estimates includes:
 - \$1,076K for Overseas Operations Costs in the enacted budget
 - \$168,000K for the for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the Joint DoD/VA Medical Facility Demonstration Fund
 - \$15,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the DoD/VA Joint Incentive Fund
 - \$154,309K for the MRDC transfer
 - \$77,632K for Public Health Services transfer
 - \$137,199K for Centralized Contracts
 - \$26,394K for the Federal Contractor Minimum Wage (\$15/hr)
4. The FY 2024 estimates includes:
 - \$234K for Overseas Operations Costs
 - \$172,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the Joint DoD/VA Medical Facility Demonstration Fund
 - \$15,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the DoD/VA Joint Incentive Fund

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change FY 2023/FY 2023</u>	<u>Change FY 2023/FY 2024</u>
BASELINE FUNDING	\$1,916,366	\$1,897,536
Congressional Adjustments (Distributed)	-18,830	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	1,897,536	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	1,897,536	
Supplemental	0	
Reprogrammings	0	
Price Changes		74,697
Functional Transfers		12,004
Program Changes		22,775
CURRENT ESTIMATE	1,897,536	2,007,012
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$1,897,536	\$2,007,012

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

FY 2023 President's Budget Request (Amended, if applicable)	\$1,916,366
1. Congressional Adjustments	\$-18,830
a) Distributed Adjustments	\$-18,830
1) a. Therapeutic Service Dog Training Program:	\$15,000
2) b. Outdoor Recreation and Education Activities:	\$5,000
3) c. Armed Forces Medical Examiner DNA Testing to Support POW/MIA Efforts:	\$4,000
4) d. Unjustified Growth:	\$-40,417
5) e. Overestimated Growth:	\$-2,413
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions	\$0
FY 2023 Appropriated Amount	\$1,897,536
2. Supplemental Appropriations	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

a) Supplemental Funding	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0
c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding.....	\$1,897,536
4. Reprogrammings (Requiring 1415 Actions).....	\$0
a) Increases.....	\$0
b) Decreases	\$0
Revised FY 2023 Estimate.....	\$1,897,536
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings.....	\$0
a) Less: Supplemental Funding.....	\$0
FY 2023 Normalized Current Estimate	\$1,897,536

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

6. Price Change	\$74,697
7. Functional Transfers	\$12,004
a) Transfers In	\$23,742
1) Consolidating Public Health Services at the Defense Health Agency:.....	\$23,742
Following Section 711 of the National Defense Authorization Act of FY 2019, the Department of Air Force transfers civilian FTEs, pay, and non-pay funding (+\$23,742K; +40FTEs) to the Defense Health Agency to complete the Department of Defense Public Health consolidation at the DHA.	
b) Transfers Out	\$-11,738
1) Medical Readiness Transfer to the Military Departments:	\$-11,738
The Defense Health Agency continues transferring Medical Readiness activities outside the Military Treatment Facilities to the Military Departments.	
a. The Defense Health Agency will transfer (-\$4,607K; -31 FTES) to the Department of the Army for Capabilities Development Integration Directorate.	
b. The Defense Health Agency will transfer (-\$7,131K; -15 FTES) to the Department of the Air Force for the Air Force Medical Review Board (-\$1,103K; -5 FTEs), the Special Program Authorization Portfolio (-\$1,409K; -9 FTEs), the National Capital Region Special Mission Auxiliary Medical Function (-\$149K; -1 FTE), Flight and Operational Medicine, Human Performance, and centralized contracts at the Medical Readiness Headquarters (-\$4,470K).	
8. Program Increases	\$69,664
a) Annualization of New FY 2023 Program	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

b) One-Time FY 2024 Increases\$0

c) Program Growth in FY 2024.....\$69,664

1) a. Biodefense Posture Review:\$39,100
 Provides funds and civilian FTEs (\$39,100K; 36 FTEs) in the Military Public/Occupational Health program element to improve the ability to prevent, detect, and respond to biological incidents and threats. Resources will transform the DoD’s biodefense and pandemic preparedness posture by detecting and characterizing existing and emerging pathogens, integrating and analyzing biosurveillance data, creating a common biosurveillance operating picture, and communicating early warning for informed decisions. The FY 2023 Military Public/Occupational Health baseline funding is \$555,294K. The FY 2023 Military Public/Occupational Health baseline staffing is 2,365 FTEs.

2) b. Executive Order Minimum Wage Adjustment for Federal Contractors:.....\$30,564
 Funding to address the estimated impacts of Executive Order (E.O.) 14026, Increasing the Minimum Wage for Federal Contractors, dated April 27, 2021. E.O. 14026, Section 4(a) requires the Department of Labor to implement regulations to increase the minimum wage to \$15 per hour by January 30, 2022, on contracts covered by the Fair Labor Standards Act, the Service Contract Act (SCA), or the Davis Bacon Act (DBA). Within the Consolidated Health Support Budget Activity Group, the E.O. 14026 increase affected medical assistant and medical clerk contracts. The FY 2023 Consolidated Health Support baseline funding is \$1,897,536K. The FY 2023 Consolidated Health Support baseline contractor staffing is 2,489 CMEs.

3) c. Overseas Operations Costs Accounted for in the Base:\$0
 The FY 2024 Consolidated Health Support baseline request includes \$234K for non-enduring Overseas Operations Costs. Requirements in this budget activity group directly support the transportation of wounded warriors by aircraft from outside the theater of operations to the United States, the resupply of medical evacuation equipment, and ground transportation for patients outside the theater. The FY 2023 Consolidated Health Support Overseas Operations Cost baseline is \$1,076K.

9. Program Decreases\$-46,889

a) Annualization of FY 2023 Program Decreases\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

b) One-Time FY 2023 Increases\$-24,000

1) a. Therapeutic Service Dog Training:.....\$-15,000

Adjustment to reverses a one-time funding increase for Therapeutic Service Dog Training issued to the Defense Health Agency to determine the measurable effects of the Therapeutic Service Dog Training program as a therapeutic intervention for Service Members with posttraumatic stress disorder. Adjustment decreases grant funding in the Military Unique-Other Medical program element. The FY 2023 Therapeutic Service Dog Training program funding is \$15,000K.

2) b. Outdoor Recreation and Education Activities:.....\$-5,000

Adjustment to reverse a one-time funding increase for Outdoor Recreation and Education Activities issued to the Defense Health Agency to establish an outdoor recreation wellness program for military families in conjunction with vetted non-governmental partners. Adjustment decreases medical care contract funding in the Military Unique-Other Medical program element. The FY 2023 Outdoor Recreation and Education Activities program funding is \$5,000K.

3) c. Armed Forces Medical Examiner DNA Testing:.....\$-4,000

Adjustment to reverse a one-time funding increase for Armed Forces Medical Examiner DNA testing issued to the Defense Health Agency to support the Prisoner of War/Missing in Action efforts. Adjustment decreases medical care contract funding in the Military Unique-Other Medical program element. The FY 2023 Armed Forces Medical Examiner DNA Testing funding is \$4,000K.

c) Program Decreases in FY 2024\$-22,889

1) Reduced Requirements for COVID-19:.....\$-22,889

The FY 2024 reduction in COVID funding assumes that future outbreaks in COVID variants will be less severe due to increased vaccination/natural immunity, requiring fewer hospitalization costs and more outpatient care. COVID-19 funding within Consolidated Health Support will source surveillance testing and Whole Genomic Sequencing. The FY 2023 Consolidated Health Support baseline funding is \$1,897,536K.

FY 2024 Budget Request\$2,007,012

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

	FY 2022 Estimate	FY 2023 Estimate	FY 2024 Estimate	Change FY 2022/2023	Change FY 2023/2024
1) Active Duty Force Structure	1,572,218	1,559,023	1,570,275	-13,195	11,252
2) Spectacles/Inserts Fabricated (000's)	1,320	1,359	1,400	39	41

1) Active Duty Force Structure: The FY 2022 to FY 2023 and FY 2023 to FY 2024 changes in Active Duty Force Structure support the Department of Defense's decrease in Active Duty end strength from the FY 2022 actuals to the FY 2023 projection and the Department's increase in Active Duty end strength from the FY 2023 projection to the FY 2024 request.

2) Spectacles/Inserts Fabricated: The FY 2022 to FY 2023 and FY 2023 to FY 2024 increase is due to a combination of multiple factors, including the G-EYEs, and the optical access program that has been opened across the DoD to give access to all military personnel in conjunction with Joint Spectacle Prescription Entry Cloud-based Solution (JSPECS) that will increase our incoming workload volume. Historical data before to COVID-19 kept us on a 3% increase in ophthalmic production. Anticipate a return to historical workload growth of 3% from FY 2022 to FY 2023 and FY 2023 to FY 2024.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

V. Personnel Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	6,634	4,833	5,046	-1,801	213
Officer	1,778	1,318	1,325	-460	7
Enlisted	4,856	3,515	3,721	-1,341	206
Active Military Average Strength (A/S) (Total)	6,701	7,282	4,940	581	-2,342
Officer	1,810	1,548	1,322	-262	-226
Enlisted	4,891	5,734	3,618	843	-2,116
Civilian FTEs (Total)	4,922	4,853	4,883	-69	30
U.S. Direct Hire	4,712	4,751	4,781	39	30
Foreign National Direct Hire	109	51	51	-58	0
Total Direct Hire	4,821	4,802	4,832	-19	30
Foreign National Indirect Hire	101	51	51	-50	0
Average Annual Civilian Salary (\$ in thousands)	110.5	124.8	130.2	14.3	5.4
Contractor FTEs (Total)	2,439	2,489	2,609	50	120

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net decrease from FY 2022 to FY 2023 (-1,801) reflects the following changes by Component: Army (-1,534): for transfer of the following programs to the Department of the Army: Defense-Wide Review Army Readiness (-1,419); Public Health Command and Regional Dental Command (-138); In-MTF Army Readiness Programs (-127); internal realignments for the Executive Agent Shared Services Reconciliation (-27) and the Armed Forces Pest Management Board (-3); a technical correction to align Agency controls with Service controls in the CAPE manpower system (-2) and execution adjustments and FY 2023 Next Generation Resource Management System (NGRMS) program element sync (+182). Navy (-426): for transfer of Navy BUMED resources to the Department of the Navy for the following programs: Research and Development Lab (-77); Drug Lab (-8); Medical Sealift Command (-4); Medical Headquarters (-4); execution adjustments and FY 2023 NGRMS program element sync (-333). Air Force (+159): for transfer of Air Force Medical Services resources to the Department of the Air Force for the following programs: non-MTF resources (-128), Public Health (-28), and execution adjustments and FY 2023 NGRMS program element sync (+315). The net increase from FY 2023 to FY 2024 (+213) reflects the following changes by Component: Army (+63): for Medical

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

V. Personnel Summary: (Cont.)

End Strength Restoral (+192); transfer of the Capabilities Development Integration Directorate to the Department of the Army (-59); and NGRMS program element sync (-70). Navy (+173): for NGRMS program element sync (+174), and transfer to the Department of the Navy for Research and Development (-1). Air Force (-23): for transfer to the Department of the Air Force for National Capital Region Special Mission Auxiliary (-1) and for Program Corrections (-35); and transfer of the Public Health phase II to the DHA (+13).

Explanation of changes in Civilian FTEs: The net decrease from FY 2022 to FY 2023 (-69) reflects FY 2022 execution adjustments (-382: Army +144; Air Force +40; Direct Care Financial Management -534; and the Defense Health Agency-32) based on FY 2022 actual FTE execution and well as the following changes by component: Defense Health Agency (+797): Consolidation of the Public Health Services at the Defense Health Agency (+601), transfer of the Army Medical Research, Development and Acquisition Capabilities (+158), Independent review Commission on Sexual Assault (+3), Stand up of the Stand-Alone Offices (SSO) and Defense Health Regions (+57); and the Defense-Wide Review correction Womack Phase 1 (-22). Army (-348): Transfer of the following programs to the Department of the Army: 1) Readiness Functions of the Army Medicine Regional Public Health Command (-246); 2) In-Medical Treatment Facility Readiness Programs (-155); 3) Army Medical Readiness (-139); 4) FTE only transfer for Family Advocacy Program (-1); as well as internal realignments to other BAGs (-193). Air Force (-92): Internal realignment to other BAGs (-91) and action to reverse a Foreign National Indirect Hire (-1). Navy (-44): Internal realignment from other BAGs (-44). The net increase from FY 2023 to FY 2024 (+30) reflects the following changes: Transfer to the Defense Health Agency from the Department of the Air Force for Phase II consolidation of Public Health at DHA (+40), increase FTEs for the Biodefense Posture Review (+36); transfer to the Department of the Air Force (-15) for Medical Review Board (-5), Special Program Authorization Portfolio (-9), National Capital Region Special Mission Auxiliary Medical Function (-1); and transfer to the Department of the Army for support to the Capabilities Development Integration Directorate (-31).

Explanation of changes in Contractor FTEs: The increase from FY 2022 to FY 2023 (+50) is due to execution adjustments based on actual FY 2022 execution in the Other Health Activities (+209), Military Public/Occupational Health program element (+1), and Military Unique-Other Medical program elements (+134), as well as reductions due to contract consolidation efforts and the transfer of readiness programs to the Military Departments the Other Health Activities (-202), Military Unique-Other Medical (-44), Military Public/Occupational Health (-42), Examining Activities (-5), and SPT to FACA Advisory Board Activities program elements (-1). The increase from FY 2023 to FY 2024 (+118) is accounted for in the Military Public/Occupational Health program element and is attributed to contract dollars for Biodefense Posture Review (+138) and the transfer of centralized contract dollars to the military departments (-20).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 <u>Program</u>	<u>Change from FY 2022 to FY 2023</u>		FY 2023 <u>Program</u>	<u>Change from FY 2023 to FY 2024</u>		FY 2024 <u>Program</u>
		<u>Price Growth</u>	<u>Program Growth</u>		<u>Price Growth</u>	<u>Program Growth</u>	
101 EXEC, GEN'L & SPEC SCHEDS	526,210	21,732	41,349	589,291	29,630	301	619,222
103 WAGE BOARD	8,314	343	-300	8,357	420	-416	8,361
104 FN DIRECT HIRE (FNDH)	4,463	184	223	4,870	245	-113	5,002
105 SEPARATION LIABILITY (FNDH)	231	10	-241	0	0	0	0
106 BENEFIT TO FMR EMPLOYEES	0	0	72	72	4	-4	72
107 VOLUNTARY SEP INCENTIVES	436	18	-215	239	12	-12	239
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	539,654	22,287	40,888	602,829	30,311	-244	632,896
308 TRAVEL OF PERSONS	9,828	206	5,250	15,284	336	846	16,466
0399 TOTAL TRAVEL	9,828	206	5,250	15,284	336	846	16,466
401 DLA ENERGY (FUEL PRODUCTS)	6		0	6	-1	1	6
422 DLA MAT SUPPLY CHAIN (MEDICAL)	163	1	4	168	10	-5	173
0499 TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	169	1	4	174	9	-4	179
719 SDDC CARGO OPS-PORT HNDLG	185	19	-59	145	49	-45	149
771 COMMERCIAL TRANSPORT	503	11	1,044	1,558	31		1,589
0799 TOTAL TRANSPORTATION	688	30	985	1,703	80	-45	1,738
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	4,105	170	-1,681	2,594	130	-58	2,666
914 PURCHASED COMMUNICATIONS (NON-FUND)	1,565	33	259	1,857	41	-6	1,892
915 RENTS (NON-GSA)	120	3	2,578	2,701	59	-4	2,756
920 SUPPLIES & MATERIALS (NON-FUND)	63,365	1,331	10,364	75,060	1,651	-445	76,266
921 PRINTING & REPRODUCTION	307	6	1,297	1,610	35	-9	1,636
922 EQUIPMENT MAINTENANCE BY CONTRACT	1,967	41	424	2,432	54	-11	2,475
923 FACILITIES SUST, REST, & MOD BY CONTRACT	2,520	53	51	2,624	58	31	2,713
924 PHARMACEUTICAL DRUGS	18,261	950	22,937	42,148	1,728	696	44,572
925 EQUIPMENT PURCHASES (NON-FUND)	35,407	744	7,781	43,932	967	1,420	46,319
930 OTHER DEPOT MAINTENANCE (NON-FUND)	1	0	-1	0	0	0	0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Consolidated Health Support OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
932 MGT PROF SUPPORT SVCS	101,064	2,122	-21	103,165	2,270	-1,700	103,735
933 STUDIES, ANALYSIS & EVAL	6,082	128	18	6,228	137	-193	6,172
955 OTHER COSTS (MEDICAL CARE)	44,147	2,296	255,219	301,662	12,368	13,531	327,561
960 OTHER COSTS (INTEREST AND DIVIDENDS)	12	0	2	14	0	1	15
964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	52	1	380	433	10	-2	441
986 MEDICAL CARE CONTRACTS	296,098	15,397	175,317	486,812	19,959	-3,223	503,548
987 OTHER INTRA-GOVT PURCH	77,192	1,621	-2,585	76,228	1,677	-1,913	75,992
988 GRANTS	18,246	383	-1,928	16,701	367	-14,825	2,243
989 OTHER SERVICES	102,841	2,160	-2,497	102,504	2,255	6,692	111,451
990 IT CONTRACT SUPPORT SERVICES	8,742	184	-85	8,841	195	34,244	43,280
0999 TOTAL OTHER PURCHASES	782,094	27,623	467,829	1,277,546	43,961	34,226	1,355,733
9999 GRAND TOTAL	1,332,433	50,147	514,956	1,897,536	74,697	34,779	2,007,012

Notes:

1. FY 2022 actuals **excludes** \$137,000K, OP32 line 986, the Department of Defense transferred to Department of Veterans Affairs in FY 2022 for the Joint Department of Defense - Department of Veterans Affairs (DoD/VA) Medical Facility Demonstration Fund (FHCC).
2. FY 2022 actuals **excludes** \$15,000K, OP32 line 986, the Department of Defense transferred to Department of Veterans Affairs in FY 2022 for the DoD-VA Health Care Joint Incentive Fund (JIF).
3. FY 2023 estimates includes \$168,000K, OP32 line 986, the Department of Defense will transfer to the Department of Veterans Affairs in FY 2023 for the DoD/VA FHCC.
4. FY 2023 estimates includes \$15,000K, OP32 line 986 the Department of Defense will transfer to the Department of Veterans Affairs in FY 2023 for the DoD/VA JIF.
5. FY 2023 increase in OP32 line 955 is attributed to the following:
 - The Army Medical Research, Development, and Acquisition Capabilities transferred to DHA: +\$122,590K.
 - Central Contracts Realigned to the Defense Health Agency: \$83,697K.
 - Deployment Health realigned to the Defense Health Agency: \$49,021K.
6. The FY 2024 increase in OP32 line 990 is attributed to the non-pay increase for the Biodefense Posture Review.
7. The FY 2024 increase in OP32 lines 955 and 989 is attributed to the increase in the Executive Order Minimum Wage Adjustment for Federal Contractors.
8. FY 2024 estimate includes \$172,000K, OP32 line 986 the Department of Defense will transfer to the Department of Veterans Affairs in FY 2024 for the DoD/VA FHCC.
9. FY 2024 estimate includes \$15,000K, OP32 line 986 the Department of Defense will transfer to the Department of Veterans Affairs in FY 2024 for the DoD/VA JIF.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

I. Description of Operations Financed:

Service Medical Information Management/Information Technology (IM/IT) – Provides resources for Military Treatment Facility IM/IT activities, infrastructure, Service Medical specific systems; and Functional Area Applications (Service-Unique); Communications and Computing Infrastructure to include Information Assurance (IA), long haul/wide area and deployable tactical/shipboard communications, office automation, and video-teleconferencing; and related technical activities including information architecture, data standardization, and data interoperability. Expressly excludes Base Communications and Voice Communications requirements funded in the Base Operations/ Communications Budget Activity Group.

Military Health System (MHS) Information Management/Information Technology IM/IT Support Programs – Provides resources for services contracted or provided by other Department of Defense (DoD) agencies. Includes modifications to contractor-owned IM/IT systems to meet congressional and other mandated changes; changes or modifications to other DoD agencies' IM/IT systems to comply with changes in medical regulatory guidance; commercially purchased IM/IT-related services to support the Managed Care Support Contracts' compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities including information architecture, data standardization and data interoperability. Expressly excludes funding for centrally managed or Service Medical IM/IT systems, including acquiring centrally developed systems.

Military Health System (MHS) Tri-Service Information Management/Information Technology (IM/IT) – Provides resources for the Military Health System (MHS) centrally managed, Tri-Service IM/IT programs to include developing standardized information systems designed to meet Tri-Service functional requirements at all echelons in the medical functional area. The Tri-Service IM/IT program defines, acquires/ develops, maintains/oversees the design, enhancement, operation, acquisition, sustainment, and management of information systems, related IT infrastructure, and communications in support of MHS activities.

Information Technology Development – Integrated Electronic Health Record – Provides resources for the acquisition, maintenance, enhancement, operation, sustainment, and program management in support of the Integrated Electronic Health Record (iEHR) information program and associated capabilities for the CAPT James A. Lovell Federal Health Care Center, North Chicago, IL, and the Interagency Program Office (IPO).

Department of Defense (DoD) Healthcare Management System Modernization Program (DHMSM) – Provides resources for the deployment and related technical sustainment of Information Technology (IT) software and hardware baseline in support of healthcare delivery and the DoD Healthcare Management System Modernization (DHMSM) Major Automated Information System within the Military Health System (MHS). This operation includes funding for IT equipment and recurring replacement, production software licenses and renewal/version upgrades, system deployment/implementation activities, and initial system user training. This program also includes funding to support the program office operations (e.g., Government and Vendor) and commercial software maintenance, hardware maintenance, system administration, other operations costs, regular training and education, and recurring telecommunications and data/system hosting and storage requirements in support of the DHMSM IT requirements. This program was established under the joint memo from USD(C) and USD(AT&L) titled

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

I. Description of Operations Financed: (Cont.)

“Joint Memorandum on Major Defense Acquisition Program and Major Automated Information System Program Resource Transparency in Department of Defense Budget Systems,” dated June 27, 2013.

DoD Medical Information Exchange (DMIX)/Enterprise Intelligence & Data Solutions (EIDS) – Provides resources to support MHS strategic goals and facilitates informed decision-making delivering vital information services and data in a timely, relevant, and actionable manner via DMIX/EIDS. DMIX/EIDS has become the nexus of all Military Health System (MHS) secondary data and the core data broker and provider for most clinical and operational medical systems across the enterprise. The Project Management Office (PMO) strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoD leadership to improve patient care through the Military Health System Information Platform (MIP). In addition, it supports a set of DoD legacy systems and projects that aim to increase data interoperability and access to electronic health data via digital health hub serving up health care data to DoD and Federal partners. The MIP provides a core clinical research platform for self-service business intelligence and is building an artificial intelligence and machine learning workbench. Additionally, DMIX/EIDS is building the first secure cloud-based genomics platform for the DoD. A fully funded DMIX/EIDS initiative brings together data, information technology, and data science, delivering analytics-driven insights for customers driving towards prescriptive analytics, all while meeting the Congressional intent of a fully interoperable health record.

Joint Operational Medicine Information System (JOMIS) – Provides resources for the procurement, deployment, and sustainment of the Joint Operational Medicine Information Systems (JOMIS) capabilities for the DoD operational medicine (OpMed) community across the continuum of in-theater care. This funding provides procurement support for integrating medical capabilities under a joint concept of operations; support to field medical operations responsible for oversight and evaluation of critical command, control, communications, computer and intelligence (C4I) health decision support systems; support for integrating medical capabilities under a joint concept of operations; sustainment support to JOMIS software baselines, comprised of the Military Health System GENESIS electronic health record (EHR) capability and legacy modules not replaced by the new EHR capabilities; and support for the upgrading or replacement of legacy operational medicine modules. The delivered products will support all echelons of care through an aggregation of medical data and situational reports that serve the theater of operations and the Continental United States sustaining base medical missions. It establishes the means and a standard for tying existing, developing, and future medical information systems (software and equipment) into an interoperable system that supports Military Departments. Funding will provide integrated, automated medical information addressing the functional areas, command and control (including planning functions), medical logistics, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower/training, and medical capabilities assessment and sustainment analysis.

Cybersecurity – Provides resources for the design, build, fielding, development, refresh, and sustainment of information technology (IT) supporting: the DoD’s ability to maintain an appropriate level of confidentiality, integrity, authentication, non-repudiation, and availability; the information and information assets; the documentation of threats and vulnerabilities; the trustworthiness of users and interconnecting systems; and the minimization of the impact of impairment or destruction to the DoD information system(s). Military Health System cybersecurity is a form of defensive cybersecurity designed to protect information against unauthorized interception, modification, fabrication, and interruption of data in transit and at rest. Resources will encompass boundary protection and intrusion

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

I. Description of Operations Financed: (Cont.)

detection systems; assessment and authorization; developing and maintaining information assurance (IA) policy and governance; network continuity; continuous monitoring; training; Public Key Encryption (PKE) and Public Key Infrastructure (PKI) implementation; and computer network defense. Includes DHA Risk Management Framework that provides a process that integrates security and risk management activities into the system development life cycle. The risk-based approach to security control selection and specification considers effectiveness, efficiency, and constraints due to applicable laws, directives, Executive Orders, policies, standards, or regulations. These activities related to managing organizational risk are paramount to an effective information security program. They can apply to new and legacy systems within the system development life cycle and the Federal Enterprise Architecture. This program element does not capture resources for investments embedded in another system or IT security management, as described by DoD CIO as unclassified, non-weapon system resources needed for Certification & Accreditation, Public Key Infrastructure, virus protection, malware, and firewalls.

Military Health System (MHS) Desktop to Datacenter (D2D) – Provides resources for the design, build, testing, installation, fielding, upgrades, and sustainment of information technology (IT) supporting the DoD's ability to provide and maintain infrastructure and enterprise support services for Military Health System (MHS) systems in all healthcare regions worldwide. Resources will encompass: Circuits, Network Service Operations Center, MHS Enterprise Service Operations Centers (MESOC) Regional Services, Video Network Center, Lifecycle Management (Asset Management Support Services and Enterprise Software Management), Performance Planning Management, and Boundary Services and Server Sustainment. D2D includes the following: (1) Network Security Management Service (NSMS): Seamless integrated Wide, Local and Wireless Network allowing health care providers/staff to move from hospital to hospital and authenticate to all IT services without the need for separate accounts; (2) Desktop as a Service (DaaS): Desktop design standardization across the application, desktop and server environments allowing providers/staff ability to move from one exam room to another within the medical facility and have access to information; (3) Compute and Storage Management (CSMS): Centrally managed integrated, robust computing infrastructure that provides a standard method to host applications and the ability to use single applications to support health care encounters; (4) Directory Services Enterprise Management (DSEM): Centralized, secure access and authentication capability to network resources that allows providers and staff to all IT services without the need of multiple accounts; (5) Global Service Center (GSC): Consolidated MHS enterprise IT Service Desk allowing for a single point of contact for all customers regardless of physical location.

II. Force Structure Summary:

This program funds concept exploration, management, and sustainment of automated information systems, communications, and computing infrastructure, related technical activities and information assurance supporting military medical readiness and promoting quality healthcare services to members of the Armed Forces, their families, and others entitled to DoD healthcare.

Workload Introduction:

The Information Management/Information Technology (IM/IT) workload data presented in the Performance Criteria and Evaluation Summary section provides further insight, and a more precise depiction of the Defense Health Agency's IM/IT work for: (1) Military Treatment Facility IT Support; (2) MHS Enterprise Cyber Security Support; (3) Defense Health Agency Global Service Center (GSC); (4) Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) Deployments; (5) DoD Healthcare Management Systems Modernization (DHMSM) planned deployment schedule; (6) DOD Medical Information Exchange and

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

II. Force Structure Summary: (Cont.)

Interoperability (DMIX); (7) Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP); and (8) Joint Operational Medicine Information System/Medical Common Operating Picture (MedCOP).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

III. Financial Summary (\$ in Thousands):

	FY 2023						
	FY 2022	Budget	Congressional Action			Current	FY 2024
			Actuals	Request	Amount		
A. BA Subactivities							
1. Service Medical IM/IT	\$213,639	\$205,994	\$-9,207	-4.47%	\$196,787	\$196,787	\$211,995
2. DHP IM/IT Support Programs	\$31,602	\$37,004	\$-572	-1.55%	\$36,432	\$36,432	\$37,798
3. Tri-Service IM/IT	\$842,925	\$664,214	\$-4,150	-0.62%	\$660,064	\$660,064	\$566,790
4. Integrated Electronic Health Record (iEHR)	\$10,050	\$22,049	\$-880	-3.99%	\$21,169	\$21,169	\$22,761
5. DoD Healthcare Management System Modernization (DHMSM)	\$540,841	\$562,623	\$-14,140	-2.51%	\$548,483	\$548,483	\$528,441
6. DoD Medical Information Exchange and Interoperability (DMIX)	\$118,250	\$4,412	\$127,200	2,883.05%	\$131,612	\$131,612	\$132,934
7. Joint Operational Medicine Information System (JOMIS)	\$118,293	\$170,766	\$-32,190	-18.85%	\$138,576	\$138,576	\$230,759
8. Cybersecurity	\$136,701	\$148,726	\$0	0.00%	\$148,726	\$148,726	\$152,198
9. Military Health System Desktop to Datacenter (D2D)	<u>\$259,539</u>	<u>\$435,363</u>	<u>\$-1,642</u>	<u>-0.38%</u>	<u>\$433,721</u>	<u>\$433,721</u>	<u>\$444,140</u>
Total	\$2,271,840	\$2,251,151	\$64,419	2.86%	\$2,315,570	\$2,315,570	\$2,327,816

Notes:

1. FY 2022 actuals includes \$43,696K reprogrammed to Information Management/Information Technology for COVID-19 unfunded IM/IT requirements.
2. FY 2022 actuals **excludes** \$1,000K (O&M only) for Department of Defense (DoD) Medical Eligible Retiree Health Care Fund (MERHCF).
3. FY 2023 estimate **excludes** \$1,300K (O&M only) for DoD MERHCF.
4. FY 2024 estimates includes:
 - \$33,429K internally realigned from Desktop to Datacenter (D2D) program element to Tri-Service IM/IT program element for infrastructure activities.
 - \$17,026K internally realigned from Tri-Service IM/IT program element to Joint Operational Medicine Information Systems (JOMIS) program element (+\$826K) and Defense Healthcare Management Systems Modernization (DHMSM) program element program element (+\$16,200K) for Program Executive Office (PEO) activities.
5. FY 2024 estimates **excludes** \$1,400K (O&M only) for DoD MERHCF.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change FY 2023/FY 2023</u>	<u>Change FY 2023/FY 2024</u>
BASELINE FUNDING	\$2,251,151	\$2,315,570
Congressional Adjustments (Distributed)	64,419	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	2,315,570	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	2,315,570	
Supplemental	0	
Reprogrammings	0	
Price Changes		58,615
Functional Transfers		-899
Program Changes		-45,470
CURRENT ESTIMATE	2,315,570	2,327,816
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$2,315,570	\$2,327,816

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

FY 2023 President's Budget Request (Amended, if applicable)	\$2,251,151
1. Congressional Adjustments	\$64,419
a) Distributed Adjustments	\$64,419
1) a. Transfer to BA-08 Software & Digital Technology Pilot Program - Disapproved.....	\$127,200
2) b. Unjustified Software Cost Growth	\$-59,419
3) c. Unjustified Growth	\$-3,362
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions	\$0
FY 2023 Appropriated Amount	\$2,315,570
2. Supplemental Appropriations	\$0
a) Supplemental Funding	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding.....	\$2,315,570
4. Reprogrammings (Requiring 1415 Actions).....	\$0
a) Increases.....	\$0
b) Decreases.....	\$0
Revised FY 2023 Estimate.....	\$2,315,570
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings.....	\$0
a) Less: Supplemental Funding.....	\$0
FY 2023 Normalized Current Estimate.....	\$2,315,570
6. Price Change.....	\$58,615
7. Functional Transfers.....	\$-899
a) Transfers In.....	\$0
b) Transfers Out.....	\$-899
1) IM/IT Medical Readiness Transfer to the Military Departments:.....	\$-899
The Defense Health Agency continues the transfer of the IM/IT Medical Readiness activities, which occur outside of the Military Treatment Facilities to the Military Departments.	
a. The Defense Health Agency transfers civilian pay funds and full-time equivalents (-\$743K; -5 FTEs) to the Department of the Army for IT support to the Capabilities Development Integration Directorate (CDID) under the Army Futures Command.	

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

b. The Defense Health Agency transfers civilian pay funds and full-time equivalents (-\$156K; -1 FTE) to the Department of the Air Force for Special Program Authorization Portfolio.

8. Program Increases	\$120,350
a) Annualization of New FY 2023 Program	\$0
b) One-Time FY 2024 Increases	\$32,735
1) Department of Defense Microsoft 365 Enterprise Licensing Upgrade:	\$32,735
Defense Information System Agency transfers funds (+\$32,735K) to Information Management Information Technology (IM/IT) for Department of Defense (DoD) Microsoft 365 (M365) E5 licensing upgrades for improved Zero Trust (ZT) capabilities. The enhancements provide advanced security against ransomware and cybersecurity threats, compliance, voice, and analytical abilities. The FY 2023 Desktop to Datacenter program element baseline funding is \$433,721K. The FY 2023 Desktop to Datacenter program element baseline contractor staffing is 827 CMEs.	
c) Program Growth in FY 2024	\$87,615
1) a. Joint Operational Medicine Information Systems:	\$73,386
Provides funds for the following Joint Operational Medicine Information Systems (JOMIS) requirements following the updated acquisition strategy approved in January 2021 to maintain and operate existing legacy applications:	
-- Realignment of funding from RDT&E (started in FY23) to O&M to reflect the new January 2021 Acquisition Strategy and the JOMIS capability roadmap including 1) continued funding of software development and enhancements that will occur beyond the first Minimum Viable Capability Release (MVCR) aligned with the software development life cycle principles of the software acquisition pathway 2) funding for IT Management and testing support for software development and enhancements beyond the first MVCR in alignment with the software development life cycle principles of the software acquisition pathway.	
-- Operation and maintenance of newly deployed capabilities added to the suite of operational medicine information systems as part of the JOMIS capability roadmap developed in coordination with the Functional Champion that enables continuous evolution and delivery of products to users and quality of the user experience. These capabilities include, for example, Health Care Delivery for Roles I, II, and III, modernized Operational Medicine Data Service, Medical Common Operating Picture,	

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

and Theater Blood.

The FY 2023 JOMIS program element baseline funding is \$138,576K. The FY 2023 JOMIS program element baseline contractor staffing is 360 CMEs.

2) b. Corporate Dental System:\$14,229
 Realigns the Corporate Dental System contract dollars (+\$14,229K) to Information Management /Information Technology (IM/IT), Joint Operational Medicine Information Systems (JOMIS) program element from In-House Care, Dental Care (CONUS) program element. Realignment supports the DHA's effort to consolidate the management and administration of all IM/IT systems within the Information Management/Information Technology Budget Activity Group. The FY 2023 JOMIS program element baseline funding is \$138,576K. The FY 2023 JOMIS program element baseline contractor staffing is 360 CMEs.

9. Program Decreases	\$-165,820
a) Annualization of FY 2023 Program Decreases	\$0
b) One-Time FY 2023 Increases	\$0
c) Program Decreases in FY 2024	\$-165,820
1) a. MHS IM/IT Legacy Sustainment:	\$-118,342
Reduces the MHS IM/IT Legacy sustainment funding in the Tri-Service IM/IT program element as the Defense Health Agency continues consolidation measures to reduce Infrastructure costs at the Military Treatment Facilities and the Defense Health Agency. The Defense Health Agency reduced IM/IT contracts support services funds by consolidating IT contracts at the Defense Health Agency enterprise level and optimizing infrastructure by using a common architecture. Ongoing efforts by the Program Executive Officer (PEO) Medical Systems/Chief Information officer (J-6) within the Defense Health Agency and with the Military Treatment Facilities to identify, consolidate, and reduce redundant contracts and operate on a common architecture allows for the reduction in IT contracts support services funding. There are 194 site instances of legacy systems projected for decommissioning in FY 2024. The FY 2023 Tri-Service IM/IT program element funding is \$660,064K. The FY 2023 Tri-Service IM/IT program element baseline contractor staffing is 677 CMEs.	
2) b. Department of Defense Healthcare Management System Modernization:	\$-47,478
Reduces the funding for Department of Defense Healthcare Management System Modernization (DHMSM) due to the	

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

reduction in management oversight and travel required to support deployment in FY 2024 compared to a full year of CONUS and OCONUS deployment support in FY 2023. MHS GENESIS Electronic Health Record (EHR) System deployment efforts will complete in the first half of FY 2024 following with the approved deployment schedule. The FY 2023 DHMSM program element baseline funding is \$548,483K. The FY 2023 DHMSM program element baseline contractor staffing is 2,103 CMEs.

FY 2024 Budget Request\$2,327,816

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

The Information Management/Information Technology (IM/IT) workload data presented in the Performance Criteria and Evaluation Summary section is designed to give greater insight and a clearer depiction of the Defense Health Agency's IM/IT work for: (1) Military Treatment Facility IT Support; (2) MHS Enterprise Cyber Security Support; (3) Defense Health Agency Global Service Center (GSC); (4) Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) Deployments; (5) DoD Healthcare Management Systems Modernization (DHMSM) Planned Deployment schedule; (6) DOD Medical Information Exchange and Interoperability (DMIX); (7) Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP); and (8) Joint Operational Medicine Information System/Medical Common Operating Picture (MedCOP).

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 Estimate
Military Treatment Facility IT Support			
1. Provides software, hardware, and network IT support for enterprise systems at DoD medical headquarters, hospitals, and medical clinics worldwide, as appropriate, to achieve operational benefits. Activities supported include: outpatient encounters, inpatient stays, prescription issuance and management, laboratory orders and results, medical records management, claims processing, patient appointing and scheduling, medical logistics services, patient safety reporting, medical workload management, clinical data analysis, nutrition care services, blood management, staff credentialing, medical coding, medical surveillance, surgical scheduling, and more.	65 systems	59 systems	55 systems
2. Desktop to Datacenter migration of end user devices.	24,808	N/A	N/A
3. Shutdown/Decommission (end operational use) legacy systems replaced by MHS GENESIS (site instances of systems)	35 site instances of systems	137 site instances of systems	194 site instances of systems
MHS Enterprise Services Cyber Security Support			
1. Manage the cybersecurity status of systems (including networks and medical devices enrolled in Risk Management Framework throughout the MHS)	1,566	1,697	1,750
2. Implement required cybersecurity patches (Cybersecurity Support cannot determine the number of patches needed in advance)	93%	90%	90%

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 Estimate
Defense Health Agency (DHA) Global Service Center (GSC)			
1. Provide enterprise help desk services in support of the MHS systems and network. Manage and resolve 95% of Critical (Priority 1) incidents within 90 minutes. [Equation: {Number of "Priority 1" incidents resolved or escalated within the 90-minute time constraint in the period of interest/Total number of "Priority 1" incidents in the period of interest} x 100. Priority categories based on the type of problem and number of users affected]	89 Priority 1 Incidents ≥95%	100 Priority 1 Incidents ≥95%	110 Priority 1 Incidents ≥95%
2. Survey DHA Global Service Center Users, gaining a Satisfaction Survey Score of at least 4.0 of 5.0 on survey responses	18,082 survey responses	19,500 survey responses	21,000 survey responses
Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) Deployments			
1. Deploy D2D and Med-COI, so sites are MHS GENESIS ready (MHS GENESIS-ready sites have completed all infrastructure work, and all systems required for MHS GENESIS migrated)	23	N/A	N/A
2. Complete updates so that sites are Totally Cutover (Sites that are Totally Cutover have had all infrastructure work completed that is required to consider all aspects of Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) implementation fully completed and implemented)	23	N/A	N/A

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 Estimate
DoD Healthcare Management Systems Modernization (DHMSM) (Planned Deployment Schedule)			
1. Measure and determine MHS GENESIS' ability to scale the number of users up without degrading the average log-in and transaction response times. Measure the percentage of users able to log-in in and complete transactions in less than two (2) seconds.	95.97%	95.00%	95.00%
2. System Operational Availability assesses the total time the system can perform clinical functions during a given interval – excluding scheduled downtimes. (Percentage)	94.96%	65.00%	65.00%
DoD Medical Information Exchange and Interoperability (DMIX)			
1. Percentage of population with Joint Legacy Viewer (JLV) access using JLV.	30.00%	30.00%	30.00%
2. Retrieve patient-centric information pulled from disparate healthcare systems in real time for presentation in a browser in less than two (2) minutes. (Percentage) Reason: It helps check the performance of related healthcare systems. This information helps assess improvements/changes/updates to the evaluated system. For example, a new patch could improve response times. Having these measurements will highlight the improvement.	90.00%	90.00%	90.00%
3. Software availability from an end-user perspective - not counting scheduled downtime - and platform and network availability (DES/JLV). (Percentage)	93.00% / 93.00%	93.00% / 93.00%	93.00% / 93.00%

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 Estimate
Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP). Measures calculated per MIP Post-Implementation Review Plan			
1. System Availability – Clinical Care Functions: System uptime (including scheduled downtime) for MIP functions that support direct clinical care, e.g., Legacy Data Consolidation. (Percentage)	99.86%	99.86%	99.86%
2. System Availability – Non-Clinical Functions: System uptime (excluding scheduled downtime) for MIP functions that don't support direct clinical care, e.g., non-Legacy Data Consolidation. (Percentage)	98.5%	98.5%	98.5%
Joint Operational Medicine Information System/Medical Common Operating Picture (MedCOP)			
1. Availability: Percentage of time the system is available not counting unscheduled downtime (Percentage)	99%	99%	99%
2. Reliability: Number of Tier III trouble tickets received monthly – tickets are related to software code updates only	<5	<5	<5
3. Maintainability: Time to implement trouble tickets (Metric ID OP1913-5006)	<72 Hours	<72 Hours	<72 Hours

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

V. Personnel Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	424	349	376	-75	27
Officer	90	54	57	-36	3
Enlisted	334	295	319	-39	24
Active Military Average Strength (A/S) (Total)	417	387	363	-30	-24
Officer	88	72	56	-16	-16
Enlisted	329	315	307	-14	-8
Civilian FTEs (Total)	1,633	1,962	1,956	329	-6
U.S. Direct Hire	1,570	1,908	1,903	338	-5
Foreign National Direct Hire	32	26	26	-6	0
Total Direct Hire	1,602	1,934	1,929	332	-5
Foreign National Indirect Hire	31	28	27	-3	-1
Average Annual Civilian Salary (\$ in thousands)	133.1	138.2	145.2	5.1	6.9
Contractor FTEs (Total)	5,371	5,219	5,219	-152	0

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net decrease from FY 2022 to FY 2023 (-75) includes execution adjustments and FY 2023 Next Generation Resource Management System (NGRMS) internal realignments (-10: Army +2, Navy -31 and Air Force +19), internal realignments to Executive Agent Share Services (Army -9), internal realignment by Navy Medical (-27), transfer non-MTF resources (Air Force -6), the Defense-Wide Review Army Readiness transfer to Army MEDCOM (-4), realignment of the Transfer Hospital Ship from Navy BUMED to the Medical Sealift Command (-6), and a technical adjustment made by the military departments for the revised drawdown reductions to comply with Section 719 of the FY 2020 National Defense Authorization Act (NDAA) accounts for the additional resources (-13: Navy -10 and Army -3). This Act limits the realignment or reduction of military medical end strength authorizations and reflects executable Service plans for the drawdown. The net decrease from FY 2023 to FY 2024 (+27) is due to the transfer of the Capabilities Development Integration Directorate to the Department of Army (-4), Army Medical End Strength Restoral (+4), FY 2023 NGRMS internal realignments (-2: Army -3, Navy

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

V. Personnel Summary: (Cont.)

+1), and FY 2024 NGRMS internal realignments as a result of Total Force Management Manpower System (TFMMS) and financial Procurement Business Intelligence Service (PBIS) interface reflects (+29).

Explanation of changes in Civilian FTEs: The net increase from FY 2022 to FY 2023 (+329) reflects execution adjustments (-86: Army -51, Comptroller +119 and DCFM -154); the transfer of civilian FTEs to the Department of the Army for medical readiness (-24); reprogramming of civilian FTEs to Management Activities for Deputy Assistant Director Information Operations Headquarters functions (-16); an increase in FTEs for the Program Executive Office (PEO) to match actual execution resulting from programmatic growth requiring additional FTEs (+22: IEHR/FEHRM +10, DMIX/EIDS +8, and DHMSM +4); transfer of Military Treatment Facilities FTEs from the Department of Army (+294), realignment of FTEs from Navy BUMED for IM/IT support (+8), and internal realignment from other BAGs (+131: Navy +130 and Air Force +1). The increase from FY 2023 to FY 2024 (-6) reflects the transfer to the Department of the Army for support to the Capabilities Development Integration Directorate (CDID) under the Army Futures Command (-5) and the transfer to the Department of the Air Force to support the Special Program Authorization Portfolio (-1).

Explanation of changes in Contractor FTEs: The decrease from FY 2022 to FY 2023 (-152) reflects ongoing efficiencies achieved by consolidating infrastructure and legacy systems. There is no change from FY 2023 to FY 2024.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
101 EXEC, GEN'L & SPEC SCHEDS	212,777	8,788	43,910	265,475	13,348	-779	278,044
103 WAGE BOARD	240	10	0	250	13	0	263
104 FN DIRECT HIRE (FNDH)	2,079	86	0	2,165	109	0	2,274
107 VOLUNTARY SEP INCENTIVES	16	1	0	17	1	0	18
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	215,112	8,885	43,910	267,907	13,471	-779	280,599
308 TRAVEL OF PERSONS	5,205	109		5,314	117	0	5,431
0399 TOTAL TRAVEL	5,205	109	0	5,314	117	0	5,431
771 COMMERCIAL TRANSPORT	2,677	56	-2,692	41	1	0	42
0799 TOTAL TRANSPORTATION	2,677	56	-2,692	41	1	0	42
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	2,248	93	932	3,273	165	-120	3,318
912 RENTAL PAYMENTS TO GSA (SLUC)	2,162	45	-2,207	0	0	0	0
913 PURCHASED UTILITIES (NON-FUND)	36	1	0	37	1	0	38
914 PURCHASED COMMUNICATIONS (NON-FUND)	2,589	54		2,643	58		2,701
915 RENTS (NON-GSA)	66	1		67	1		68
917 POSTAL SERVICES (U.S.P.S)	1,443	30	-1,473	0	0	0	0
920 SUPPLIES & MATERIALS (NON-FUND)	3,272	69	0	3,341	74	0	3,415
921 PRINTING & REPRODUCTION	2,790	59	-916	1,933	43	0	1,976
922 EQUIPMENT MAINTENANCE BY CONTRACT	2,255	47	693	2,995	66	0	3,061
923 FACILITIES SUST, REST, & MOD BY CONTRACT	3,245	68	-3,271	42	1	0	43
925 EQUIPMENT PURCHASES (NON-FUND)	66,502	1,397	4,140	72,039	1,585	0	73,624
932 MGT PROF SUPPORT SVCS	99,266	2,085	-34,743	66,608	1,465		68,073
933 STUDIES, ANALYSIS & EVAL	18,705	393	-6,547	12,551	276		12,827
934 ENGINEERING & TECH SVCS	64,845	1,362	-22,696	43,511	957		44,468
955 OTHER COSTS (MEDICAL CARE)	2,072	108	-2,180	0	0	0	0
959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	38	1	-39	0	0	0	0
964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	5	0	-5	0	0	0	0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
986 MEDICAL CARE CONTRACTS	103	5		108	4		112
987 OTHER INTRA-GOVT PURCH	245,859	5,163	-3,695	247,327	5,441		252,768
989 OTHER SERVICES	32,794	689	0	33,483	737	0	34,220
990 IT CONTRACT SUPPORT SERVICES	1,498,551	31,470	22,329	1,552,350	34,152	-45,470	1,541,032
0999 TOTAL OTHER PURCHASES	2,048,846	43,140	-49,678	2,042,308	45,026	-45,590	2,041,744
9999 GRAND TOTAL	2,271,840	52,190	-8,460	2,315,570	58,615	-46,369	2,327,816

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

I. Description of Operations Financed:

This Budget Activity Group represents approximately one percent of the Defense Health Program budget. It covers the Defense Health Agency's Medical Headquarters and its functions supporting Military Health System's worldwide patient care delivery.

Defense Health Agency - Resources required for the Defense Health Agency's (DHA) operating costs supporting delivery of patient care worldwide for members of the Armed Forces, family members, and others entitled to Department of Defense (DoD) health care. Oversees and maintains DoD Unified Medical Program resources for all medical activities. More specifically, the resources support headquarters functions, including the cost of operating the DHA and centrally managed requirements supporting the delivery of healthcare services.

Management Headquarters - Resources for the Defense Health Agency management headquarters operating costs, which enable the Agency to coordinate and oversee the provision of health care within the Military Health System.

II. Force Structure Summary:

Management Activities include resources necessary to support headquarters functions outlined in DoD Instruction 5100.73, Major Department of Defense Headquarters Activities. Within the Military Health System, this covers the costs of operating the acquisition, administration, audiovisual, audit, cost analysis, data automation, financial management, information, public affairs, legal and legislative affairs, logistics, management analysis, personnel and organization, and security programs at the Defense Health Agency.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

III. Financial Summary (\$ in Thousands):

	FY 2023							FY 2024 Request
	FY 2022 Actuals	Budget Request	Congressional Action			Current Enacted		
			Amount	Percent	Appropriated			
A. BA Subactivities								
Defense Health Agency	\$266,406	\$253,495	\$0	0.00%	\$253,495	\$253,495	\$260,471	
Management Headquarters	<u>\$62,868</u>	<u>\$85,183</u>	<u>\$0</u>	<u>0.00%</u>	<u>\$85,183</u>	<u>\$85,183</u>	<u>\$86,975</u>	
Total	\$329,274	\$338,678	\$0	0.00%	\$338,678	\$338,678	\$347,446	

Notes:

1. FY 2022 Actuals includes \$2,967K reprogrammed from Management Activities for unfunded requirements.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change</u>	<u>Change</u>
	<u>FY 2023/FY 2023</u>	<u>FY 2023/FY 2024</u>
BASELINE FUNDING	\$338,678	\$338,678
Congressional Adjustments (Distributed)	0	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	338,678	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	338,678	
Supplemental	0	
Reprogrammings	0	
Price Changes		15,697
Functional Transfers		-463
Program Changes		-6,466
CURRENT ESTIMATE	338,678	347,446
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$338,678	\$347,446

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Management Activities OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

FY 2023 President's Budget Request (Amended, if applicable)	\$338,678
1. Congressional Adjustments	\$0
a) Distributed Adjustments	\$0
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions	\$0
FY 2023 Appropriated Amount	\$338,678
2. Supplemental Appropriations	\$0
a) Supplemental Funding	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0
c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding	\$338,678
4. Reprogrammings (Requiring 1415 Actions)	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

a) Increases	\$0
b) Decreases	\$0
Revised FY 2023 Estimate	\$338,678
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings	\$0
a) Less: Supplemental Funding	\$0
FY 2023 Normalized Current Estimate	\$338,678
6. Price Change	\$15,697
7. Functional Transfers	\$-463
a) Transfers In	\$0
b) Transfers Out	\$-463
1) Medical Readiness Centralized Contracts Transfer to the Department of the Air Force:	\$-463
Transfers funds (-\$463K) from the Defense Health Agency to the Department of the Air Force for Air Force Medical Readiness Headquarters contract support for Flight and Operational Medicine, Human Performance, Medical Readiness Training/ Operations, Operational Consultation, and School of Aerospace Medicine.	
8. Program Increases	\$0
a) Annualization of New FY 2023 Program	\$0
b) One-Time FY 2024 Increases	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

c) Program Growth in FY 2024	\$0
9. Program Decreases	\$-6,466
a) Annualization of FY 2023 Program Decreases	\$0
b) One-Time FY 2023 Increases	\$0
c) Program Decreases in FY 2024	\$-6,466
1) Defense Health Program Reform Management:	\$-6,466
Reduces Management Activities contract funding through Military Health System-wide efforts to consolidate contracts, increase contract standardization, leverage market buying power, and use nationwide contracting sources. The Defense Health Agency conducted a comprehensive review of contract requirements in category management. This review resulted in decreases for the Management Headquarters and Defense Health Agency program elements. The FY 2023 Management Activities baseline funding is \$338,678K. The FY 2023 baseline contractor staffing for Management Activities is 330 CMEs.	
FY 2024 Budget Request	\$347,446

IV. Performance Criteria and Evaluation Summary:

Refer to the Personnel Summary in Section V.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

V. Personnel Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	693	768	768	75	0
Officer	471	531	533	60	2
Enlisted	222	237	235	15	-2
Active Military Average Strength (A/S) (Total)	648	731	768	83	37
Officer	434	501	532	67	31
Enlisted	214	230	236	16	6
Civilian FTEs (Total)	1,384	1,529	1,529	145	0
U.S. Direct Hire	1,381	1,524	1,524	143	0
Total Direct Hire	1,381	1,524	1,524	143	0
Foreign National Indirect Hire	3	5	5	2	0
Average Annual Civilian Salary (\$ in thousands)	195.1	185.9	195.2	-9.3	9.3
Contractor FTEs (Total)	330	330	328	0	-2

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2022 to FY 2023 (+75) reflects execution adjustments and FY 2023 internal realignments in the Next Generation Resource Management System (NGRMS) (+26: Army -19, Navy -2, and Air Force +47), the addition of the Army's first Reserve Officer (+1), the transfer of the Armed Forces Pest Management Board (AFPM) per DOD Public Health governance (Army +3), internal realignments for Military Training Network (MTN) program (+8: Navy +2, Air Force +5, and Army +1), internal realignment of Executive Agent Share (Army +36), internal realignment from Navy medicine (+2), transfer of Headquarter FTEs to Department of Navy (-3) and the technical adjustment made by the military departments for the revised drawdown reductions (+2; Navy +1 and Army +1) to comply with Section 719 of the FY 2020 National Defense Authorization Act (NDAA) that limits the realignment or reduction of military medical end strength authorizations and to reflect executable Service plans for the drawdown. The net change from FY 2023 to FY 2024 (0) reflects the FY 2024 internal realignments in NGRMS (Navy Enlisted -2 and Navy Officer +2).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

V. Personnel Summary: (Cont.)

Explanation of changes in Civilian FTEs: The net increase from FY 2022 to FY 2023 (+145) reflects execution adjustments (+290 DHA-Comptroller), the realignment of FTEs from Information Management Information Technology for the Deputy Assistant, Director Information Operations Headquarters functions (+16), realignment of FTEs only to Consolidated Health Support for the Stand Alone Support Offices (SSO) and the Defense Health Regions (DHR) supporting the respective healthcare missions (-57); transfer of FTEs to support Continuous Process Improvement (CPI)/Lean Six Sigma (LSS) policy development and training (+4); and the internal realignment of FTEs from Navy medicine (-108). There is no change from FY 2023 to FY 2024.

Explanation of changes in Contractor FTEs: There were no changes from FY 2022 to FY 2023. The change from FY 2023 to FY 2024 (-2) is due to the transfer of centralized contract dollars to the military departments (-2).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Management Activities OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
101 EXEC, GEN'L & SPEC SCHEDS	268,077	11,072	2,765	281,914	14,175	0	296,089
103 WAGE BOARD	1,619	67	0	1,686	85	0	1,771
110 UNEMPLOYMENT COMPENSATION	6,892	285	0	7,177	361	0	7,538
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	276,588	11,424	2,765	290,777	14,621	0	305,398
308 TRAVEL OF PERSONS	2,763	58		2,821	62		2,883
0399 TOTAL TRAVEL	2,763	58	0	2,821	62	0	2,883
771 COMMERCIAL TRANSPORT	51	1		52	1		53
0799 TOTAL TRANSPORTATION	51	1	0	52	1	0	53
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	332	14	221	567	29	0	596
917 POSTAL SERVICES (U.S.P.S)	3	0		3	0		3
920 SUPPLIES & MATERIALS (NON-FUND)	43	1	0	44	1	0	45
923 FACILITIES SUST, REST, & MOD BY CONTRACT	1	0	-1	0	0	0	0
925 EQUIPMENT PURCHASES (NON-FUND)	380	8	0	388	9	0	397
932 MGT PROF SUPPORT SVCS	27,287	573	-3,368	24,492	539	-3,878	21,153
933 STUDIES, ANALYSIS & EVAL	1,278	27	-158	1,147	25	-182	990
955 OTHER COSTS (MEDICAL CARE)	251	13		264	11	0	275
959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	74	2	-76	0	0	0	0
960 OTHER COSTS (INTEREST AND DIVIDENDS)	21	0	-21	0	0	0	0
964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	11	0	-11	0	0	0	0
987 OTHER INTRA-GOVT PURCH	9,514	200	-1,174	8,540	188	-1,352	7,376
989 OTHER SERVICES	10,492	220	-1,295	9,417	207	-1,491	8,133
990 IT CONTRACT SUPPORT SERVICES	185	4	-23	166	4	-26	144
0999 TOTAL OTHER PURCHASES	49,872	1,062	-5,906	45,028	1,013	-6,929	39,112
9999 GRAND TOTAL	329,274	12,545	-3,141	338,678	15,697	-6,929	347,446

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

I. Description of Operations Financed:

This Budget Activity Group has two primary categories and provides support for education and training opportunities for personnel funded by the Defense Health Program:

Uniformed Services University of the Health Sciences (USUHS) - Resources required for operation and maintenance of the Department of Defense-funded university that produces physicians, advanced practice nurses, advanced practice dentists, and other health professionals from the School of Medicine, Graduate School of Nursing, Postgraduate Dental College, College of Allied Health Sciences, National Capital Area Graduate Medical Education Residency Programs and Graduate Education Programs leading to undergraduate, masters or doctoral degrees in medicine, dentistry, nursing, public health, healthcare administration, clinical psychology and the health and biomedical sciences.

Other Education and Training - Resources required for specialized skills training and professional development education programs for health care personnel at the Medical Education and Training Campus (METC), San Antonio, Texas; U.S. Army Medical Department Center and School, Fort Sam Houston, Texas; School of Aerospace Medicine, Wright-Patterson Air Force Base, Ohio; Air Force medical professions education and training programs and Navy Bureau of Medicine and Surgery-sponsored schools. It also includes educational programs for healthcare personnel at federal and private sector academic institutions and medical facilities. Professional development provides officer, enlisted, and civilian medical personnel with the specialized skills and knowledge required to perform highly technical health service missions. The Department transferred Other Education and Training funds for medical readiness training functions in FY 2021 to the Departments of the Air Force, Army, and Navy per Defense-Wide Review actions to transfer medical readiness functions outside medical treatment facilities to the respective military departments.

II. Force Structure Summary:

Education and Training resources provide tuition and other educational expenses for specialized skills training and professional development education programs for healthcare personnel, as well as educational programs for healthcare personnel at federal and private sector academic institutions and medical facilities. USUHS resources fund the operation and maintenance requirements necessary to operate a DoD-funded medical school that trains doctors; offers graduate programs for nurses and professionals in the biological sciences; provides professional development education, undergraduate degree programs through the USUHS-METC Affiliation, specialized skills training, and other training necessary to accomplish the mission.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

III. Financial Summary (\$ in Thousands):

	FY 2023						FY 2024 Request
	FY 2022 Actuals	Budget Request	Congressional Action			Current Enacted	
			Amount	Percent	Appropriated		
A. BA Subactivities							
1. Uniformed Services University of the Health Sciences	\$187,229	\$184,964	\$22,000	11.89%	\$206,964	\$206,964	\$191,435
2. Other Education and Training	<u>\$133,591</u>	<u>\$149,881</u>	<u>\$2,500</u>	<u>1.67%</u>	<u>\$152,381</u>	<u>\$152,381</u>	<u>\$144,676</u>
Total	\$320,820	\$334,845	\$24,500	7.32%	\$359,345	\$359,345	\$336,111

Notes:

1. FY 2022 actuals includes -\$17,633K reprogrammed from Education and Training to other BAGs for unfunded requirements.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change FY 2023/FY 2023</u>	<u>Change FY 2023/FY 2024</u>
BASELINE FUNDING	\$334,845	\$359,345
Congressional Adjustments (Distributed)	24,500	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	359,345	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	359,345	
Supplemental	0	
Reprogrammings	0	
Price Changes		12,301
Functional Transfers		-10,297
Program Changes		-25,238
CURRENT ESTIMATE	359,345	336,111
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$359,345	\$336,111

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Education and Training OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

FY 2023 President's Budget Request (Amended, if applicable)	\$334,845
1. Congressional Adjustments	\$24,500
a) Distributed Adjustments	\$24,500
1) a. Uniformed Services University of the Health Sciences Academic Programs:.....	\$10,000
2) b. Tri-Service Nursing Research Program:	\$7,000
3) c. Fetal Alcohol Spectrum Disorders Prevention and Clinical Guideline Research:.....	\$5,000
4) d. Specialized Medical Pilot Program:.....	\$2,500
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions	\$0
FY 2023 Appropriated Amount	\$359,345
2. Supplemental Appropriations	\$0
a) Supplemental Funding	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

b) Technical Adjustments	\$0
c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding.....	\$359,345
4. Reprogrammings (Requiring 1415 Actions)	\$0
a) Increases.....	\$0
b) Decreases	\$0
Revised FY 2023 Estimate.....	\$359,345
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings.....	\$0
a) Less: Supplemental Funding.....	\$0
FY 2023 Normalized Current Estimate	\$359,345
6. Price Change	\$12,301
7. Functional Transfers	\$-10,297
a) Transfers In	\$0
b) Transfers Out	\$-10,297
1) Medical Readiness Transfer to the Military Departments:	\$-10,297
The Defense Health Agency continues transferring the Air Force’s Medical Readiness activities outside of the Military Treatment Facilities to the Department of the Air Force.	

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

The Defense Health Agency will transfer (-\$10,297K and -44 FTES) to the Department of the Air Force for Medical Readiness Training/Operations, Operational Consultation, and School of Aerospace Medicine centralized contracts (-\$3,445K) and to correct previously transferred programs related to Medical Readiness Education and Training that were incomplete or misaligned programmatically and require programmatic corrections (-\$6,852K; -44 FTEs).

8. Program Increases	\$1,402
a) Annualization of New FY 2023 Program	\$0
b) One-Time FY 2024 Increases	\$0
c) Program Growth in FY 2024	\$1,402
1) Executive Order Minimum Wage Adjustment for Federal Contractors:.....	\$1,402
<p>Funding to address the estimated impacts of Executive Order (E.O.) 14026, Increasing the Minimum Wage for Federal Contractors, dated April 27, 2021. E.O. 14026, Section 4(a) requires the Department of Labor to implement regulations to increase the minimum wage to \$15 per hour by January 30, 2022, on contracts covered by the Fair Labor Standards Act, the Service Contract Act (SCA), or the Davis Bacon Act (DBA). The E.O. 14026 increase will affect administrative assistant contracts in the Education and Training Budget Activity Group. The FY 2023 Education and Training Budget Activity Group baseline funding is \$359,345K. The FY 2023 Education and Training baseline contractor staffing is 217 CMEs.</p>	
9. Program Decreases	\$-26,640
a) Annualization of FY 2023 Program Decreases	\$0
b) One-Time FY 2023 Increases	\$-24,500
1) a. Uniformed Services University of the Health Sciences Academic Programs:.....	\$-10,000
<p>This adjustment reverses a one-time Academic Program funding increase issued to the Uniformed Services University of the Health Sciences (USUHS) for the management and administration of the USUHS Academic program. Adjustment decreases funding from several OP32 lines in the USUHS program element. The FY 2023 Uniform Services University of the Health Sciences program element baseline funding is \$ 206,964K.</p>	

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

2) b. Tri-Service Nursing Research Program:\$-7,000

This adjustment reverses a one-time Tri-Service Nursing Research Program funding increase issued to the Uniformed Services University of the Health Sciences (USUHS) for the management and administration of the Tri-Service Nursing Research Program. Adjustment decreases grants funding in the USUHS program element. The FY 2023 Tri-Service Nursing Research Program funding is \$ 13,514K.

3) c. Fetal Alcohol Disorder Prevention and Clinical Guideline Research:.....\$-5,000

This adjustment to reverse a one-time Fetal Alcohol Spectrum Disorders Prevention and Clinical Guidelines funding increase issued to the Uniformed Services University of the Health Sciences (USUHS) for fetal alcohol spectrum disorder studies. The adjustment decreases other services from non-federal fund sources in the USUHS program element. The FY 2023 Fetal Alcohol Spectrum Disorders Prevention and Clinical Guidelines program funding is \$5,000K.

4) d. Specialized Medical Pilot Program:.....\$-2,500

This adjustment to reverse a one-time Fetal Alcohol Spectrum Disorders Prevention and Clinical Guidelines funding increase issued to the Uniformed Services University of the Health Sciences (USUHS) for fetal alcohol spectrum disorder studies. The adjustment decreases other services from non-federal fund sources in the USUHS program element. The FY 2023 Specialized Medical Pilot Program funding is \$2,500K.

c) Program Decreases in FY 2024\$-2,140

1) Education and Training Travel Reduction:\$-2,140

This action reduces the Education and Training travel requirements at the Defense Health Agency by consolidating education and training programs. The FY 2023 Education and Training travel baseline funding request is \$19,022K.

FY 2024 Budget Request\$336,111

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

	(Student Load Count)			Change <u>FY 2022/2023</u>	Change <u>FY 2023/2024</u>
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>		
	<u>Actuals</u>	<u>Estimate</u>	<u>Estimate</u>		
Officer Acquisition ¹	683	697	697	14	0
Graduate Medical Education (GME) ²	5,224	5,271	5,271	47	0
Medical Education and Training Campus (METC) ³	6,149	8,897	8,967	2,749	70
Other Training ⁴	2,870	3,078	3,116	207	38

Notes:

1. Officer Acquisition programs represent the Uniformed Services University of the Health Sciences Medical Students. Values represent student load for a year.

2. Graduate Medical Education includes initial and advanced skills training programs and leadership programs for officer and enlisted personnel and includes Graduate Dental education programs. Values represent student load for a year.

3. Medical Education and Training Campus: The student loads illustrated reflect annual workload projections based upon actual Defense Health Agency and Uniformed Services University of the Health Sciences (USUHS) requirement training programs and courses. Medical Education and Training Campus (METC) includes enlisted training programs for Army (MOS), Navy (NEC), and Air Force (AFSC) requirements, as well as Public Health, Nuclear Medicine, Medical Laboratory Technicians, Surgery Technicians, Preventive Medicine, Pharmacy Technicians, Dental Assistants, and Combat Medic. The Army Training Resource Requirement System (ATRRS) manages these programs. The increase in FY 2023 links to growth in the number of College of Applied Health Sciences students at USUHS.

4. Other Training student loads illustrated reflect the average daily student numbers based upon actual Defense Health Agency requirement training programs and courses. Other Training includes courses offered at the Continuing Education Program Office (CEPO); Joint Medical Executive Skills Institute (JMESI), Military Treatment Facility (MTF OPS) - Medical Treatment Network (MTN); Defense Medical Readiness Training Institute; and skills progression courses, as well as service specific professional development training. Values represent student load for a year.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

V. Personnel Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	12,653	11,258	11,304	-1,395	46
Officer	6,178	5,688	5,684	-490	-4
Enlisted	6,475	5,570	5,620	-905	50
Active Military Average Strength (A/S) (Total)	12,992	11,956	11,281	-1,036	-675
Officer	6,655	5,933	5,686	-722	-247
Enlisted	6,337	6,023	5,595	-314	-428
Civilian FTEs (Total)	1,201	1,162	1,118	-39	-44
U.S. Direct Hire	1,199	1,160	1,116	-39	-44
Foreign National Direct Hire	1	1	1	0	0
Total Direct Hire	1,200	1,161	1,117	-39	-44
Foreign National Indirect Hire	1	1	1	0	0
Average Annual Civilian Salary (\$ in thousands)	126.8	131.5	136.9	4.6	5.4
Contractor FTEs (Total)	195	217	205	22	-12

Personnel Summary Explanations:

Explanation of Changes in Active Military End Strength: The net decrease from FY 2022 to FY 2023 **(-1,395)** reflects the following adjustments by component: Army **(-1,129)**: for transfer of the following programs to the Department of the Army: Defense-Wide Review readiness functions (-1,235) and In-Military Treatment Facility Army Readiness Programs (-6); as well as transfers the U.S. Transportation (TRANSCOM) Surgeon General Office (-1); internal realignment of the Military Training Network (MTN) program to DHA (-1); and FY 2022 execution adjustments and FY 2023 Next Generation Resources Management System (NGRMS) program element sync (+114). Navy **(-136)**: for transfer of the following programs to the Department of the Navy: Military Sealift Command (-2) and Research and Development Lab (-2), as well as an internal realignment of the Military Training Network (MTN) program to DHA (-2); and FY 2022 execution adjustments and FY 2023 NGRMS program element sync (-130). Air Force **(-130)**: for transfer of non-military treatment facilities resources to the Department of the Air Force (-622) as well as internal realignment of the Military Training Network (MTN) program to DHA (-5); and FY 2022 execution adjustments and FY 2023 NGRMS program element sync (+497). The net increase from FY 2023 to FY 2024 **(+46)** reflects the following adjustments by

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

V. Personnel Summary: (Cont.)

component: Army (+29): for Medical End Strength Restoral (+51); transfer of Capabilities Development Integration Directorate to the Department of the Army (-1); and NGRMS program element sync (-21). Navy (+94): for NGRMS program element sync. Air Force (-77): for transfer to the Department of the Air Force for program corrections.

Explanation of changes in Civilian FTEs: The net decrease from FY 2022 to FY 2023 (-39) reflects FY 2022 execution adjustments (-46: DHA-Comptroller +56; USUHS +13; Direct Care Financial Management -34 and Army -81) based on FY 2022 actual FTE execution as well as the following changes by component: Army (-13): Transfer of the Education and Training readiness programs to the Department of the Army (-66) and internal realignment from other BAGs (+53); Navy (-11): internal realignment from other BAGs; and Air Force (+31): internal realignment from other BAGs. The decrease from FY 2023 to FY 2024 (-44) reflects the transfer to the Department of the Air Force for medical readiness activities outside of the Military Treatment Facilities.

Explanation of changes in Contractor FTEs: The increase from FY 2022 to FY 2023 (+22) is due to execution adjustments based on actual FY 2022 execution in the Other Education and Training program element (+84), as well as ongoing consolidation of Education and Training services at the Defense Health Agency (-62). The decrease from FY 2023 to FY 2024 (-12) reflects transferring centralized contract dollars to the military departments.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
101 EXEC, GEN'L & SPEC SCHEDS	150,104	6,199	-5,767	150,536	7,569	-7,331	150,774
103 WAGE BOARD	2,175	90	-84	2,181	110	-81	2,210
104 FN DIRECT HIRE (FNDH)	63	3	-1	65	3	-1	67
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	152,342	6,292	-5,852	152,782	7,682	-7,413	153,051
308 TRAVEL OF PERSONS	23,748	499	-725	23,522	517	-4,403	19,636
0399 TOTAL TRAVEL	23,748	499	-725	23,522	517	-4,403	19,636
401 DLA ENERGY (FUEL PRODUCTS)	1		-1	0	0	0	0
0499 TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	1	0	-1	0	0	0	0
771 COMMERCIAL TRANSPORT	429	9	43	481	10	-1	490
0799 TOTAL TRANSPORTATION	429	9	43	481	10	-1	490
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	0	0	4	4	0		4
914 PURCHASED COMMUNICATIONS (NON-FUND)	165	3	146	314	7	-1	320
915 RENTS (NON-GSA)	539	11	205	755	17	-2	770
920 SUPPLIES & MATERIALS (NON-FUND)	22,021	462	-954	21,529	474	-1,094	20,909
921 PRINTING & REPRODUCTION	798	17	6	821	18	-71	768
922 EQUIPMENT MAINTENANCE BY CONTRACT	1,073	23	169	1,265	28	-26	1,267
923 FACILITIES SUST, REST, & MOD BY CONTRACT	9	0		9	0	4	13
925 EQUIPMENT PURCHASES (NON-FUND)	21,369	449	1,075	22,893	504	-1,913	21,484
932 MGT PROF SUPPORT SVCS	1,776	37	-209	1,604	35	8	1,647
960 OTHER COSTS (INTEREST AND DIVIDENDS)	320	7	-111	216	5	75	296
964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	14	0	6	20	0	1	21
986 MEDICAL CARE CONTRACTS	3,761	196	30	3,987	163	-5	4,145
987 OTHER INTRA-GOVT PURCH	17,024	358	-285	17,097	376	-655	16,818
988 GRANTS	24,839	522	14,006	39,367	866	-7,279	32,954
989 OTHER SERVICES	48,396	1,016	21,173	70,585	1,553	-12,659	59,479

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Education and Training OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 <u>Program</u>	<u>Change from FY 2022 to FY 2023</u>		FY 2023 <u>Program</u>	<u>Change from FY 2023 to FY 2024</u>		FY 2024 <u>Program</u>
		<u>Price Growth</u>	<u>Program Growth</u>		<u>Price Growth</u>	<u>Program Growth</u>	
990 IT CONTRACT SUPPORT SERVICES	2,196	46	-148	2,094	46	-101	2,039
0999 TOTAL OTHER PURCHASES	144,300	3,147	35,113	182,560	4,092	-23,718	162,934
9999 GRAND TOTAL	320,820	9,947	28,578	359,345	12,301	-35,535	336,111

Notes:

FY 2023 increase in OP32 line 989 is attributed to one-time increases for USUHS Academic Programs, Specialized Medical Pilot Program, and Fetal Alcohol Disorder Prevention and Clinical Guideline Research, as well as increase for the Federal Contractor Minimum Wage.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

I. Description of Operations Financed:

Base Operations (BASOPS)/Communications refers to the resources for operating and maintaining facilities within the Military Health System (MHS). BASOPS provides essential municipal services for our facilities, services for pest control, custodial, refuse collection, landscaping, security, internal and external communications, administrative services, and routine repair, maintenance, or modernization activities at locations worldwide supporting the Armed Forces. The program consists of the following program elements:

Facility Restoration and Modernization - Resources required for restoration and modernization projects, including repair and replacement due to excessive age, natural disaster, fire, accident, or other causes. Modernization includes altering facilities to implement new or higher standards (including regulatory changes), accommodate new functions, or replace building components that typically last more than 30 years (such as foundations and frameworks). Recapitalization extends a facility's service life by restoring, modernization, replacing the facility, keeping infrastructure inventory relevant to delivering healthcare advances, and enhancing operational or business effectiveness within a revitalized structure. The Operations & Maintenance portion of recapitalization is restoration or modernization activities.

Facility Sustainment - Resources required for maintenance and repair activities necessary to keep facilities in good working order. It includes regularly scheduled adjustments and inspections, preventive maintenance tasks, emergency response, and service calls for minor repairs. Sustainment also includes significant repair or replacement of facility components (usually accomplished by contract) expected to occur periodically throughout the life cycle of facilities. This work includes regular roof replacement, refinishing of wall surfaces, repairing and replacing of heating and cooling systems, and replacing tile and carpeting.

Facilities Operations - Resources required for fire prevention and protection, including crash rescue, emergency response, disaster preparedness, engineering readiness, utilities to include plant operation and purchase of heat, light and power, electricity, water, natural gas, other utility services, refuse collection and disposal to include recycling operations, pavement clearance including snow and ice removal from roads, lease costs for real property including off-base facilities, grounds maintenance and landscaping, real property management and engineering services including special inspections of facilities and master planning, pest control, and custodial services.

Base Communications - Resources required to provide base communication voice or data and wireless services to Military Health System medical activities, including non-tactical, non-DCS (Defense Communications System), base communication facilities, and equipment systems that provide local voice, data, or wireless communications worldwide. Services include telephone, telegraph, marine cable, postage and box rentals, contractual mail service including express letter delivery, or messenger service. Consists of all rental payments for equipment to accomplish communication services. (Excludes parcel post and express mail services for freight and IT or telecom hardware, software, and related training).

Base Operations Support - Resources required to provide comptroller services, data processing services, information activities, legal activities, civilian personnel administration, military personnel administration, printing and reproduction, facility safety, management analysis/engineering services, retail supply operations, supply activities, procurement operations, storage activities, transportation activities, physical security and police activities, non-aseptic laundry and dry cleaning, food services, and morale, welfare and recreation activities.

Environmental Compliance & Pollution Prevention - All resources expended to comply with environmental laws, regulations, or standards and actions designed

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

I. Description of Operations Financed: (Cont.)

to reduce or eliminate an operation's environmental impact. Environmental Compliance and Pollution Prevention seek to minimize or eliminate operational effects on the air, surface, and ground waters, vegetation, and soils through the source reduction of pollutants, more efficient use of natural resources, recycling, and reduced emissions of toxic and other undesirable materials or wastes to the environment. Costs include human resources, training, travel, and supplies.

Visual Information Systems - Resources required to provide staffing, travel, contractual service, procure supplies and materials, expense equipment, and necessary facilities and services for visual information productions, services, and support.

II. Force Structure Summary:

The Base Operations and Communications Budget Activity Group (BAG) includes staffing and contracts to provide base operations support services to the Military Health System facilities, planning and oversight of medical infrastructure, and facility systems maintenance, including life support systems. Infrastructure alterations are necessary to maintain modern medical practices, promote efficiencies, and recapitalize facility inventory to accomplish the healthcare mission. This BAG awards contracts to complete these infrastructure changes. In addition to infrastructure and system operations, this BAG includes essential base support activities such as environmental waste removal, non-medical custodial service, grounds and surface maintenance, mowing, landscaping, road maintenance, snow removal, security services, and base communication systems. Many of the activities and services received consist of cost-effective contracts to assure timely repair and availability to sustain continuous services within the medical facility. The funds in this BAG enable the DHP medical facilities to comply with The Joint Commission and other accreditation agencies' standards for accreditation and certification of healthcare organizations.

NOTE: Fund distribution between CONUS and OCONUS follows the Financial Management Regulation (FMR) definition of CONUS and OCONUS. DoD 7000.14.R "Contiguous United States [CONUS] is the 48 states of the United States and the District of Columbia, which do not include Alaska and Hawaii." See 37 United States Code (U.S.C.) §101." Non-Foreign OCONUS Area is the states of Alaska and Hawaii, the Commonwealths of Puerto Rico and the Northern Mariana Islands; Guam; the U.S. Virgin Islands, and U.S. territories and possessions (excluding the former Trust Territories of the Pacific Islands, which are foreign areas for Joint Travel Regulations purposes).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

III. Financial Summary (\$ in Thousands):

	FY 2023							FY 2024 Request
	FY 2022 Actuals	Budget Request	Congressional Action			Current Enacted		
			Amount	Percent	Appropriated			
A. BA Subactivities								
1. Facility Restoration/Modernization - CONUS	\$306,337	\$323,999	\$21,214	6.55%	\$345,213	\$345,213	\$334,046	
2. Facility Restoration/Modernization - OCONUS	\$34,392	\$98,936	\$6,429	6.50%	\$105,365	\$105,365	\$100,958	
3. Facility Sustainment - CONUS	\$516,307	\$499,218	\$32,409	6.49%	\$531,627	\$531,627	\$506,413	
4. Facility Sustainment - OCONUS	\$95,066	\$159,649	\$9,895	6.20%	\$169,544	\$169,544	\$162,905	
5. Facilities Operations - Health Care (CONUS)	\$477,640	\$502,915	\$3,643	0.72%	\$506,558	\$506,558	\$492,376	
6. Facilities Operations - Health Care (OCONUS)	\$78,976	\$59,431	\$2,270	3.82%	\$61,701	\$61,701	\$61,607	
7. Base Communications - CONUS	\$59,461	\$49,814	\$-403	-0.81%	\$49,411	\$49,411	\$50,836	
8. Base Communications - OCONUS	\$12,659	\$2,257	\$-6	-0.27%	\$2,251	\$2,251	\$2,609	
9. Base Operations - CONUS	\$381,127	\$364,768	\$15,457	4.24%	\$380,225	\$380,225	\$380,874	
10. Base Operations - OCONUS	\$12,401	\$24,620	\$-1,516	-6.16%	\$23,104	\$23,104	\$25,171	
11. Pollution Prevention	\$121	\$304	\$0	0.00%	\$304	\$304	\$310	
12. Environmental Compliance	\$15,566	\$18,316	\$726	3.96%	\$19,042	\$19,042	\$18,796	
13. Visual Information Systems	<u>\$1,283</u>	<u>\$7,331</u>	<u>\$-724</u>	<u>-9.88%</u>	<u>\$6,607</u>	<u>\$6,607</u>	<u>\$7,650</u>	
Total	\$1,991,336	\$2,111,558	\$89,394	4.23%	\$2,200,952	\$2,200,952	\$2,144,551	

Notes:

1. FY 2022 actuals include:
 - \$78,000K for one-time Congressional Adjustment to fund additional Facility Restoration and Modernization projects
 - \$2,267K reprogrammed to Base Operations for unfunded requirements
 - \$6,440K internally realigned from Visual Information Systems program element to Base Operations program element for base operations support
2. The FY 2023 estimate includes \$5,000K for Fisher House funds provided in Section 8077 of the FY 2023 Consolidated Appropriations Act

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change FY 2023/FY 2023</u>	<u>Change FY 2023/FY 2024</u>
BASELINE FUNDING	\$2,111,558	\$2,200,952
Congressional Adjustments (Distributed)	84,394	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	5,000	
SUBTOTAL APPROPRIATED AMOUNT	2,200,952	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	2,200,952	
Supplemental	0	
Reprogrammings	0	
Price Changes		53,927
Functional Transfers		-4,608
Program Changes		-105,720
CURRENT ESTIMATE	2,200,952	2,144,551
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$2,200,952	\$2,144,551

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Base Operations/Communications OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

FY 2023 President's Budget Request (Amended, if applicable)	\$2,111,558
1. Congressional Adjustments	\$89,394
a) Distributed Adjustments	\$84,394
1) a. Cost Index Increase:	\$111,000
2) b. Other Services Cost Overestimation:	\$-16,193
3) c. Unjustified Contract Staffing Growth:	\$-4,174
4) d. Excess to Need:	\$-3,581
5) e. Excess Growth:	\$-2,658
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions.....	\$5,000
1) Section 8077: Provision for Fisher House Funding	\$5,000
FY 2023 Appropriated Amount	\$2,200,952
2. Supplemental Appropriations	\$0
a) Supplemental Funding	\$0

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Base Operations/Communications OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0
c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding.....	\$2,200,952
4. Reprogrammings (Requiring 1415 Actions).....	\$0
a) Increases.....	\$0
b) Decreases	\$0
Revised FY 2023 Estimate	\$2,200,952
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings.....	\$0
a) Less: Supplemental Funding.....	\$0
FY 2023 Normalized Current Estimate	\$2,200,952
6. Price Change	\$53,927
7. Functional Transfers	\$-4,608
a) Transfers In	\$0
b) Transfers Out	\$-4,608

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Base Operations/Communications OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

1) Medical Readiness - Transfer to the Military Departments:\$-4,608

The Defense Health Agency continues transferring the Medical Readiness activities outside of the Military Treatment Facilities to the Military departments.

a. The Defense Health Agency transfers (-\$4,459K) to the Department of the Air Force (-\$3,284K) for the 711th Human Performance Wing (711 HPW) to include the Airman Systems Directorate (RH) and the United States Air Force School of Aerospace Medicine (USAFSAM). Medical Readiness Centralized Contracts to the Department of the Air Force (-\$1,175K) for Air Force Medical Readiness Agency contract requirements that include the functional categories of Flight and Operational Medicine, Human Performance, Medical Readiness Training/Operations, Operational Consultation, Medical Readiness Headquarters, and School of Aerospace Medicine.

b. The Defense Health Agency transfers (-\$149K; -1 FTE) to the Department of the Army for support to the Army Futures Command.

8. Program Increases	\$0
a) Annualization of New FY 2023 Program	\$0
b) One-Time FY 2024 Increases	\$0
c) Program Growth in FY 2024	\$0
9. Program Decreases	\$-105,720
a) Annualization of FY 2023 Program Decreases	\$0
b) One-Time FY 2023 Increases	\$-5,000
1) Fisher House:	\$-5,000
c) Program Decreases in FY 2024	\$-100,720

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Base Operations/Communications OP-5 Exhibit**

III. Financial Summary (\$ in Thousands): (Cont.)

1) a. Defense Health Program Contract Efficiencies:\$-68,867
 Contract requirement reductions are based on consolidations as the DHA assumes authority, direction, and control of the Military Treatment Facilities' healthcare delivery options. Increasing contract standardization and eliminating duplicative contracts achieved these efficiencies. The FY 2023 Base Operations/Communications baseline funding is 2,200,952K.

2) b. Facility Sustainment Adjustment to Model:\$-31,853
 Reduced Facility Sustainment funding follows the facility sustainment model for non-critical facilities funded at 85 percent under the current strategy to maintain facilities' sustainment costs. The FY 2023 Facilities Sustainment baseline funding is \$701,171K.

FY 2024 Budget Request\$2,144,551

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

IV. Performance Criteria and Evaluation Summary:

Facility Sustainment Model

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change</u> <u>FY 2022/2023</u>	<u>Change</u> <u>FY 2023/2024</u>
Facility Sustainment Funding:	611,373	701,171	669,318	89,798	-31,853
Facility Sustainment Model Requirement:	674,839	733,608	734,560	58,769	952
Sustainment Rate (MILPERS not included):	91%	96%	91%		

Program	Category	Program Value
Direct Care Medical Healthcare Delivery Mission	Category I FAC Code Series = 5 unless noted below	100%
Medical Labs	Category I FAC Code Series = 5302, 3101 & 3102	85%
All other	Categories II, III Not critical to medical or instruction classrooms	85%
Remaining (Utility plants, USUHS, etc.)	Category I	100%

Note

1. FY 2022 to FY 2023 increase in sustainment funding is due the transfer of US Army Medical Research & Development and Public Health Commands to DHA.
2. FY 2023 to FY 2024 decrease is based on the facility sustainment model for non-critical facilities funded at 85 percent in accordance with current strategy to maintain facilities sustainment costs.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

V. Personnel Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	1,581	900	1,330	-681	430
Officer	415	253	337	-162	84
Enlisted	1,166	647	993	-519	346
Active Military Average Strength (A/S) (Total)	1,315	1,241	1,115	-74	-126
Officer	333	334	295	1	-39
Enlisted	982	907	820	-75	-87
Civilian FTEs (Total)	2,150	1,967	1,966	-183	-1
U.S. Direct Hire	1,933	1,767	1,766	-166	-1
Foreign National Direct Hire	114	101	101	-13	0
Total Direct Hire	2,047	1,868	1,867	-179	-1
Foreign National Indirect Hire	103	99	99	-4	0
Average Annual Civilian Salary (\$ in thousands)	83.3	86.7	91.1	3.4	4.3
Contractor FTEs (Total)	528	528	525	0	-3

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net decrease from FY 2022 to FY 2023 (-681) includes execution adjustments and FY 2023 Next Generation Resource Management System (NGRMS) (-532: Army +2, Navy -535, and Air Force +1), internal realignments the internal realignment of Navy Medical military personnel to In-house Care (-191), transfer of military personnel due to Defense-Wide Review (Army -1), transfer to Navy medical for Medical Sealift Command (Navy -31), transfer of non-Medical Treatment Facility (MTF) resources (Air Force -7) the transfer of Research and Development Lab (Navy -4), technical correction to align memo (Agency) controls with direct (Service) controls in the CAPE system (Army +3) and includes the technical adjustment made by the military departments for the revised drawdown reductions (Navy +83 and Army -1) to comply with Section 719 of the FY 2020 National Defense Authorization Act (NDAA) that limits the realignment or reduction of military medical end-strength authorizations and to reflect executable Service plans for the drawdown. The net decrease from FY 2023 to FY 2024 (+430) includes the technical adjustment made by the military departments for the revised drawdown reductions (Navy -12) to comply with Section 719 of the FY 2020 National Defense Authorization Act (NDAA) that limits the realignment or reduction of military medical end-strength

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

V. Personnel Summary: (Cont.)

authorizations and reflects executable Service plans for the drawdown, internal realignment to other BAGs (Navy -5), transfer of Unit Deployment Program to Navy Bureau of Medicine (BUMED) (-2), coordinated annual internal realignment (Navy +15), and FY 2024 NGRMS PE Sync as a result of Total Force Management Manpower System (TFMMS) and financial Procurement Business Intelligence Service (PBIS) interface (+434).

Explanation of changes in Civilian FTEs: The change from FY 2022 to FY 2023 (-183) reflects execution adjustments (-64: Army +48, USUHS +2, Comptroller -36, and DCFM -78); the transfer of civilian FTEs to the Department of the Army for medical readiness due to the Defense-Wide Review (-9); transfer (FTE only) to Consolidated Health Support for Army Public Health Center (-1), transfer of civilians from the Army for Army Medical Research, Development and Acquisition Capabilities (+45), realignment of identified IT support FTEs assigned to each MTF (-13), and internal realignment to other BAGs (-141: Army -24, Navy -91, and Air Force -26). The change from FY 2023 to FY 2024 (-1) reflects the transfer of the Capabilities Development Integration Directorate (CDID) to the Department of the Army for support to the Army Futures Command (-1).

Explanation of changes in Contractor FTEs: There was no change from FY 2022 to FY 2023. The change from FY 2023 to FY 2024 (-3) reflects an increase in support of facilities operations (+1) and visual information activities (+1) in support of CONUS MTFs and a decrease due to the transfer of centralized contract dollars to the military departments (-5).

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 <u>Program</u>	Change from FY 2022 to FY 2023		FY 2023 <u>Program</u>	Change from FY 2023 to FY 2024		FY 2024 <u>Program</u>
		<u>Price Growth</u>	<u>Program Growth</u>		<u>Price Growth</u>	<u>Program Growth</u>	
101 EXEC, GEN'L & SPEC SCHEDS	147,686	6,099	-16,124	137,661	6,922	-149	144,434
103 WAGE BOARD	25,883	1,069	0	26,952	1,355		28,307
104 FN DIRECT HIRE (FNDH)	3,478	144	0	3,622	182		3,804
106 BENEFIT TO FMR EMPLOYEES	1	0		1	0		1
107 VOLUNTARY SEP INCENTIVES	35	1		36	2	0	38
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	177,083	7,313	-16,124	168,272	8,461	-149	176,584
308 TRAVEL OF PERSONS	16,866	354		17,220	379	0	17,599
0399 TOTAL TRAVEL	16,866	354	0	17,220	379	0	17,599
401 DLA ENERGY (FUEL PRODUCTS)	4,449	-332	0	4,117	-473	0	3,644
411 ARMY SUPPLY	2		-2	0	0	0	0
416 GSA SUPPLIES & MATERIALS	78	2	0	80	2	0	82
0499 TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	4,529	-330	-2	4,197	-471	0	3,726
671 DISA DISN SUBSCRIPTION SERVICES (DSS)	16	1	0	17	1		18
691 DFAS FINANCIAL OPERATIONS (ARMY)	19,151	686	0	19,837	845		20,682
0699 TOTAL OTHER FUND PURCHASES	19,167	687	0	19,854	846	0	20,700
706 AMC CHANNEL PASSENGER	126	3	-129	0	0	0	0
771 COMMERCIAL TRANSPORT	1,446	30		1,476	30	0	1,506
0799 TOTAL TRANSPORTATION	1,572	33	-129	1,476	30	0	1,506
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	2,020	83	212	2,315	116		2,431
912 RENTAL PAYMENTS TO GSA (SLUC)	45,666	959	0	46,625	1,026	0	47,651
913 PURCHASED UTILITIES (NON-FUND)	258,338	5,425	26,440	290,203	6,384		296,587
914 PURCHASED COMMUNICATIONS (NON-FUND)	21,043	442	0	21,485	473	0	21,958
915 RENTS (NON-GSA)	36,439	765		37,204	818		38,022
917 POSTAL SERVICES (U.S.P.S)	1,557	33	0	1,590	35	0	1,625

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Base Operations/Communications OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
920 SUPPLIES & MATERIALS (NON-FUND)	14,330	301	0	14,631	322	0	14,953
921 PRINTING & REPRODUCTION	8,580	180		8,760	193	0	8,953
922 EQUIPMENT MAINTENANCE BY CONTRACT	5,961	125		6,086	134	0	6,220
923 FACILITIES SUST, REST, & MOD BY CONTRACT	931,035	19,552	193,492	1,144,079	25,170	-83,598	1,085,651
925 EQUIPMENT PURCHASES (NON-FUND)	3,261	68		3,329	73		3,402
932 MGT PROF SUPPORT SVCS	143,746	3,019	-75,818	70,947	1,561	0	72,508
933 STUDIES, ANALYSIS & EVAL	5,758	121	0	5,879	129		6,008
934 ENGINEERING & TECH SVCS	10,048	211		10,259	226	0	10,485
955 OTHER COSTS (MEDICAL CARE)	32,350	1,682	4,935	38,967	1,598	-5,000	35,565
957 OTHER COSTS (LAND AND STRUCTURES)	12,215	257	3,053	15,525	342	0	15,867
960 OTHER COSTS (INTEREST AND DIVIDENDS)	94	2	0	96	2		98
964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	56	1		57	1		58
986 MEDICAL CARE CONTRACTS	4,874	253	-9	5,118	210	0	5,328
987 OTHER INTRA-GOVT PURCH	108,714	2,283	37,922	148,919	3,276	-14,613	137,582
989 OTHER SERVICES	97,635	2,050	-10,821	88,864	1,955	-6,968	83,851
990 IT CONTRACT SUPPORT SERVICES	28,399	596		28,995	638	0	29,633
0999 TOTAL OTHER PURCHASES	1,772,119	38,408	179,406	1,989,933	44,682	-110,179	1,924,436
9999 GRAND TOTAL	1,991,336	46,465	163,151	2,200,952	53,927	-110,328	2,144,551

Notes

1. FY 2024 decrease in OP32 line 955 is attributed to one-time increase in FY 2023 for Fisher House: -\$5,000

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Facilities, Sustainment, Restoration, Modernization and Demolition OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
101 EXEC, GEN'L & SPEC SCHEDS	15,662	647	-4,767	11,542	580		12,122
103 WAGE BOARD	12,804	529	-3,897	9,436	474		9,910
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	28,466	1,176	-8,664	20,978	1,054	0	22,032
308 TRAVEL OF PERSONS	1,481	31		1,512	33		1,545
0399 TOTAL TRAVEL	1,481	31	0	1,512	33	0	1,545
401 DLA ENERGY (FUEL PRODUCTS)	19	-1	0	18	-2	0	16
0499 TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	19	-1	0	18	-2	0	16
706 AMC CHANNEL PASSENGER	1	0	-1	0	0	0	0
771 COMMERCIAL TRANSPORT	29	1	0	30	1	0	31
0799 TOTAL TRANSPORTATION	30	1	-1	30	1	0	31
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	34	1	96	131	7	0	138
913 PURCHASED UTILITIES (NON-FUND)	252	5		257	6	0	263
914 PURCHASED COMMUNICATIONS (NON-FUND)	21	0		21	0		21
915 RENTS (NON-GSA)	309	6		315	7	0	322
917 POSTAL SERVICES (U.S.P.S)	108	2		110	2		112
920 SUPPLIES & MATERIALS (NON-FUND)	7,302	153		7,455	164		7,619
922 EQUIPMENT MAINTENANCE BY CONTRACT	1,458	31	0	1,489	33	0	1,522
923 FACILITIES SUST, REST, & MOD BY CONTRACT	846,806	17,783	187,181	1,051,770	23,139	-68,731	1,006,178
925 EQUIPMENT PURCHASES (NON-FUND)	161	3		164	4	0	168
933 STUDIES, ANALYSIS & EVAL	89	2	0	91	2		93
934 ENGINEERING & TECH SVCS	153	3		156	3		159
955 OTHER COSTS (MEDICAL CARE)	2,504	130		2,634	108	0	2,742
957 OTHER COSTS (LAND AND STRUCTURES)	10,579	222	3,054	13,855	305	0	14,160
986 MEDICAL CARE CONTRACTS	90	5	0	95	4	0	99
987 OTHER INTRA-GOVT PURCH	22,775	478	3,382	26,635	586	0	27,221

**Defense Health Program
 Operation and Maintenance, Defense-Wide
 Fiscal Year (FY) 2024 Budget Estimates
 Facilities, Sustainment, Restoration, Modernization and Demolition OP-5 Exhibit**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
989 OTHER SERVICES	29,383	617	-6,051	23,949	527	-4,681	19,795
990 IT CONTRACT SUPPORT SERVICES	82	2	0	84	2	0	86
0999 TOTAL OTHER PURCHASES	922,106	19,443	187,662	1,129,211	24,899	-73,412	1,080,698
9999 GRAND TOTAL	952,102	20,650	178,997	1,151,749	25,985	-73,412	1,104,322

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Cost of Medical Activities

(Dollars in Thousands)		FY 2022 Actuals	FY 2023 Enacted	FY 2024 Request	FY 2022/2023		FY 2023/2024	
					Change	Percent	Change	Percent
In-House Care								
0807700DHA	Defense Medical Centers, Hospitals and Medical Clinics-CONUS	6,926,523	7,095,568	7,273,270	169,045	2.4%	177,702	2.5%
0807701DHA	Pharmaceuticals-CONUS	1,253,499	1,592,708	1,612,200	339,209	27.1%	19,492	1.2%
0807715DHA	Dental Care Activities-CONUS	461,459	474,257	467,875	12,798	2.8%	-6,382	-1.3%
0807900DHA	Defense Medical Centers, Hospitals and Medical Clinics-OCONUS	565,348	557,873	492,902	-7,475	-1.3%	-64,971	-11.6%
0807901DHA	Pharmaceuticals-OCONUS	122,201	158,432	158,701	36,231	29.6%	269	0.2%
0807915DHA	Dental Care Activities-OCONUS	46,917	40,335	39,394	-6,582	-14.0%	-941	-2.3%
Subtotal In-House Care		9,375,947	9,919,173	10,044,342	543,226	5.8%	125,169	1.3%
Private Sector Care								
0807702DHA	Pharmaceuticals - Purchased Health Care	979,268	952,688	1,044,733	-26,580	-2.7%	92,045	9.7%
0807703DHA	Pharmaceuticals - National Retail Pharmacy	1,271,791	1,332,163	1,380,425	60,372	4.7%	48,262	3.6%
0807723DHA	TRICARE Managed Care Support (MCS) Contracts	7,566,388	7,558,535	8,170,552	-7,853	-0.1%	612,017	8.1%
0807738DHA	MTF Enrollees - Purchased Care	3,081,359	3,497,314	3,691,640	415,955	13.5%	194,326	5.6%
0807741DHA	Dental - Purchased Care	296,653	343,297	352,964	46,644	15.7%	9,667	2.8%
0807742DHA	Uniformed Services Family Health Program (USFHP)	591,573	635,869	661,735	44,296	7.5%	25,866	4.1%
0807743DHA	Supplemental Care - Health Care	1,870,090	1,870,603	2,096,437	513	0.0%	225,834	12.1%
0807745DHA	Supplemental Care - Dental	175,344	117,222	125,879	-58,122	-33.1%	8,657	7.4%
0807747DHA	Continuing Health Education/Capitalization of Assets Program	419,099	411,676	448,585	-7,423	-1.8%	36,909	9.0%
0807749DHA	Overseas Purchased Health Care	415,252	409,777	408,600	-5,475	-1.3%	-1,177	-0.3%
0807751DHA	Miscellaneous Purchased Health Care	1,242,386	1,337,863	1,392,941	95,477	7.7%	55,078	4.1%
0807752DHA	Miscellaneous Support Activities	109,989	110,870	118,537	881	0.8%	7,667	6.9%
Subtotal Private Sector Care		18,019,192	18,577,877	19,893,028	558,685	3.1%	1,315,151	7.1%
Consolidated Health Support								
0801720DHA	Examining Activities	9,579	9,183	9,222	-396	-4.1%	39	0.4%
0807705DHA	Military Public/Occupational Health	462,003	555,123	604,306	93,120	20.2%	49,183	8.9%
0807714DHA	Other Health Activities	319,960	744,561	798,970	424,601	132.7%	54,409	7.3%
0807724DHA	Military Unique Requirements - Other Medical	510,697	554,158	559,054	43,461	8.5%	4,896	0.9%
0807725DHA	Aeromedical Evacuation System	22	395	379	373	1,695.5%	-16	-4.1%
0807730DHA	Service Support to Other Health Activities - TRANSCOM	0	493	502	493	0.0%	9	1.8%
0807760DHA	Veterinary Services	2,685	2,559	2,628	-126	-4.7%	69	2.7%
0807786DHA	Joint Pathology Center (JPC)	27,487	29,041	29,943	1,554	5.7%	902	3.1%
0903300DHA	Support to FACA Advisory Board Activities	0	2,023	2,008	2,023	0.0%	-15	-0.7%
Subtotal Consolidated Health Support		1,332,433	1,897,536	2,007,012	565,103	42.4%	109,476	5.8%

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Cost of Medical Activities

<u>(Dollars in Thousands)</u>		FY 2022 <u>Actuals</u>	FY 2023 <u>Enacted</u>	FY 2024 <u>Request</u>	<u>FY 2022/2023</u>		<u>FY 2023/2024</u>	
					<u>Change</u>	<u>Percent</u>	<u>Change</u>	<u>Percent</u>
Information Management								
0807746DHA	Joint Operational Medicine Information Systems (JOMIS)	118,293	138,576	230,759	20,283	17.1%	92,183	66.5%
0807758DHA	Cybersecurity	136,701	148,726	152,198	12,025	8.8%	3,472	2.3%
0807759DHA	Military Health System Desktop to Datacenter	259,539	433,721	444,140	174,182	67.1%	10,419	2.4%
0807781DHA	Service Medical Information Management/Information Technology (Non-Central)	213,639	196,787	211,995	-16,852	-7.9%	15,208	7.7%
0807783DHA	DHP Information Management/Information Technology Support Programs	31,602	36,432	37,798	4,830	15.3%	1,366	3.7%
0807784DHA	Integrated Electronic Health Record	10,050	21,169	22,761	11,119	110.6%	1,592	7.5%
0807787DHA	DoD Healthcare Management Systems	540,841	548,483	528,441	7,642	1.4%	-20,042	-3.7%
0807788DHA	DoD Medical Information Exchange and Interoperability	118,250	131,612	132,934	13,362	11.3%	1,322	1.0%
0807793DHA	MHS Tri-Service Information Management/Information Technology	842,925	660,064	566,790	-182,861	-21.7%	-93,274	-14.1%
	Subtotal Information Management	2,271,840	2,315,570	2,327,816	43,730	1.9%	12,246	0.5%
Management Activities								
0807704DHA	Defense Health Agency	266,406	253,495	260,471	-12,911	-4.8%	6,976	2.8%
0807798DHA	Management Activities	62,868	85,183	86,975	22,315	35.5%	1,792	2.1%
	Subtotal Management Activities	329,274	338,678	347,446	9,404	2.9%	8,768	2.6%
Education and Training								
0806721DHA	Uniformed Services University of the Health Sciences	187,229	206,964	191,435	19,735	10.5%	-15,529	-7.5%
0806761DHA	Other Education and Training	133,591	152,381	144,676	18,790	14.1%	-7,705	-5.1%
	Subtotal Education and Training	320,820	359,345	336,111	38,525	12.0%	-23,234	-6.5%
Base Operations/Communications								
0806276DHA	Facilities Restoration and Modernization - CONUS	306,337	345,213	334,046	38,876	12.7%	-11,167	-3.2%
0806278DHA	Facilities Sustainment - CONUS	516,307	531,627	506,413	15,320	3.0%	-25,214	-4.7%
0806376DHA	Facilities Restoration and Modernization - OCONUS	34,392	105,365	100,958	70,973	206.4%	-4,407	-4.2%
0806378DHA	Facilities Sustainment - OCONUS	95,066	169,544	162,905	74,478	78.3%	-6,639	-3.9%
0807754DHA	Pollution Prevention	121	304	310	183	151.2%	6	2.0%
0807756DHA	Environmental Compliance	15,566	19,042	18,796	3,476	22.3%	-246	-1.3%
0807779DHA	Facilities Operations - Health Care - CONUS	477,640	506,558	492,376	28,918	6.1%	-14,182	-2.8%
0807790DHA	Visual Information Systems	1,283	6,607	7,650	5,324	415.0%	1,043	15.8%
0807795DHA	Base Communications - CONUS	59,461	49,411	50,836	-10,050	-16.9%	1,425	2.9%
0807796DHA	Base Operations - CONUS	381,127	380,225	380,874	-902	-0.2%	649	0.2%
0807979DHA	Facilities Operations - Health Care - OCONUS	78,976	61,701	61,607	-17,275	-21.9%	-94	-0.2%
0807995DHA	Base Communications - OCONUS	12,659	2,251	2,609	-10,408	-82.2%	358	15.9%

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Cost of Medical Activities

(Dollars in Thousands)		FY 2022 Actuals	FY 2023 Enacted	FY 2024 Request	FY 2022/2023		FY 2023/2024	
					Change	Percent	Change	Percent
0807996DHA	Base Operations - OCONUS	12,401	23,104	25,171	10,703	86.3%	2,067	8.9%
	Subtotal Base Operations/Communications	1,991,336	2,200,952	2,144,551	209,616	10.5%	-56,401	-2.6%
	Subtotal DHP Operations and Maintenance	33,640,842	35,609,131	37,100,306	1,968,289	5.9%	1,491,175	4.2%
Procurement								
0807720DHA & 0807721DHA	Dental Equipment	0	406	422	406	0.0%	16	3.9%
0807720DHA & 0807721DHA	Food Service, Preventive Medicine, and Pharmacy Equipment	13,270	6,925	7,099	-6,345	-47.8%	174	2.5%
0807720DHA & 0807721DHA	Medical Information System Equipment	8,570	8,740	6,373	170	2.0%	-2,367	-27.1%
0807720DHA & 0807721DHA	Medical Patient Care Administrative Equipment	3,020	6,875	7,032	3,855	127.6%	157	2.3%
0807720DHA & 0807721DHA	Medical/Surgical Equipment	41,584	24,932	24,891	-16,652	-40.0%	-41	-0.2%
0807720DHA & 0807721DHA	Other Equipment	30,522	26,694	25,788	-3,828	-12.5%	-906	-3.4%
0807720DHA & 0807721DHA	Pathology/Lab Equipment	10,292	21,002	21,954	10,710	104.1%	952	4.5%
0807720DHA & 0807721DHA	Radiographic Equipment	164,034	160,208	167,220	-3,826	-2.3%	7,012	4.4%
0807746DHA	Joint Operational Medicine Information System	0	1,467	29,537	1,467	0.0%	28,070	1,913.4%
0807759DHA	Data to Desktop Center	72,302	72,601	74,055	299	0.4%	1,454	2.0%
0807787DHA	DoD Healthcare Management System Modernization	415,114	240,224	17,510	-174,890	-42.1%	-222,714	-92.7%
	Subtotal Procurement	758,708	570,074	381,881	-188,634	-24.9%	-188,193	-33.0%
Research, Development, Test & Evaluation								
0601117DHA	Basic Operational Medical Research Sciences	24,938	53,783	40,311	28,845	115.7%	-13,472	-25.0%
0602115DHA	Applied Biomedical Technology	160,265	258,734	177,395	98,469	61.4%	-81,339	-31.4%
0602787DHA	Medical Technology (AFRRI)	1,417	1,468	1,497	51	3.6%	29	2.0%
0603002DHA	Medical Advanced Technology (AFRRI)	351	366	373	15	4.3%	7	1.9%
0603115DHA	Medical Technology Development	2,020,169	2,307,376	326,667	287,207	14.2%	-1,980,709	-85.8%
0604110DHA	Medical Products Support and Advanced Concept Development	190,750	202,431	172,351	11,681	6.1%	-30,080	-14.9%
0605013DHA	Information Technology Development	10,471	9,834	10,033	-637	-6.1%	199	2.0%
0605026DHA	DoD Healthcare Management System Modernization (DHMSM)	15,176	12,024	12,264	-3,152	-20.8%	240	2.0%
0605039DHA	DoD Medical Information Exchange and Interoperability	0	10,156	8,013	10,156	0.0%	-2,143	-21.1%
0605045DHA	Joint Operational Medicine Information System (JOMIS)	51,016	18,082	18,731	-32,934	-64.6%	649	3.6%
0605145DHA	Medical Products and Support Systems Development	20,775	64,030	58,712	43,255	208.2%	-5,318	-8.3%
0605502DHA	Small Business Innovative Research	76,540	0	0	-76,540	-100.0%	0	0.0%
0606105DHA	Medical Program-Wide Activities	49,645	85,186	87,096	35,541	71.6%	1,910	2.2%
0607100DHA	Medical Products and Capabilities Enhancement Activities	16,976	17,971	18,330	995	5.9%	359	2.0%
	Subtotal RDT&E	2,638,489	3,041,441	931,773	402,952	15.3%	-2,109,668	-69.4%
	Total Defense Health Program	37,038,039	39,220,646	38,413,960	2,182,607	5.9%	-806,686	-2.1%

Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Cost of Medical Activities

(Dollars in Thousands)	FY 2022 Actuals	FY 2023 Enacted	FY 2024 Request	FY 2022/2023		FY 2023/2024	
				Change	Percent	Change	Percent
Medicare Eligible Accrual Fund Receipts							
Direct Care	1,830,400	1,885,200	1,948,900	54,800	3.0%	63,700	3.4%
Military Personnel Accounts	552,300	571,500	586,500	19,200	3.5%	15,000	2.6%
Private Sector Care	9,011,100	9,389,900	9,756,200	378,800	4.2%	366,300	3.9%
Total Medicare Eligible Accrual Fund	11,393,800	11,846,600	12,291,600	452,800	4.0%	445,000	3.8%
Research, Development, Test & Evaluation By Program Title							
Armed Forces Radiobiology Research Institute (AFRRI)	1,417	1,468	1,497	51	3.6%	29	2.0%
Biomedical Technology	72,769	174,009	177,395	101,240	139.1%	3,386	1.9%
Congressionally Directed Programs	1,943,912	2,121,460	0	177,548	9.1%	-2,121,460	-100.0%
DHA Central Information Technology Development	10,471	9,834	10,033	-637	-6.1%	199	2.0%
DoD Healthcare Management System Modernization (DHMSM)	15,176	12,024	12,264	-3,152	-20.8%	240	2.0%
DoD Medical Information Exchange and Interoperability	0	10,156	8,013	10,156	0.0%	-2,143	-21.1%
GDF Medical Research Enhancement	8,939	39,568	40,311	30,629	342.6%	743	1.9%
Joint Operational Medicine Information System (JOMIS)	51,016	18,082	18,731	-32,934	-64.6%	649	3.6%
Medical Advanced Technology (AFRRI)	351	366	373	15	4.3%	7	1.9%
Medical Products and Capabilities Enhancement Activities	16,976	17,971	18,330	995	5.9%	359	2.0%
Medical Products and Support Systems Development	20,775	64,030	58,712	43,255	208.2%	-5,318	-8.3%
Medical Products Support and Advanced Concept Development	137,514	166,791	172,351	29,277	21.3%	5,560	3.3%
Medical Program-Wide Activities	49,645	85,186	87,096	35,541	71.6%	1,910	2.2%
Medical Technology Development	232,988	320,496	326,667	87,508	37.6%	6,171	1.9%
Small Business Innovative Research	76,540			-76,540	-100.0%	0	0.0%
Total Research, Development, Test and Evaluation	2,638,489	3,041,441	931,773	402,952	15.3%	-2,109,668	-69.4%

1. FY 2022 actuals include \$227,726K for Overseas Operations Costs, transfers to FHCC (\$137,000K) and JIF (\$15,000K)
2. FY 2023 reflects enactment and includes \$116,171K for Overseas Operations Costs
3. FY 2024 request includes \$230,885K for Overseas Operations Costs

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Personnel Summary**

	<u>FY 2022 Actuals</u>		<u>FY 2023 Enacted</u>		<u>FY 2024 Request</u>		<u>FY 2023-2024 Change</u>	
	<u>End Strength</u>	<u>Avg Strength</u>	<u>End Strength</u>	<u>Avg Strength</u>	<u>End Strength</u>	<u>Avg Strength</u>	<u>End Strength</u>	<u>Avg Strength</u>
<u>Active Military – Assigned to DHP</u>								
<u>Army Total</u>	<u>19,946</u>	<u>19,841</u>	<u>18,448</u>	<u>19,198</u>	<u>19,962</u>	<u>19,206</u>	<u>1,514</u>	<u>8</u>
Officers	8,879	8,882	8,940	8,910	9,252	9,097	312	187
Enlisted	11,067	10,959	9,508	10,288	10,710	10,109	1,202	-179
<u>Navy Total</u>	<u>23,489</u>	<u>23,748</u>	<u>25,583</u>	<u>24,537</u>	<u>26,052</u>	<u>25,818</u>	<u>469</u>	<u>1,281</u>
Officers *	7,853	7,857	7,946	7,900	8,071	8,009	125	109
Enlisted	15,636	15,891	17,637	16,637	17,981	17,809	344	1,172
<u>Air Force Total</u>	<u>26,681</u>	<u>27,130</u>	<u>26,685</u>	<u>26,683</u>	<u>26,529</u>	<u>26,607</u>	<u>-156</u>	<u>-76</u>
Officers	9,639	9,649	9,587	9,613	9,447	9,517	-140	-96
Enlisted	17,042	17,481	17,098	17,070	17,082	17,090	-16	20
<u>Total Active Duty</u>	<u>70,116</u>	<u>70,719</u>	<u>70,716</u>	<u>70,418</u>	<u>72,543</u>	<u>71,631</u>	<u>1,827</u>	<u>1,213</u>
Officers	26,371	26,388	26,473	26,423	26,770	26,623	297	200
Enlisted	43,745	44,331	44,243	43,995	45,773	45,008	1,530	1,013
* Includes one USMC DHP officer strength								
<u>Active Military - Non DHP Medical</u>								
<u>Army Total</u>	<u>24,937</u>	<u>23,932</u>	<u>25,764</u>	<u>25,351</u>	<u>25,775</u>	<u>25,770</u>	<u>11</u>	<u>419</u>
Officers	5,806	5,815	6,599	6,203	6,616	6,608	17	405
Enlisted	19,131	18,117	19,165	19,148	19,159	19,162	-6	14
<u>Navy Total</u>	<u>13,090</u>	<u>13,081</u>	<u>13,174</u>	<u>13,132</u>	<u>13,321</u>	<u>13,248</u>	<u>147</u>	<u>116</u>
Officers	2,829	2,824	2,905	2,867	2,995	2,950	90	83
Enlisted	10,261	10,257	10,269	10,265	10,326	10,298	57	33
<u>Air Force Total</u>	<u>3,161</u>	<u>3,113</u>	<u>3,266</u>	<u>3,214</u>	<u>3,266</u>	<u>3,266</u>	<u>0</u>	<u>52</u>
Officers	1,423	1,405	1,466	1,445	1,466	1,466	0	21
Enlisted	1,738	1,708	1,800	1,769	1,800	1,800	0	31
<u>Total Active Duty</u>	<u>41,188</u>	<u>40,126</u>	<u>42,204</u>	<u>41,697</u>	<u>42,362</u>	<u>42,284</u>	<u>158</u>	<u>587</u>
Officers	10,058	10,044	10,970	10,515	11,077	11,024	107	509
Enlisted	31,130	30,082	31,234	31,182	31,285	31,260	51	78

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Personnel Summary**

	<u>FY 2022 Actuals</u>		<u>FY 2023 Enacted</u>		<u>FY 2024 Request</u>		<u>FY 2023-2024 Change</u>	
	<u>End Strength</u>	<u>FTEs</u>	<u>End Strength</u>	<u>FTEs</u>	<u>End Strength</u>	<u>FTEs</u>	<u>End Strength</u>	<u>FTEs</u>
I. Civilian Personnel - US Direct Hire								
Army	1,331	27,554	202	195	165	158	-37	-37
Navy	9,090	8,843	213	166	213	166	0	0
Air Force	5,833	4,912	9	9	0	0	-9	-9
Defense Health Agency	39,535	13,327	57,311	54,730	57,273	54,692	-38	-38
Total	<u>55,789</u>	<u>54,636</u>	<u>57,735</u>	<u>55,100</u>	<u>57,651</u>	<u>55,016</u>	<u>-84</u>	<u>-84</u>
II. Civilian Personnel - Foreign National Direct Hire								
Army	498	488	0	0	0	0	0	0
Navy	363	340	363	340	363	340	0	0
Air Force	193	172	0	0	0	0	0	0
Defense Health Agency	830	830	931	879	930	878	-1	-1
Total	<u>1,884</u>	<u>1,830</u>	<u>1,294</u>	<u>1,219</u>	<u>1,293</u>	<u>1,218</u>	<u>-1</u>	<u>-1</u>
III. Civilian Personnel - Foreign National Indirect Hire								
Army	553	462	0	0	0	0	0	0
Navy	448	430	448	430	448	430	0	0
Air Force	167	161	1	1	0	0	-1	-1
Defense Health Agency	645	644	645	645	645	645	0	0
Total	<u>1,813</u>	<u>1,697</u>	<u>1,094</u>	<u>1,076</u>	<u>1,093</u>	<u>1,075</u>	<u>-1</u>	<u>-1</u>
IV. Total Civilian Personnel								
Army	2,382	28,504	202	195	165	158	-37	-37
Navy	9,901	9,613	1,024	936	1,024	936	0	0
Air Force	6,193	5,245	10	10	0	0	-10	-10
Defense Health Agency	41,010	14,801	58,887	56,254	58,848	56,215	-39	-39
Total *	<u>59,486</u>	<u>58,163</u>	<u>60,123</u>	<u>57,395</u>	<u>60,037</u>	<u>57,309</u>	<u>-86</u>	<u>-86</u>
V. Summary Civilian Personnel								
U.S. Direct Hire	55,789	54,636	57,735	55,100	57,651	55,016	-84	-84
Foreign National Direct Hire	1,884	1,830	1,294	1,219	1,293	1,218	-1	-1
Foreign National Indirect Hire	1,813	1,697	1,094	1,076	1,093	1,075	-1	-1
Total, Civilians *	<u>59,486</u>	<u>58,163</u>	<u>60,123</u>	<u>57,395</u>	<u>60,037</u>	<u>57,309</u>	<u>-86</u>	<u>-86</u>

* Includes reimbursable civilians - memo

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Personnel Summary**

	<u>FY 2022 Actuals</u>		<u>FY 2023 Enacted</u>		<u>FY 2024 Request</u>		<u>FY 2023-2024 Change</u>	
	<u>End Strength</u>	<u>FTEs</u>	<u>End Strength</u>	<u>FTEs</u>	<u>End Strength</u>	<u>FTEs</u>	<u>End Strength</u>	<u>FTEs</u>
<u>SPECIAL INTEREST MANPOWER</u>								
<u>Defense Health Agency Management Headquarters (PE 0807898)</u>								
Military	44	44	45	45	45	45	0	0
Civilian	480	207	256	256	256	256	0	0
<u>Army Management Headquarters (PE 0807798)</u>								
Military	0	0	0	0	0	0	0	0
Civilian	0	0	0	0	0	0	0	0
<u>Navy Management Headquarters (PE 0807798)</u>								
Military	10	5	5	8	8	6	3	-2
Civilian	111	108	0	0	0	0	0	0
<u>Air Force Management Headquarters (PE 0807798)</u>								
Military	64	73	1	33	1	1	0	-32
Civilian	0	0	0	0	0	0	0	0

Note: Some numbers might not add due to rounding

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Medical Workload data - DHP Summary**

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Population - Eligible Beneficiaries, CONUS</u>					
Active Duty	1,380,219	1,368,677	1,378,739	-11,542	10,062
Active Duty Family Members	1,737,389	1,724,235	1,736,087	-13,154	11,852
Retirees	1,018,489	1,018,059	1,016,122	-430	-1,937
Family Members of Retirees	2,390,867	2,389,181	2,386,163	-1,686	-3,018
Subtotal Eligible	6,526,964	6,500,152	6,517,111	-26,812	16,959
Medicare Eligible Beneficiaries	2,423,420	2,446,649	2,471,010	23,229	24,361
Total Eligible Beneficiaries	8,950,384	8,946,801	8,988,121	-3,583	41,320
<u>Population - Eligible Beneficiaries, OCONUS</u>					
Active Duty	191,999	190,346	191,536	-1,653	1,190
Active Duty Family Members	123,876	122,754	123,383	-1,122	629
Retirees	26,639	26,599	26,529	-40	-70
Family Members of Retirees	101,088	100,916	100,695	-172	-221
Subtotal Eligible	443,602	440,615	442,143	-2,987	1,528
Medicare Eligible Beneficiaries	95,196	96,209	97,253	1,013	1,044
Total Eligible Beneficiaries	538,798	536,824	539,396	-1,974	2,572
<u>Population - Eligible Beneficiaries, Worldwide</u>					
Active Duty	1,572,218	1,559,023	1,570,275	-13,195	11,252
Active Duty Family Members	1,861,265	1,846,989	1,859,470	-14,276	12,481
Retirees	1,045,128	1,044,659	1,042,651	-469	-2,008
Family Members of Retirees	2,491,955	2,490,098	2,486,858	-1,857	-3,240
Subtotal Eligible	6,970,566	6,940,769	6,959,254	-29,797	18,485
<u>Medicare Eligible Beneficiaries:</u>					
Active Duty Family Members	4,249	4,197	4,228	-52	31
Guard/Reserve Family Members	1,396	1,412	1,412	16	0
Eligible Retirees	1,222,425	1,237,850	1,253,102	15,425	15,252
Eligible Family Members of Retirees	784,640	794,498	804,313	9,858	9,815
Survivors	503,638	502,633	502,936	-1,005	303
Others	2,268	2,268	2,268	0	0
Total Medicare Eligible Beneficiaries	2,518,616	2,542,858	2,568,259	24,242	25,401
Total Eligible Beneficiaries	9,489,182	9,483,627	9,527,513	-5,555	43,886

Notes:

1. The FY 2023 and FY 2024 estimates are projected numbers of MHS eligible beneficiaries and are based on (a) future Budget End Strengths of Active Duty and Active Guard/Reserve members and (b) the DoD's Actuary's projection of retirees.
2. The US "Medicare Eligible Beneficiaries" are: Active Duty Family Members, Guard/Reserve Family Members, Eligible Retirees, Eligible Family Members of Retirees, Inactive Guard/Reserve, Inactive Guard/Reserve Family Members, Survivors, and Others.
3. The Worldwide "Eligible Family Members of Retirees" are Family Members of Retirees, Inactive Guard/Reserves, and Inactive Guard/Reserve Family Members.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Medical Workload data - DHP Summary**

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Enrollees - Direct Care</u>					
TRICARE Region - East	1,596,359	1,588,310	1,580,810	-8,049	-7,500
TRICARE Region - West	905,814	907,612	904,810	1,798	-2,802
TRICARE Region - Europe	121,855	121,855	122,015	0	160
TRICARE Region - Pacific	127,539	127,780	128,018	241	238
TRICARE Region - Latin America	4,566	4,533	4,508	-33	-25
Alaska	51,309	51,285	51,270	-24	-15
Sub-Total CONUS Regions	<u>2,553,482</u>	<u>2,547,207</u>	<u>2,536,890</u>	<u>-6,275</u>	<u>-10,317</u>
Sub-Total OCONUS Regions	<u>253,960</u>	<u>254,168</u>	<u>254,541</u>	<u>208</u>	<u>373</u>
Total Direct Care Enrollees	<u>2,807,442</u>	<u>2,801,375</u>	<u>2,791,431</u>	<u>-6,067</u>	<u>-9,944</u>

Notes:

1. The FY 2023 estimate is derived from the review of the weighted moving average, improved staffing and efficiency efforts for key Ready Medical Force sites.
2. The FY 2024 estimate is based on the smoothed weighted moving average of FY 2023 estimates.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Medical Workload data - DHP Summary**

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Direct Care System Workload (from M2 and Business Planning Tool)</u>					
Inpatient Admissions, Non-Weighted (SIDR Dispositions-All)	134,442	133,527	132,551	-915	-976
Inpatient Admissions, Weighted (MS-DRG RWPs, Non Mental Health)	104,796	104,156	103,449	-640	-707
Inpatient Admissions, Occupied Bed Days (Mental Health Only)	68,770	68,688	68,405	-82	-283
Average Length of Stay (ALL Bed Days/All Dispositions)	2	2	2		0
Ambulatory Visits, Non-Weighted (Encounters, CAPER)	31,032,285	31,013,853	30,989,587	-18,432	-24,266
Ambulatory Visits, Weighted (Adj Provider Aggregate RVUs, CAPER)	64,365,082	64,372,868	64,371,957	7,786	-911
Number of Outpatient Pharmacy Prescriptions (30-Day equivalents)	31,328,462	30,263,275	29,234,305	-1,065,187	-1,028,970

Notes:

1. The FY 2023 estimates were updated after the President's Budget enactment. These figures are based on current data and trends analysis used in the forecasts for the FY 2024 estimates.
2. The FY 2023 and FY 2024 estimates use a centrally weighted moving average at the Parent Military Treatment Facility and Healthcare Product/Service Line Level.
3. A trend in increasing RVU per encounter estimates are contributing to disproportionate decreases in encounters to workload.
4. The FY 2022 to FY 2023 and FY 2023 to FY 2024 decreased pharmacy prescriptions (30-Day equivalents) is due to more patients being seen in the Private Sector Care and filling prescriptions in Mail Order and Retail following patient preference and behavior induced by the COVID-19 pandemic.
5. There are data quality improvements with increasing knowledge of MHS GENESIS systems. Workload and encounter estimates reflect these data quality improvements. As data continues to mature, estimates can change.

Exclusions:

1. The TRICARE for Life (TFL) eligible beneficiary encounters are an estimate. FY 2022 ambulatory encounters observe that 10 - 11 percent of the encounters are eligible TFL beneficiaries. Estimates include a 10% reduction in encounters for the TFL population.
2. Excluded workload from Military Service Line Unit Assets.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Medical Workload data - DHP Summary**

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Dental Workload (Dental Weighted Values (DWVs)(from Components)</u>					
CONUS	11,289,654	11,307,188	11,335,912	17,534	28,724
OCONUS	<u>1,879,878</u>	<u>1,875,890</u>	<u>1,874,287</u>	<u>-3,988</u>	<u>-1,603</u>
Total DWVs	13,169,532	13,183,078	13,210,199	13,546	27,121
<u>CONUS</u>					
Active Duty	10,663,878	10,678,763	10,702,333	14,885	23,570
Non-Active Duty	<u>625,776</u>	<u>625,776</u>	<u>625,776</u>	<u>0</u>	<u>0</u>
Total CONUS	11,289,654	11,304,539	11,328,109	14,885	23,570
<u>OCONUS</u>					
Active Duty	1,484,162	1,480,191	1,478,121	-3,971	-2,070
Non-Active Duty	<u>395,716</u>	<u>395,716</u>	<u>395,716</u>	<u>0</u>	<u>0</u>
Total OCONUS	1,879,878	1,875,907	1,873,837	-3,971	-2,070

Notes:

1. The FY 2023 estimates were updated after the President's Budget enactment. These figures reflect the current data and trends analysis used in the forecasts for the FY 2024 estimates.
2. The FY 2023 estimates are derived from the review of a weighted moving average, calculated at the Parent Facility, with the workload for non-Active Duty held steady.
3. The FY 2024 estimates are based on the smoothed weighted moving average of FY 2023 estimates, with the workload for non-Active Duty held steady.
4. The average Dental Weighted Value per encounter continues to trend up, particularly for Active Duty beneficiaries, increasing from 2.8 to 3.5, attributed to a post-COVID-19 recovery, with multiple procedures performed during dental visits.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Medical Workload data - DHP Summary**

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Infrastructure</u>					
Inpatient Facilities	47	45	45	-2	0
Medical Clinics	552	566	566	14	0
Dental Clinics	117	117	117	0	0

Notes:

Change from FY 2022 to FY 2023

1. Inpatient Facilities: Naval Hospital Bremerton is being converted to a Medical Clinic, pending FY23 NDAA SEC. 715 Congressional Notification process. Birthing Center Iwakuni is a child DMIS to Naval Hospital Yokosuka and was previously counted as an "Inpatient Facility." This is now recognized as a clinic.
2. Medical Clinics: There is no increase in actual building structures. The projected increase in Medical Clinics is administrative in nature to ensure system alignment with MHS GENESIS Patient Care locations. The policy reinforcement has come from two different directions: 1) Defense Medical Information System Identifiers (DMIS IDs) table alignment with MHS GENESIS to resolve issues in clerk/patient appointing and 2) aligning overhead costs to a building or function to better reflect the cost of care (delineating buildings on the DMIS table that don't fall under a campus concept). In addition, Naval Hospital Bremerton converted to a Medical Clinic from an Inpatient Facility and Birthing Center Iwakuni is recorded as a medical clinic.
3. Changes from previous facility count methodology is based on standardization for accounting of the Inpatient Facilities, Medical Clinics and Dental Clinics DMIS IDs under the Defense Health Agency and to reduce DMIS ID duplication.

No change from FY 2023 to FY 2024

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Medical Workload data - DHP Summary**

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Prime Enrollees - Managed Care Support Contract</u>					
TRICARE Region - East	921,280	921,397	925,446	117	4,049
TRICARE Region - West	374,343	374,390	376,035	47	1,645
Total MCS Contracts	1,295,623	1,295,787	1,301,481	164	5,694
<u>TRICARE Select Enrollees</u>					
TRICARE Region - East	1,401,058	1,401,236	1,407,393	178	6,157
TRICARE Region - West	576,403	576,476	579,009	73	2,533
Total Select	1,977,461	1,977,712	1,986,402	251	8,690
TRICARE Region - Overseas - Europe, Pacific, Latin America	538,798	536,825	539,395	-1,973	2,570
Total MCSC, Select and TRICARE Overseas	3,811,882	3,810,324	3,827,278	-1,558	16,954

Notes:

1. FY 2023 estimate reflects current data, and trends analysis used in the FY 2024 estimates forecasts.
2. All data **excludes** TRICARE for Life beneficiaries paid by MERHCF and Tricare Dual Eligible Fiscal Intermediary Contract (TDEFIC).
3. Overseas enrollee counts include Prime, Prime Remote, and Select beneficiaries enrolled under Tricare Overseas Prime (TOP) contract.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Medical Workload data - DHP Summary**

	<u>FY 2022</u> <u>Actuals</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2022-2023</u> <u>Change</u>	<u>FY 2023-2024</u> <u>Change</u>
<u>Private Sector Care System Workload</u>					
Outpatient-Visits	77,204,553	78,361,596	80,065,609	1,157,043	1,704,013
Outpatient-Weighted (Relative Value Units, RVUs)	161,042,208	163,455,701	167,010,129	2,413,493	3,554,428
Inpatient-Admissions	324,648	329,514	336,679	4,866	7,165
Inpatient-Weighted (Relative Weighted Products, RWPs)	299,157	303,640	310,243	4,483	6,603
<u>Pharmacy</u>					
Retail - Number of Scripts (30-day equivalents)	23,701,662	25,640,796	27,738,579	1,939,134	2,097,783
Mail Order - Number of Scripts (30-day equivalents)	12,579,891	12,762,085	12,946,919	182,194	184,834
<u>TRICARE</u>					
Dental Program Enrollment	707,124	707,124	707,124	0	0
<u>Uniformed Services Family Health Plan</u>					
Enrollees (Non-Medicare eligible, DoD Only)	109,783	110,243	110,706	460	463

Workload Notes:

1. FY 2023 estimate reflects current data, and trends analysis used in the FY 2024 estimates forecasts. Anticipated utilization increases, population growth, and adjustments to specialty care within the direct care system drive projected workload increases.
2. FY 2022 to FY 2023 and FY 2023 to FY 2024 increased Retail and Mail Order number of Scripts (30-Day equivalents) is attributed to more patients utilizing Private Sector Care and filling prescriptions in Mail Order and Retail, following patient preference and behavior induced by COVID. In addition, with the rollout of MHS GENESIS, patients seen at the MTF can request their prescriptions be sent to the pharmacy of their choice.
3. The FY 2022 and FY 2023 USFHP enrollee and Dental Program Enrollment estimates are based on the population trend.

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Advisory and Assistance Services**

Appropriation: Operation & Maintenance

		<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
		<u>Actual</u>	<u>Enacted</u>	<u>Request</u>
I.	Management & Professional Support Services			
	FFRDC Work	671,866	347,913	326,142
	Non-FFRDC Work	6,307	3,266	3,062
	Subtotal	678,173	351,179	329,204
II.	Studies, Analyses & Evaluation			
	FFRDC Work	123,284	26,150	24,184
	Non-FFRDC Work	6,900	1,463	1,353
	Subtotal	130,184	27,613	25,537
III.	Engineering & Technical Services			
	FFRDC Work	83,040	5,136	5,092
	Non-FFRDC Work			
	Subtotal	83,040	5,136	5,092
	Total	891,397	383,928	359,833

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates**

	FY 2022	FY 2023	FY 2024
OPR & MAINT			
Active			
<u>Domestic</u>			
Compliance			
<u>Air</u>			
Stationary and Mobile Sources	0.017	0.021	0.021
<u>Compliance Cross-Cutting Programs</u>			
Compliance Education and Training	2.036	2.012	1.825
Multi-Program Management	0.698	0.878	0.896
Total Compliance Cross-Cutting Programs	2.751	2.911	2.741
<u>Compliance manpower</u>			
Compliance Manpower	2.954	3.608	3.536
<u>Compliance Other</u>			
Miscellaneous Compliance Activities	1.181	1.317	1.397
<u>Compliance Related Cleanup</u>			
Other Compliance-Related Assessment and Cleanup	0.000	0.000	0.000
<u>Planning</u>			
Environmental Impact Analysis	0.064	0.085	0.085
<u>Storage and Disposal</u>			
Hazardous Waste (RCRA - C)	3.832	5.498	5.521
Solid Waste (RCRA – D)	2.005	2.116	2.052
USTs (RCRA – I)	0.000	0.000	0.000
Total Storage and Disposal	10.036	12.624	12.591
<u>Toxic Substances</u>			
Controlled Substances	0.000	0.000	0.000
EPCRA Reporting (TRI and Tier I&II)	0.004	0.005	0.005
Total Toxic Substances	0.004	0.005	0.005

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates**

	FY 2022	FY 2023	FY 2024
OPR & MAINT			
Active (Continued)			
<u>Domestic (Continued)</u>			
Compliance (Continued)			
<u>Water</u>			
Safe Drinking Water	0.839	1.178	1.084
Spill Prevention and Response/ASTs	0.015	0.020	0.020
Stormwater	0.000	0.000	0.000
Wastewater	0.020	0.025	0.025
Total Water	0.874	1.223	1.129
Total Compliance	13.665	16.763	16.466
Pollution Prevention			
<u>Pollution Prevention Other</u>			
Miscellaneous Pollution Prevention Activities	0.000	0.000	0.000
<u>Pollution Prevention Projects</u>			
Hazardous Material/Hazardous and Solid Waste	0.121	0.304	0.310
Total Pollution Prevention	0.121	0.304	0.310
Total Domestic	13.786	17.067	16.776

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates**

	FY 2022	FY 2023	FY 2024
OPR & MAINT			
Active			
<u>Foreign</u>			
Compliance			
<u>Air</u>			
Stationary and Mobile Sources	0.001	0.002	0.002
<u>Compliance Cross-Cutting Programs</u>			
Compliance Education and Training	0.110	0.150	0.155
Multi-Program Management	0.085	0.107	0.109
Total Compliance Cross-Cutting Programs	0.196	0.259	0.266
<u>Compliance manpower</u>			
Compliance Manpower	0.482	0.527	0.538
<u>Compliance Other</u>			
Miscellaneous Compliance Activities	0.019	0.025	0.025
<u>Planning</u>			
Environmental Impact Analysis	0.000	0.000	0.000
<u>Storage and Disposal</u>			
Hazardous Waste (RCRA - C)	0.528	0.581	0.604
Solid Waste (RCRA – D)	0.403	0.538	0.548
USTs (RCRA – I)	0.000	0.000	0.000
Total Storage and Disposal	1.432	1.671	1.715
<u>Toxic Substances</u>			
EPCRA Reporting (TRI and Tier I&II)	0.000	0.000	0.000
<u>Water</u>			
Safe Drinking Water	0.273	0.349	0.348
Pollution Prevention			
<u>Pollution Prevention Projects</u>			
Hazardous Material/Hazardous and Solid Waste	0.000	0.000	0.000
Total Pollution Prevention	0.000	0.000	0.000
Total Foreign	1.901	2.279	2.330

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates**

	FY 2022	FY 2023	FY 2024
OPR & MAINT			
Active (Summary)			
Environmental Activity Cost Type Totals			
Compliance	15.566	19.042	18.796
Pollution Prevention	0.121	0.304	0.310
Conservation	0.000	0.000	0.000
Total	15.687	19.346	19.106
Location Totals			
Domestic	13.786	17.067	16.776
Foreign	1.901	2.279	2.330
Total	15.687	19.346	19.106
 DHA TOTALS			
Environmental Activity Cost Type Totals			
Compliance	15.566	19.042	18.796
Pollution Prevention	0.121	0.304	0.310
Conservation	0.000	0.000	0.000
Total	15.687	19.346	19.106
Location Totals			
Domestic	13.786	17.067	16.776
Foreign	1.901	2.279	2.330
Total	15.687	19.346	19.106

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Major DoD Headquarters Activities**

Category/Organization Appropriation	FY 2022 Actuals				FY 2023 Enacted				FY 2024 Request			
	<u>Military End Strength</u>	<u>Civ FTEs</u>	<u>Total Manpower</u>	<u>Total Obligation (\$ 000)</u>	<u>Military End Strength</u>	<u>Civ FTEs</u>	<u>Total Manpower</u>	<u>Total Obligation (\$ 000)</u>	<u>Military End Strength</u>	<u>Civ FTEs</u>	<u>Total Manpower</u>	<u>Total Obligation (\$ 000)</u>
DHP, 0807798 O&M, DHP	74	315	389	62,868	6	256	262	85,183	8	256	264	89,975
DHP, 0807898 O&M, DHP	44		44		45		45		45		45	
Total	118	315	433	62,868	51	256	307	85,183	53	256	309	89,975

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Procurement Program**

Appropriation Procurement (\$ K)

<u>Line No.</u>	<u>Item Nomenclature</u>	<u>FY 2022 Actual</u>	<u>FY 2023 Enacted</u>	<u>FY 2024 Request</u>	<u>FY 2025 Estimate</u>	<u>FY 2026 Estimate</u>	<u>FY 2027 Estimate</u>	<u>FY 2028 Estimate</u>
1	Items greater than \$250,000 each:							
	Medical Equipment - Replacement/Modernization	250,366	234,157	238,435	250,791	260,013	270,072	280,007
	Medical Equipment - New Facility Outfitting	20,926	21,625	22,344	23,449	24,597	25,555	26,552
	Joint Operational Medicine Information System	0	1,467	29,537	30,129	30,732	31,333	31,960
	Military Health System - Desktop to Datacenter	72,302	72,601	74,055	75,536	77,047	78,588	80,160
	Information Technology Development and Sustainment - DoD Healthcare Management System Modernization	415,114	240,224	17,510	0	0	0	0
	DHP Procurement FY24 Totals	758,708	570,074	381,881	379,905	392,389	405,548	418,679

The Defense Health Program (DHP) procurement budget represents a critical element of the Department's capability to provide high quality, cost effective health care for active duty and other eligible beneficiaries. Funds identified in this submission support the acquisition of equipment for facilities in the Army, Navy, Air Force, and National Capital Region Medical Directorate (NCRMD). Those facilities range from sophisticated tertiary care medical centers to outpatient and dental clinics and physiological training units. This equipment is essential to provide high quality health care services that meet accepted standards of practice. The required safety standards, related laws and regulatory requirements from credentialing and health care standard setting organizations influence and affect the requirement for, cost of, and replacement and modernization of medical equipment. Without the identified resources, the DHP's capability to meet the Department's medical equipment requirements will be severely degraded.

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Procurement Budget Item Justification**

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Replacement/Modernization

	<u>FY 2022 Actual</u>	<u>FY 2023 Enacted</u>	<u>FY 2024 Request</u>	<u>FY 2025 Estimate</u>	<u>FY 2026 Estimate</u>	<u>FY 2027 Estimate</u>	<u>FY 2028 Estimate</u>
Quantity							
Total Cost (\$ M)	250.366	234.157	238.435	250.791	260.013	270.072	280.007
Dental Equipment	0.390	0.406	0.422	0.438	0.455	0.473	0.491
Food Ser, Preventive Med, Pharmacy Equip	12.517	6.548	6.707	6.852	7.120	7.407	7.695
Medical Information System Equipment	8.570	8.740	6.373	8.456	8.626	8.812	8.986
Medical Patient Care Administrative Equip	3.020	6.875	7.032	7.173	7.316	7.462	7.611
Medical/Surgical Equipment	39.771	23.048	22.934	23.830	24.761	25.786	26.792
Other Equipment	18.043	13.845	12.562	14.507	14.798	15.094	15.396
Pathology/Lab Equipment	9.848	20.541	21.475	22.315	23.186	24.153	25.095
Radiographic Equipment	158.207	154.154	160.930	167.220	173.751	180.885	187.941

REMARKS

The most significant medical equipment investments will be in the pathology/lab equipment along with the radiographic, surgical, and information systems functional areas. The driving factors are rapid technological advancements in these areas and the need for DoD's health care delivery system to maintain the standards of care set by the civilian health care sector. Procurement investments for information systems will cover software license acquisitions, and hardware replacement supporting the Department of Defense's Military Health System (MHS) Information Technology.

Financing an adequate equipment acquisition budget is critical in retaining the Department's medical workload in-house and controlling escalating purchased healthcare O&M costs in the private sector. The items supported by this budget are the result of an extensive investment equipment justification process and are necessary to provide properly trained medical department personnel and high quality, cost effective health care services for the eligible beneficiary population.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Procurement Budget Item Justification**

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: New Facility Outfitting

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>FY 2025</u>	<u>FY 2026</u>	<u>FY 2027</u>	<u>FY 2028</u>
	<u>Actual</u>	<u>Enacted</u>	<u>Request</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
Quantity							
Total Cost (\$ M)	20.926	21.625	22.344	23.449	24.597	25.555	26.552
Dental Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Food Ser, Preventive Med, Pharmacy Equip	0.363	0.377	0.392	0.407	0.423	0.439	0.456
Medical Information System Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Patient Care Administrative Equip	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical/Surgical Equipment	1.813	1.884	1.957	2.033	2.112	2.194	2.280
Other Equipment	12.479	12.849	13.226	13.976	14.755	15.330	15.928
Pathology/Lab Equipment	0.444	0.461	0.479	0.498	0.517	0.537	0.558
Radiographic Equipment	5.827	6.054	6.290	6.535	6.790	7.055	7.330

REMARKS

The new facility outfitting program element of the DHP's procurement budget funds the acquisition and installation of commercially available equipment to furnish new and expanded facilities being completed under military construction projects in support of dental services, health care delivery, health care training, and other health care activities. The items range from dental, surgical, radiographic, and pathologic equipment to medical administrative support equipment. The new facility outfitting program provides critical support to the DHP's military medical construction program.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Procurement Budget Item Justification**

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Joint Operational Medicine Information System (JOMIS)

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
	<u>Actual</u>	<u>Enacted</u>	<u>Request</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
Quantity							
Total Cost (\$ M)	0.000	1.467	29.537	30.129	30.732	31.333	31.960
JOMIS	0.000	1.467	29.537	30.129	30.732	31.333	31.960

REMARKS

The purpose of JOMIS is to modernize, deploy, and sustain the DoD’s OpMed Information System (IS) capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. JOMIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.

There are technological and business challenges to the OpMed mission including aged technology, inefficient design standards, overreliance on obsolete code, lack of automation, different deployment methods by Services that impacts standard user adoption, inefficient and overly-bureaucratic acquisition methods, and the lack of unified functional user input. To mitigate these challenges, JOMIS has planned the following actions:

- Translate the Theater Medical Information Requirements (TMIR) IS Capability Development Document (CDD) into a modern Portfolio Capability Roadmap that can be abstracted down to needs statements, personas, and user stories that can inform leading-edge design practices
- Construct program governance that can be achieved through external consultancy and resource investment into an Operational Medicine Functional Champion (OMFC) to create a high achieving team that envisions the future of OpMed capabilities as they are integrated with DoD and Federal medical data landscapes
- Leverage experiential learning on current innovative projects that provide ample opportunities to explore modern software delivery methods that can create and endure software delivery environments that evolve with the OpMed mission
- Take advantage of industry and DoD best practices to evolve and perfect development methods (e.g., Agile and Development Security Operations) which will facilitate the ability to “continuously integrate” and “continuously deliver” capability throughout the software development life cycle.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Procurement Budget Item Justification**

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Military Health System (MHS) - Desktop to Datacenter (D2D)

	<u>FY 2022</u> <u>Actual</u>	<u>FY 2023</u> <u>Enacted</u>	<u>FY 2024</u> <u>Request</u>	<u>FY 2025</u> <u>Estimate</u>	<u>FY 2026</u> <u>Estimate</u>	<u>FY 2027</u> <u>Estimate</u>	<u>FY 2028</u> <u>Estimate</u>
Quantity							
Total Cost (\$ M)	72.302	72.601	74.055	75.536	77.047	78.588	80.160
MHS D2D	72.302	72.601	74.055	75.536	77.047	78.588	80.160

REMARKS

Includes resources for upgrades and sustainment of information technology (IT) supporting the DoD's ability to provide and maintain infrastructure and enterprise support services for Military Health System (MHS) centrally managed IT systems in all managed health care regions worldwide.

This includes the following: Seamless integrated wide, local and wireless network allowing health care providers/staff to move from hospital to hospital and authenticate to all IT services without the need of separate accounts; Desktop design standardization across the application, desktop and server environments allowing providers/staff ability to access information between medical facilities; Centrally managed integrated, robust computing infrastructure that provides a standard method to host applications and the ability to use single applications to support health care encounters; Centralized, secure access and authentication capability to network resources that allows providers and staff to all IT services without the need of multiple accounts; Consolidated MHS enterprise IT Service Desk allowing for a single point of contact for all customers regardless of physical location.

Resources will also encompass: Circuits management, Network Service Operations Center (NSOC), Data Center Operations (DCOPS), Video Network Center (VNC), Lifecycle Management (Asset Management Support Services, Enterprise Software Management, and End User Device Management), Performance Planning Management (PPM), and Server Sustainment.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Procurement Budget Item Justification**

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130

**P-1 ITEM NOMENCLATURE: Information Technology Development and Sustainment -
DoD Healthcare Management System Modernization (DHMSM)**

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>FY 2025</u>	<u>FY 2026</u>	<u>FY 2027</u>	<u>FY 2028</u>
	<u>Actual</u>	<u>Enacted</u>	<u>Request</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
Quantity							
Total Cost (\$ M)	415.114	240.224	17.510	0.000	0.000	0.000	0.000
DHMSM	415.114	240.224	17.510	0.000	0.000	0.000	0.000

REMARKS

DHMSM will replace the DoD legacy healthcare management systems with a commercial off-the-shelf capability that is open, modular, and standards-based with non-proprietary interfaces. DHMSM will support the Department's goals of net-centricity by providing a framework for full human and technical connectivity and interoperability that allows DoD users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it. Once fielded, the Electronic Health Record (EHR) will support the following healthcare activities for DoD's practitioners and beneficiaries:

- Clinical workflow and provider clinical decision support;
- Capture, maintain, use, protect, preserve and share health data and information;
- Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained; and
- Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research.

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**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates**

RDT&E Programs

Appropriation: RDT&E, Defense Health Program (\$K)

<u>R-1</u> <u>Line</u> <u>Item</u>	<u>Program</u> <u>Element</u> <u>No</u> <u>Number</u>	<u>Item</u>	Budget Activity	FY 2022 Actual	FY 2023 Enacted	FY 2024 Request	FY 2025 Estimate	FY 2026 Estimate	FY 2027 Estimate	FY 2028 Estimate
1	0601117	Basic Operational Medical Research Sciences	2	24,938	53,783	40,311	41,476	41,708	41,911	42,751
2	0602115	Applied Biomedical Technology	2	160,265	258,734	177,395	187,036	175,039	176,659	180,182
3	0602787	Medical Technology (AFRRI)	2	1,417	1,468	1,497	1,528	1,557	1,588	1,619
4	0603002	Medical Advanced Technology (AFRRI)	2	351	366	373	380	388	396	404
5	0603115	Medical Technology Development	2	2,020,169	2,307,376	326,667	328,445	333,013	338,431	345,201
6	0604110	Medical Products Support and Advanced Concept Development	2	190,750	202,431	172,351	175,518	179,161	182,475	186,125
7	0605013	Information Technology Development	2	10,471	9,834	10,033	10,234	10,259	10,464	10,673
8	0605026	Information Technology Development - DoD Healthcare Management System Modernization (DHMSM)	2	15,176	12,024	12,264	6,144	6,038	5,141	5,244
9	0605045	Joint Operational Medicine Information System (JOMIS)	2	51,016	18,082	18,731	21,984	23,014	24,273	24,758
10	0605145	Medical Products and Support Systems Development	2	20,775	64,030	58,712	58,102	62,395	63,256	64,523
11	0605039	DoD Medical Information Exchange and Interoperability	2	-	10,156	8,013	8,173	8,337	8,504	8,674
12	0606105	Medical Program-Wide Activities	2	49,645	85,186	87,096	88,425	89,231	90,664	92,475
13	0607100	Medical Products and Capabilities Enhancement Activities	2	16,976	17,971	18,330	18,697	19,071	19,452	19,841
14	0605502	Small Business Innovative Research	2	76,540	-	-	-	-	-	-
		Total Budget Activity 2		2,638,489	3,041,441	931,773	946,142	949,211	963,214	982,470
15	0308604	DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	8	-	-	-	-	-	-	-
		Total Budget Activity 8		-	-	-	-	-	-	-

R-1 Exhibit
DHP

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity
0130: *Defense Health Program I BA 2: RDT&E* **R-1 Program Element (Number/Name)**
PE 0601117DHA / *Basic Operational Medical Research Sciences*

COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	34.721	24.938	53.783	40.311	0.000	40.311	41.476	41.708	41.911	42.751	Continuing	Continuing
100A: <i>Congressional Special Interests</i>	9.782	15.999	14.215	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
371: <i>GDF - Basic Operational Medical Research Science</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
371A: <i>GDF - BOMRS (Combat Casualty Care)</i>	17.330	1.306	1.356	1.381	0.000	1.381	1.410	1.437	1.466	1.495	Continuing	Continuing
371B: <i>GDF - BOMRS (Military Operational Medicine)</i>	5.498	5.515	5.720	5.836	0.000	5.836	5.953	6.072	6.193	6.317	Continuing	Continuing
371E: <i>GDF - BOMRS (Military Infectious Disease)</i>	2.111	2.118	2.197	2.241	0.000	2.241	2.285	2.331	2.378	2.426	Continuing	Continuing
371F: <i>GDF - BOMRS (Defense Research Sciences)</i>	0.000	0.000	30.295	30.853	0.000	30.853	31.828	31.868	31.874	32.513	Continuing	Continuing

Note

N/A

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) -Basic Medical Research Sciences: This program element (PE) provides support for basic medical research directed toward greater knowledge and understanding of the fundamental principles of science and medicine that are relevant to the improvement of Force Health. Research in this PE is designed to address areas of interest to the Secretary of Defense regarding Service Member Health, capabilities identified through the Joint Capabilities Integration and Development System, and sustainment of DoD and multi-agency priority investments in science, technology, research, and development.

GDF basic research (PE 0601117) program development and execution is peer-reviewed and coordinated with all of the Military Services, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs, and the Department of Health and Human Services. Funds in this PE are for basic research that promises to provide important new approaches to complex military medical problems. As the research efforts mature, the most promising efforts will transition to applied research (PE 0602115) or technology development (PE 0603115) funding.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity	R-1 Program Element (Number/Name)
0130: <i>Defense Health Program I BA 2: RDT&E</i>	PE 0601117DHA I <i>Basic Operational Medical Research Sciences</i>

B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	9.091	39.568	40.311	0.000	40.311
Current President's Budget	24.938	53.783	40.311	0.000	40.311
Total Adjustments	15.847	14.215	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	15.999	14.215			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.152	-			

Congressional Add Details (\$ in Millions, and Includes General Reductions)

Project: 100A: *Congressional Special Interests*

Congressional Add: *GDF - Restore Core Research Funding Reduction*

	FY 2022	FY 2023
	15.999	14.215
Congressional Add Subtotals for Project: 100A	15.999	14.215
Congressional Add Totals for all Projects	15.999	14.215

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>	Project (Number/Name) 100A / <i>Congressional Special Interests</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
100A: <i>Congressional Special Interests</i>	9.782	15.999	14.215	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

This is program increase due to GDF restoral in the FY22 enacted budget.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Restore Core Research Funding Reduction	0.000	-	-	-	-
Accomplishments/Planned Programs Subtotals	0.000	-	-	-	-

Congressional Add: GDF - Restore Core Research Funding Reduction

FY 2022 Accomplishments: This is a program increase due to GDF restoral in the FY22 enacted budget.

FY 2023 Plans: This is a program increase due to GDF restoral in the FY23 enacted budget.

	FY 2022	FY 2023
Congressional Adds Subtotals	15.999	14.215

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>				Project (Number/Name) 371 / <i>GDF - Basic Operational Medical Research Science</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
371: <i>GDF - Basic Operational Medical Research Science</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) - Basic Medical Research Sciences: This program element (PE) provides support for basic medical research directed toward greater knowledge and understanding of the fundamental principles of science and medicine that are relevant to the improvement of Force Health. Research in this PE is designed to address areas of interest to the Secretary of Defense regarding Service Member Health, capabilities identified through the Joint Capabilities Integration and Development System, and sustainment of DoD and multi-agency priority investments in science, technology, research, and development.

GDF basic research (PE 0601117) program development and execution is peer-reviewed and coordinated with all of the Military Services, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs, and the Department of Health and Human Services. Funds in this PE are for basic research that promises to provide important new approaches to complex military medical problems. As the research efforts mature, the most promising efforts will transition to applied research (PE 0602115) or technology development (PE 0603115) funding.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Project 371 GDF – Basic Operational Medical Research Sciences	0.000	0.000	0.000	0.000	0.000
Description: Provide support for basic medical research directed toward attaining greater knowledge and understanding of fundamental principles of science and medicine relevant to the improvement of medical care in operationally relevant environments.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>	Project (Number/Name) 371 / <i>GDF - Basic Operational Medical Research Science</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>				Project (Number/Name) 371A / <i>GDF - BOMRS (Combat Casualty Care)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
371A: <i>GDF - BOMRS (Combat Casualty Care)</i>	17.330	1.306	1.356	1.381	0.000	1.381	1.410	1.437	1.466	1.495	Continuing	Continuing

A. Mission Description and Budget Item Justification

Basic research described here focuses on the enhancement of knowledge to support capabilities identified through the Joint Capabilities Integration Development System process and sustainment of DoD and multi-agency priority investments in science, technology, research and development. This project supports combat casualty care basic research with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios by driving medical innovation through development of knowledge and materiel solutions for the acute and early management of combat-related trauma, including point of injury, en route, and facility-based care.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Combat Casualty Care	1.306	1.356	1.381	0.000	1.381
Description: Combat Casualty Care basic research activities are focused on pre-hospital tactical combat casualty care (TCCC) toward improved Warfighter survival of casualties with potentially survivable wounds.					
FY 2023 Plans: Will continue to conduct combat casualty care-relevant basic research focused on TCCC, such as defining biological and pathophysiological mechanisms of the acute effects of trauma including that of life threatening external, junctional (arm pit and groin), and internal (abdomen and chest) bleeding; abnormal blood clotting due to excessive blood loss; and compromised breathing due trauma to the thorax or airways.					
FY 2024 Base Plans: Efforts will continue to focus on Basic Research related to TCCC; defining biological and pathophysiological mechanisms of the acute effects of trauma including that of life threatening external bleeding, excessive blood loss resulting in abnormal blood clotting; trauma to airways resulting in compromised breathing.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	1.306	1.356	1.381	0.000	1.381

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>	Project (Number/Name) 371A / <i>GDF - BOMRS (Combat Casualty Care)</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>	Project (Number/Name) 371B / <i>GDF - BOMRS (Military Operational Medicine)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
371B: <i>GDF - BOMRS (Military Operational Medicine)</i>	5.498	5.515	5.720	5.836	0.000	5.836	5.953	6.072	6.193	6.317	Continuing	Continuing

A. Mission Description and Budget Item Justification

Basic research described here focuses on the enhancement of knowledge to support capabilities identified through the Joint Capabilities Integration Development System process and sustainment of DoD and multi-agency priority investments in science, technology, research and development. This project supports military operational medicine basic research with the goal of maximizing the health, readiness, and performance of Service Members and their families by the development of effective biomedical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries during training and operations.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Military Operational Medicine</p> <p>Description: Military Operational Medicine basic research efforts are focused on increasing fundamental knowledge and understanding to support the development of medical countermeasures in the areas of musculoskeletal injury prevention and treatment; blunt, blast, accelerative and neurosensory injury; psychological health and resilience; performance in extreme environments; and optimized cognition and fatigue mitigation.</p> <p>FY 2023 Plans: Continue to conduct basic research with focus on injury prevention and recovery related to blunt, blast, and accelerative injuries; injury prevention and recovery related to musculoskeletal injury; performance nutrition and weight balance; operational systems toxicology for environmental health hazards; and fatigue, cognitive health and performance.</p> <p>FY 2024 Base Plans: Efforts will continue to focus on Basic Research related to injury prevention and recovery related to blunt, blast, and accelerative injuries; injury prevention and recovery related to musculoskeletal injury; performance nutrition and weight balance; operational systems toxicology for environmental health hazards; and fatigue, cognitive health and performance.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement:</p>	5.515	5.720	5.836	0.000	5.836

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>	Project (Number/Name) 371B / <i>GDF - BOMRS (Military Operational Medicine)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Increase is due to inflation.					
Accomplishments/Planned Programs Subtotals	5.515	5.720	5.836	0.000	5.836

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 060117DHA / Basic Operational Medical Research Sciences			Project (Number/Name) 371E / GDF - BOMRS (Military Infectious Disease)				
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
371E: GDF - BOMRS (Military Infectious Disease)	2.111	2.118	2.197	2.241	0.000	2.241	2.285	2.331	2.378	2.426	Continuing	Continuing

A. Mission Description and Budget Item Justification

Basic research described here focuses on the enhancement of knowledge to support capabilities identified through the Joint Capabilities Integration Development System process and sustainment of DoD and multi-agency priority investments in science, technology, research and development. This project supports military infectious diseases basic research toward the goal of preventing and treating infectious disease threats to eliminate their impacts on operational readiness.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Military Infectious Diseases	2.118	2.197	2.241	0.000	2.241
Description: Military infectious diseases basic research activities support efforts in military relevant emerging infectious diseases threats.					
FY 2023 Plans: Will continue to conduct basic research in emerging infectious diseases to respond to new and emerging infectious diseases threats and accelerate promising, innovative countermeasures.					
FY 2024 Base Plans: Efforts will continue to focus on basic research related to response to and countermeasures against new and emerging infectious diseases.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	2.118	2.197	2.241	0.000	2.241

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medi cal Research Sciences</i>	Project (Number/Name) 371E / <i>GDF - BOMRS (Military Infectious Disease)</i>

D. Acquisition Strategy
N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>	Project (Number/Name) 371F / <i>GDF - BOMRS (Defense Research Sciences)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
371F: <i>GDF - BOMRS (Defense Research Sciences)</i>	0.000	0.000	30.295	30.853	0.000	30.853	31.828	31.868	31.874	32.513	Continuing	Continuing

A. Mission Description and Budget Item Justification

Basic research described here focuses on building fundamental scientific knowledge contributing to the sustainment of scientific and technology information for solving military medical problems related to infectious diseases, operational medicine and combat care.

B. Accomplishments/Planned Programs (\$ in Millions)

Title: GDF - BOMRS (Defense Research Sciences)

Description: Programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PE 0601102A. This project provides the means to exploit scientific breakthroughs and avoid technological surprises, and fosters innovation in military medicine-relevant areas where there is little or no commercial investment due to limited markets and maintains laboratory capability to perform these functions.

FY 2023 Plans:

Efforts will focus on Basic Research in support of medical problems related to infectious diseases, operational medicine and combat care.

FY 2024 Base Plans:

Efforts will focus on Basic Research in support of military medical problems related to Autonomous Care and Evacuation, Aviation Medicine, Brain Trauma, Burn Injury, Combined Injury, Endemic and Emerging Infectious Diseases, En Route Care, Health in Extreme Environments, Neuromusculoskeletal Injury Prevention & Treatment, Psychological Health Prevention & Treatment, Prolonged Care, Tactical Combat Casualty Care, Sustainment of Expository Medical Skills, Sustained Medical Readiness, Warfighter Protection & Survivability and Wound Management.

FY 2024 OCO Plans:

N/A

FY 2023 to FY 2024 Increase/Decrease Statement:

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - BOMRS (Defense Research Sciences)	0.000	30.295	30.853	0.000	30.853

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / <i>Basic Operational Medical Research Sciences</i>	Project (Number/Name) 371F / <i>GDF - BOMRS (Defense Research Sciences)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	0.000	30.295	30.853	0.000	30.853

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0602115DHA I <i>Applied Biomedical Technology</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	333.218	160.265	258.734	177.395	0.000	177.395	187.036	175.039	176.659	180.182	Continuing	Continuing
200A: <i>Congressional Special Interests</i>	130.175	87.496	84.725	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
216: <i>Anomalous Health Incidents (AHI)</i>	0.000	0.000	15.000	15.000	0.000	15.000	15.000	0.000	0.000	0.000	Continuing	Continuing
306B: <i>Advanced Diagnostics & Therapeutics Research & Development (AF)</i>	3.476	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
306D: <i>Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)</i>	7.480	4.142	4.385	4.473	0.000	4.473	4.567	4.658	4.752	4.847	Continuing	Continuing
372: <i>GDF - Applied Biomedical Technology</i>	123.729	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
372A: <i>GDF - ABT (Combat Casualty Care)</i>	14.855	15.931	17.459	21.789	0.000	21.789	22.125	22.468	22.817	23.213	Continuing	Continuing
372B: <i>GDF - ABT (Military Operational Medicine)</i>	26.255	33.510	34.706	35.357	0.000	35.357	36.061	36.785	37.521	38.273	Continuing	Continuing
372C: <i>GDF - ABT (Medical Simulation & Training/Health Informatics)</i>	10.611	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
372D: <i>GDF - ABT (Clinical and Rehabilitation Medicine)</i>	7.064	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
372E: <i>GDF - ABT (Military Infectious Disease)</i>	8.607	18.305	18.995	15.396	0.000	15.396	15.804	16.220	16.644	17.037	Continuing	Continuing
372F: <i>GDF - ABT (Radiological Health Effects)</i>	0.966	0.881	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
372G: <i>GDF - ABT (Medical Technology)</i>	0.000	0.000	83.464	85.380	0.000	85.380	93.479	94.908	94.925	96.812	Continuing	Continuing

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0602115DHA I <i>Applied Biomedical Technology</i>
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A. Mission Description and Budget Item Justification

This program element (PE) provides applied research funding to refine concepts and ideas into potential solutions for military health and performance problems, with a view toward evaluating technical feasibility. Research in this PE is designed to address areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System, and sustainment of DoD and multi-agency priority investments in science, technology, research, and development. Medical research, development, test, and evaluation (RDT&E) priorities for the Defense Health Program (DHP) are guided by, and will support, the National Defense Strategy, the National Research Action Plan for Improving Access to Mental Health Services for Veterans, Service Members, Military Families, the National Strategy for Combating Antibiotic Resistance, and the National Strategy for Biodefense.

Program development and execution is peer-reviewed and coordinated with all of the Military Services, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs and, the Department of Health and Human Services. Funds in the PE support studies and investigations leading to candidate solutions that may involve use of animal models for testing in preparation for initial human testing. As research efforts mature, the most promising efforts will transition to technology development (PE 0603115) funding.

B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	74.024	174.009	177.395	0.000	177.395
Current President's Budget	160.265	258.734	177.395	0.000	177.395
Total Adjustments	86.241	84.725	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	88.721	84.725			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-2.480	-			

Congressional Add Details (\$ in Millions, and Includes General Reductions)

Project: 200A: Congressional Special Interests

Congressional Add: 462 - GDF - Restore Core Research Funding Reduction

Congressional Add: 248 Congressional Add

Congressional Add Subtotals for Project: 200A

Project: 372G: GDF - ABT (Medical Technology)

Congressional Add: Add input

Congressional Add Subtotals for Project: 372G

	FY 2022	FY 2023
	77.861	84.725
	9.635	-
Congressional Add Subtotals for Project: 200A	87.496	84.725
	0.000	-
Congressional Add Subtotals for Project: 372G	0.000	-

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0602115DHA I <i>Applied Biomedical Technology</i>
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Congressional Add Details (\$ in Millions, and Includes General Reductions)

	FY 2022	FY 2023
Congressional Add Totals for all Projects	87.496	84.725

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 200A / <i>Congressional Special Interests</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
200A: <i>Congressional Special Interests</i>	130.175	87.496	84.725	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

This is a program increase due to GDF restoral in the FY22 enacted budget.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023
Congressional Add: 462 - GDF - Restore Core Research Funding Reduction	77.861	84.725
FY 2022 Accomplishments: This is a program increase due to GDF restoral in the FY22 enacted budget.		
FY 2023 Plans: This is a program increase due to GDF restoral in the FY23 enacted budget.		
Congressional Add: 248 Congressional Add	9.635	-
FY 2022 Accomplishments: Congressional Add		
Congressional Adds Subtotals	87.496	84.725

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 216 / <i>Anomalous Health Incidents (AHI)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
216: <i>Anomalous Health Incidents (AHI)</i>	0.000	0.000	15.000	15.000	0.000	15.000	15.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Anomalous Health Incidents (AHI) are unexplained medical symptoms that occur after being potentially exposed to certain auditory or sensory disturbances. It can be further described as experiencing a sudden onset of perceived loud sounds, sensations of head pressure or vibrations, head or ear pain, hearing loss or ringing, dizziness, unsteady gait, visual disturbances, or cognitive deficit.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Anomalous Health Incidents (AHI)	0.000	15.000	15.000	0.000	15.000
Description: Anomalous Health Incidents (AHI) are unexplained medical symptoms that occur after being potentially exposed to certain auditory or sensory disturbances. It can be further described as experiencing a sudden onset of perceived loud sounds, sensations of head pressure or vibrations, head or ear pain, hearing loss or ringing, dizziness, unsteady gait, visual disturbances, or cognitive deficit.					
FY 2023 Plans: Our research will further examine why AHIs occur, who is at-risk, and what the short- and long-term health effects are. Program development and execution is peer-reviewed and coordinated with DoS, DoD, the Intelligence Community, and other federal entities as they continue to investigate AHIs through numerous interagency efforts.					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	15.000	15.000	0.000	15.000

C. Other Program Funding Summary (\$ in Millions)

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 216 / <i>Anomalous Health Incidents (AHI)</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>				Project (Number/Name) 306B / <i>Advanced Diagnostics & Therapeutics Research & Development (AF)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
306B: <i>Advanced Diagnostics & Therapeutics Research & Development (AF)</i>	3.476	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project provides applied research funding needed to increase efficiency and efficacy of care across the spectrum of Advanced Diagnostics and Therapeutics requirements to improve and enhance clinical Diagnosis, Identification, Quantification and Mitigation (DIQM) methods, technique protocols, guidelines and practices for all Department of Defense (DoD) wounded, ill, and/or injured beneficiaries.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Advanced Diagnostics & Therapeutics Research & Development (AF)	0.000	0.000	0.000	0.000	0.000
Description: This project provides applied research funding needed to perform research in the area of diagnostic assay development / refinement for diseases of operational significance. Project funds seek to promote 'omic'-informed personalized medicine with an emphasis on targeted prevention, diagnosis, and treatment. The delivery of pro-active, evidence-based, personalized medicine will improve health in Warfighters and beneficiaries by providing care that is specific to the situation and patient, to include preventing disease or injury, early and accurate diagnosis, and selection of appropriate and effective treatment. Personalized medicine will reduce morbidity, mortality, mission impact of illness / injury, and healthcare costs while increasing health and wellness of the AF population and efficiency of the healthcare system. This applied research supports multiple focus areas, each of which represents an identified barrier / gap which must be addressed for successful implementation of 'omic'-informed personalized medicine.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 306B / <i>Advanced Diagnostics & Therapeutics Research & Development (AF)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>				Project (Number/Name) 306D / <i>Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
306D: <i>Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)</i>	7.480	4.142	4.385	4.473	0.000	4.473	4.567	4.658	4.752	4.847	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project provides applied research to define and develop medical attribute-linked solutions to better address Air Force operational readiness and mission effectiveness. This research develops approaches aimed at increasing the understanding of full spectrum factors impacting health and performance across Air Force operating environments, to include critical Air Force-supported mission areas of air and space superiority, aeromedical evacuation, communications and intelligence systems, global information operations, reconnaissance and electronic-combat aircraft. Includes research in operationally relevant Air and Space environments pertaining to Biomedical Impact of Air and Space, Biotechnology for Health and Performance, Cognitive and Physiological Performance, and Health and Performance Sensing and Assessment. This project supports needs outlined in Air Force (AF) and Air Force Medical Service (AFMS) strategic documents. Research within this project includes but is not limited to the following: understand the physical and cognitive attributes most important for human performance in air and space operations, facilitate medical readiness maintenance in air and space operations with military labor support, understand the patient validation requirements for a rocket cargo capability, determine how personal health monitoring devices may be used to support scalable medical command and control in air and space operations, develop modules for the human and weapon system which incorporates medical readiness factors into the kill-chain, develop science and technology to prevent and treat chronic health issues associated with air and space operations with minimal labor resourcing, understand value-driven medical readiness requirements for tip-of-spear operators, and investigate physio-cognitive sensor technology to inform medical readiness and human performance boundary status.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)	4.142	4.385	4.473	0.000	4.473
Description: Applied research to develop approaches to increase the understanding of the underlying medical and biological mechanisms of health in air and space operational environments that link to optimizing mission performance and readiness. Research will identify metrics of physical, cognitive, behavioral, physiological, sensory and motor attributes. This will shape medically relevant screening, risk-assessment, retention and return-to-duty criteria through data driven risk analysis and mitigation actions, and enhance the delivery of Air Force operational care.					
FY 2023 Plans:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 306D / <i>Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Enhance knowledge base regarding medical equipment performance in cold region environment. Enhance medical understanding for cognitive sustainment of airman and guardians to include a deeper understanding of physiologic degradation and limitations by defining, measuring, and forecasting key aerospace-linked physiologic/anatomic characteristics which tie to operator readiness and performance. Develop physical and physio-cognitive assessments via wearables embedded with physiological sensors and rapid assessments to determine readiness for Air Force mission sets. Investigate new screening tests and methods, which leverage neuroscience tools to optimize operator alignment and facilitate return-to-duty decisions. Incorporate physiological estimates of fatigue, cognitive load and effectiveness of countermeasures into war-gaming exercises. Measure critical aircrew biodynamic and chronic health-related parameters to inform model design and aircraft design mitigation strategies. Evaluate potential injured patient transit capabilities. Develop microbiome-gut-brain in vitro model systems to determine how gut microbiota impacts energy homeostasis during temperature extremes during air and space operations. Evaluate thermal burden impacts on cognition. Examine telemedicine, telemonitoring, and telementoring (TM3) network threats, develop courses of action and a network proof-of-concept design for a peer-engagement operation. Explore real-time decision support tools for use in communication-denied environments. Design sensor platforms to continuously measure hydration, kidney/muscle function, etc. and assess patient state and response to interventions for mass casualty response and/or en route care. Further evaluation of genetic predisposition to hypoxia induced cognitive decrement.</p> <p>FY 2024 Base Plans: Inform emerging sensor and artificial intelligence development using knowledge gained in FY 2023. Examine relationship between medical screening tests and simulated performance and capability of physiological metrics which signal changes in performance related to workload and fatigue. Validate link between physical/physio-cognitive assessments and evidence-based interventions to promote behavioral changes to enhance readiness, health, and performance. Incorporate real-world parameter estimates from performance-related datasets and demonstrate performance modeling including appropriate decrements. Understand the etiology of repetitive sub-acute accelerative loading on human soft tissues leading to chronic injury and disease. Quantify effect of cold and heat stress on gut microbiome. Perform Africa, South Pacific, and Arctic TM3 network threat assessment, design courses of action, and develop proof-of-concept for austere, electromagnetic constrained environment.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 306D / <i>Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Increase is due to inflation.					
Accomplishments/Planned Programs Subtotals	4.142	4.385	4.473	0.000	4.473

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372 / <i>GDF - Applied Biomedical Technology</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
<i>372: GDF - Applied Biomedical Technology</i>	123.729	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Applied Biomedical Technology: Applied biomedical technology research will focus on refining concepts and ideas into potential solutions for military problems and conducting analyses of alternatives to select the best potential solution for further advanced technology development. Applied research is managed by the Joint Program Committees in the following areas: 1- Military Infectious Diseases applied research is developing protection and treatment capabilities for military relevant emerging infectious diseases and wound infections. 2- Military Operational Medicine applied research goals are to develop medical countermeasures against operational stressors, prevent and treat musculoskeletal, neurosensory, and psychological injuries during training and operations, and to maximize health, performance and readiness of Service members. 3- Combat Casualty Care applied research is focused on optimizing survival and recovery in injured Service members across the spectrum of care from point of injury through en route and facility care.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF Applied Biomedical Technology	0.000	0.000	0.000	0.000	0.000
Description: Focus is on refining concepts and ideas into potential solutions to military problems and conducting analyses of alternatives to select the best potential solution for further advanced technology development. Evaluate technical feasibility of potential solutions to military health issues. Implement models into data or knowledge and test in a laboratory environment. Technology Transition and Milestone A packages will be developed to facilitate product transition.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372 / <i>GDF - Applied Biomedical Technology</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372A / <i>GDF - ABT (Combat Casualty Care)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
372A: <i>GDF - ABT (Combat Casualty Care)</i>	14.855	15.931	17.459	21.789	0.000	21.789	22.125	22.468	22.817	23.213	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports applied research with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios by driving medical innovation through development of knowledge and materiel solutions for the management of combat-related trauma. Applied biomedical research will focus on refining concepts and ideas into potential solutions for military problems and conducting analysis of alternatives to select the best potential solutions for further advanced technology development.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Combat Casualty Care	15.931	17.459	21.789	0.000	21.789
Description: Combat Casualty Care applied research activities are focused on care in the areas of prolonged field care; pre-hospital tactical combat casualty care; battlefield traumatic brain injury/neurotrauma and burn injury.					
FY 2023 Plans: Will continue Combat Casualty Care applied research activities focused on establishing preclinical and clinical effects of prolonged care technologies, early interventions for acute traumatic brain injury, and innovative products for resuscitation and immediate stabilization of combat casualties in a scenario of multi-domain operations.					
FY 2024 Base Plans: Efforts will continue to focus on combat casualty care applied research to include establishing preclinical and clinical effects of prolonged care technologies, early interventions for acute traumatic brain injury, and innovative products for resuscitation and immediate stabilization of combat casualties in a scenario of multi-domain operations.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372A / <i>GDF - ABT (Combat Casualty Care)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Increase supports combat casualty care applied research to enable combined injury care during joint all domain operations.					
Accomplishments/Planned Programs Subtotals	15.931	17.459	21.789	0.000	21.789

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>				Project (Number/Name) 372B / <i>GDF - ABT (Military Operational Medicine)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
372B: <i>GDF - ABT (Military Operational Medicine)</i>	26.255	33.510	34.706	35.357	0.000	35.357	36.061	36.785	37.521	38.273	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports applied research with the goal of maximizing the health, readiness, and performance of Service members and their families by the development of effective biomedical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries during training and operations. Applied biomedical research will focus on refining concepts and ideas into potential solutions for military problems and conducting analysis of alternatives to select the best potential solutions for further advanced technology development.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Military Operational Medicine	33.510	34.706	35.357	0.000	35.357
Description: Studies, investigations, and non-system specific technology effort focus on injury prevention and recovery; optimized cognition and fatigue management; psychological health and resilience; and performance in extreme environments. Activities will continue to focus on injury prevention and recovery related to blunt, blast, and accelerative injuries; injury prevention and recovery related to musculoskeletal injury; fatigue, cognitive health and performance; human operator health and performance in complex systems; performance nutrition and weight balance; operational systems toxicology for environmental health hazards; protection and performance sustainment in extreme environments; and optimization of psychological health and resilience.					
FY 2023 Plans: Efforts will continue to focus on injury prevention and recovery related to blunt, blast, and accelerative injuries, as well as musculoskeletal injury; fatigue, cognitive health and performance; human operator health and performance in complex systems; performance nutrition and weight balance; operational systems toxicology for environmental health hazards; protection and performance sustainment in extreme environments; and optimization of psychological health and resilience.					
FY 2024 Base Plans: Efforts will continue to focus on military operation medicine applied research related to blunt, blast, and accelerative injuries, neurosensory injuries, as well as musculoskeletal injury; fatigue, cognitive health and performance; human operator health and performance in complex systems; performance nutrition and weight					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372B / <i>GDF - ABT (Military Operational Medicine)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
balance; operational systems toxicology for environmental health hazards; protection and performance sustainment in extreme environments; and optimization of psychological health and resilience. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	33.510	34.706	35.357	0.000	35.357

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>				Project (Number/Name) 372C / <i>GDF - ABT (Medical Simulation & Training/Health Informatics)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
372C: <i>GDF - ABT (Medical Simulation & Training/Health Informatics)</i>	10.611	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Conduct studies and experimentation to meet a military medical need. Efforts are directed toward expanding and applying knowledge to develop or improve devices, systems, processes or methods that support medical simulation to increase military medical personnel’s knowledge, skills and abilities to deliver combat casualty care support to manage patient injury and illness and to conduct patient movement from point of injury through role of care four.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Medical Simulation Technologies (Formerly Medical Simulation Technologies & Training/Health Informatics)	0.000	0.000	0.000	0.000	0.000
Description: Studies, investigations, and non-system specific technology efforts focused on tissue models, technologies that simulate medical condition progress over time, technologies that simulate injury, technologies that replicate warfighter bio-physiology, and, technologies that simulate high-fidelity combat casualty care scenarios. Activities will continue to focus on tissue models that accurately simulate the feel, pliability, flexibility, and responsiveness of live tissue; technologies that simulate the degradation or worsening of a medical condition over time, as well as simulate the improvement of a medical condition over time; technologies that simulate injury, especially hemorrhage, fractures, and ocular damage; technologies that accurately reflect warfighter bodily characteristics and are rugged enough to simulate patient care and movement throughout the entire continuum of care; technologies that simulate combat scenarios to provide realistic environments; and technologies that simulate patient movement through the continuum of care.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372C / <i>GDF - ABT (Medical Simulation & Training/Health Informatics)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372D / <i>GDF - ABT (Clinical and Rehabilitation Medicine)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
372D: <i>GDF - ABT (Clinical and Rehabilitation Medicine)</i>	7.064	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Clinical and rehabilitative medicine activities for products to transition to technology development in the areas of neuromusculoskeletal injury, pain management, regenerative medicine, and sensory systems.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Clinical and Rehabilitation Medicine	0.000	0.000	0.000	0.000	0.000
Description: Applied research in neuromusculoskeletal injuries to advance the diagnosis, treatment and rehabilitation outcomes after Service-related injuries continues to progress. Targets for therapies to alleviate acute, chronic, and battlefield pain. Continue to focus efforts on developing solutions to repair, reconstruct or regenerate tissue lost or damaged due to traumatic injury, as well as, optimize restoration and rehabilitation of hearing and balance.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372D / <i>GDF - ABT (Clinical and Rehabilitation Medicine)</i>

D. Acquisition Strategy
N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>				Project (Number/Name) 372E / <i>GDF - ABT (Military Infectious Disease)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
372E: <i>GDF - ABT (Military Infectious Disease)</i>	8.607	18.305	18.995	15.396	0.000	15.396	15.804	16.220	16.644	17.037	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports applied research toward the goal of preventing and treating infectious disease threats to eliminate their impacts on operational readiness. Applied biomedical research will focus on refining concepts and ideas into potential solutions for military problems and conducting analysis of alternatives to select the best potential solutions for further advanced technology development.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Military Infectious Diseases	18.305	18.995	15.396	0.000	15.396
Description: Multi-year studies in wound infections continue to address the ability to predict infection and better treatment options for infections with multidrug-resistant (MDR) bacterial pathogens. Novel and innovative therapeutics and delivery technologies for combat wounds.					
FY 2023 Plans: Will continue to focus on supporting wound infections and EID countermeasures development.					
FY 2024 Base Plans: Efforts will continue to focus on development of countermeasures against emerging infectious diseases threats and novel and innovative therapeutics and delivery technologies for wound infections.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Decrease reflects planned maturations of technology to address emerging infectious diseases and wound infections.					
Accomplishments/Planned Programs Subtotals	18.305	18.995	15.396	0.000	15.396

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372E / <i>GDF - ABT (Military Infectious Disease)</i>

D. Acquisition Strategy
N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>				Project (Number/Name) 372F / <i>GDF - ABT (Radiological Health Effects)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
372F: <i>GDF - ABT (Radiological Health Effects)</i>	0.966	0.881	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports applied research with the goal of pursuing the development of Food and Drug Administration (FDA) approved drugs, biologicals, and diagnostics (e.g., biodosimetry) to increase survival and decrease incapacity after acute radiation exposures.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Radiological Health Effects	0.881	0.000	0.000	0.000	0.000
Description: Research will support discovery of one to two Medical Countermeasures (MCMs) candidates to development toward Technology Readiness Level 6 (TRL-6) in support of transition to the advanced developer. In addition to identifying MCM candidates, this research will provide a fundamental understanding of the effects of radiation exposure. MCM identification will also be supported by the development and characterization on animal models to support FDA compliance, and also the identification and characterization of biomarkers to identify druggable targets and to support characterization of the mechanism of action of candidate MCMs.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.881	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372F / <i>GDF - ABT (Radiological Health Effects)</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

Radiological Health Effects has been moved under Combat Casualty Care.

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372G / <i>GDF - ABT (Medical Technology)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
<i>372G: GDF - ABT (Medical Technology)</i>	0.000	0.000	83.464	85.380	0.000	85.380	93.479	94.908	94.925	96.812	Continuing	Continuing

A. Mission Description and Budget Item Justification

Applied Research described here focuses on the application of knowledge gained through basic research to refine drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health. Research is conducted in the following principal areas: Combat Casualty Care, Military Operational Medicine, and Military Infectious Diseases.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - ABT (Biomedical Technology)	0.000	83.464	85.380	0.000	85.380
Description: Programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PEs 0602787A, 0602115A and 0602148A.					
This project supports application of knowledge gained through basic research to refine drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health.					
FY 2023 Plans: Efforts will focus on Applied Research in support of Medical Technology.					
FY 2024 Base Plans: Efforts will focus on Applied Research in support of Medical Technology related to Autonomous Care and Evacuation, Aviation Medicine, Brain Trauma, Burn Injury, Combined Injury, Endemic and Emerging Infectious Diseases, En Route Care, Health in Extreme Environments, Neuromusculoskeletal Injury Prevention & Treatment, Psychological Health Prevention & Treatment, Prolonged Care, Tactical Combat Casualty Care, Sustainment of Expository Medical Skills, Sustained Medical Readiness, Warfighter Protection & Survivability and Wound Management.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / <i>Applied Biomedical Technology</i>	Project (Number/Name) 372G / <i>GDF - ABT (Medical Technology)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	0.000	83.464	85.380	0.000	85.380
	FY 2022	FY 2023			
Congressional Add: Add input	0.000	-			
FY 2022 Accomplishments: N/A					
Congressional Adds Subtotals	0.000	-			

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0602787DHA I <i>Medical Technology (AFRRI)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	4.101	1.417	1.468	1.497	0.000	1.497	1.528	1.557	1.588	1.619	Continuing	Continuing
241A: <i>Biodosimetry (USUHS)</i>	0.849	0.290	0.301	0.307	0.000	0.307	0.313	0.319	0.325	0.331	Continuing	Continuing
241B: <i>Internal Contamination (USUHS)</i>	0.447	0.153	0.158	0.161	0.000	0.161	0.164	0.167	0.170	0.173	Continuing	Continuing
241C: <i>Radiation Countermeasures (USUHS)</i>	2.805	0.974	1.009	1.029	0.000	1.029	1.051	1.071	1.093	1.115	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), is a unique Department of Defense asset, responsible for preserving and protecting the health and performance of U.S. military personnel operating in potential radiologically contaminated multi-domain conventional or hybrid battle spaces and urban environments; through research, education, and operational training that advance understanding of the effects of ionizing radiation in line with the 21st century dynamic threat landscape and national security threats posed by non-state actors, hostile state actors, and near-peer adversaries, as well as providing rapidly deployable radiation medicine expertise in response to a radiological or nuclear event domestically or abroad.

The uniqueness of USUHS/AFRRI comes from operating and maintaining state-of-the-art radiation facilities and dosimetry systems to support military relevant radiobiology research. These facilities enable researchers to conduct a wide range of radiobiology experiments in order to investigate militarily-relevant scenarios, and better understand radiation effects and potential mitigation strategies. A team of scientist, physicists, engineers, operators and technicians use proven and traceable dosimetry systems (e.g., ionization chambers, radiochromic film, thermoluminescent dosimeters) and consensus protocols to characterize radiation fields. Due to these facilities our researchers are able to experiment with photons (gamma-rays) which are intended to simulate fallout environments and are delivered by two cobalt-60 facilities - the high-level cobalt facility (HLCF), and for lower (chronic) doses and dose rates, the low-level cobalt facility (LLCF). These type of radiation sources are used for acute and chronic studies of materials, biologic specimens, and small and large animals. The LLCF also provides to our scientist low-dose rate gamma rays to simulate chronic exposure to low absorbed doses. Therefore, it also supports research focused on late or delayed radiation effects in biological specimens.

USUHS/AFRRI researchers are also able to use mixed-radiation fields (photons and neutrons) which are available from USUHS/AFRRI's Training, Research, Isotopes, General Atomics (TRIGA) reactor. The reactor is operated in either steady-state or pulsed mode to simulate a wide range of prompt exposure scenarios on a nuclear battlefield. The USUHS/AFRRI's TRIGA is the only one dedicated to military radiobiology research. The reactor produces a controlled, self-sustaining fission chain reaction in the reactor core which, in addition to the fuel elements and control rods (containing boron carbide), which includes a neutron start-up source (americium/beryllium). It is suspended under 4.9 m of water within a pool (an effective radiation shield) in a carriage assembly that allows movement of the core between two exposure rooms for experimental work with large-animal or other studies. The advantages of such a movable reactor core are that the quantity and character of the radiation that reaches the exposure facilities can be controlled, and more than one exposure facility can be used during reactor operations.

Our state-of-the-art radiation facilities are also able to provide a wide range of photon and electron irradiations for partial- and whole-body geometries by using a linear accelerator (LINAC) and a small animal radiation research platform (SARRP) providing a range of radiation types, energies, field sizes and dose rates and is extensively

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0602787DHA I <i>Medical Technology (AFRRI)</i>
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used to support standard cell configurations (i.e., 6-, 24- and 96-well plates), and targeted partial body irradiations of mice, minipigs, and nonhuman-primates (NHP) animal models. AFRRI's LINAC is used to produce, monitor, control and form photon or electron beams to the specified target. Whole-body irradiations are also possible depending on the animal size and desired dose rate. An Xstrahl SARRP facility is capable of operating at 220 kVp and 13 mA yielding a dose rate at the isocenter of approximately 2.6 Gy/min. Onboard portal camera and cone beam computed tomography (CT) imaging systems are used to ensure precise dose delivery. Lung- and gut-only irradiation protocols are approved and have been extensively used to support radiation countermeasure development in the mouse model. Other imaging support is provided by a Philips Brilliance CT big bore scanner. Some features of the scanner include an 85-cm bore size to accommodate larger research subjects, 60-cm true scan field of view and 16-slices per revolution. The above radiation sources and generators are used to support USUHS/AFRRI's current research focus areas which we will address in the following section.

Our scientific research goals includes maintaining a pool of highly qualified radiation biologists, and basic and applied research in identification and early development of measures to prevent, assess, and treat radiation injury. USUHS/AFRRI scientists conduct and publish research critical to the Department of Defense for force health protection and also contribute to the health and well-being of the population at large. USUHS/AFRRI research thrusts include development of diagnosis of radiation induced injury (biodosimetry), internalized radionuclides (internal contamination) and radiation countermeasures.

Research findings are mainly focused to advance the development and to produce the following: (1) To establish processes to permit rapid assessment of radiation exposed specimens using novel triage protocols; (2) To develop novel technologies to minimize the use of animal models in the study of radiation effects; (3) To investigate the overall radiation effect by internal contamination in the microbiome and anatomical tissue; (4) To find novel biomarkers, late effects and immunosuppression of radiation injury that can quantitate effects on combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops short and long term adverse risk.

B. Program Change Summary (\$ in Millions)	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024 Base</u>	<u>FY 2024 OCO</u>	<u>FY 2024 Total</u>
Previous President's Budget	1.439	1.468	1.497	0.000	1.497
Current President's Budget	1.417	1.468	1.497	0.000	1.497
Total Adjustments	-0.022	0.000	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.022	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602787DHA / Medical Technology (AF RRI)				Project (Number/Name) 241A / Biodosimetry (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
241A: <i>Biodosimetry (USUHS)</i>	0.849	0.290	0.301	0.307	0.000	0.307	0.313	0.319	0.325	0.331	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), the Biodosimetry program addresses clinical symptoms of radiation exposure, reach back reference capabilities. Biodosimetry is the only method to detect, assess and estimate radiation dose exposure and is critical for military missions and saving lives. AFRRI prepared an in-depth Business Case Analysis and is strategically poised to establish the DoD's Advanced Biodosimetry Network (DABN), meeting the objective of US Senate Report SR 114-63. The established network would be complemented with the Diagnostic Biodosimetry Laboratory that aligns with the DoD Clinical Laboratory Improvement Program (CLIP). CLIP describes requirements within the respective DoD's Active and Reserve Components and facilities under their supervision to include oversight, inspections, proficiency testing (PT), personnel standards, and training in laboratories performing testing on human specimens so that clinical decisions can be made [reference DoDI 6440.02]". The Biodosimetry laboratory also received clinical specimens from the Fukushima radiation accident in 2011, showcasing USUHS/AFRRI's capabilities to support the DoD in case of an accidental radiation exposure or radiological terrorism scenario.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Biodosimetry (USUHS)	0.290	0.301	0.307	0.000	0.307
Description: Biodosimetry (USUHS/AFRRI): Research findings are focused to advance the development and to produce the following: (1) To establish clinically certified processes to permit rapid assessment of radiation exposed specimens; (2) To access radiation exposure by developing and providing biological and biophysical dosimetry capabilities for acute, protracted, and prior radiation exposure; (3) To develop novel triage protocols for rapid assessment of radiation exposure; (4) To establish equipment triage automation to support the ability to manage mass-casualty radiation incidents around the globe.					
FY 2023 Plans:					
(1) To establish biodosimetry research effort to identify, optimize, and validate candidate multiparameter-based biodosimetry assays applicable for military applications in both field deployable as well as reach-back reference laboratory for triage and definitive radiation injury and dose assessment.					
(2) To investigate the use of a real-time PCR assay to quantify persistent radiation-induced DNA damage in human mitochondria DNA using long-cycle PCR methodology useful for biodosimetry applications.					
(3) To evaluate blood biomarkers to monitor radiation injury of radiation countermeasures.					
(4) To establish dual staining using two different fluorescence probes and to implement those in the automated cytokinesis blocked micronuclei assay.					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>	Project (Number/Name) 241A / <i>Biodosimetry (USUHS)</i>
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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>(5) To investigate the use of immuno-assay fluorescent staining of human centromeric proteins to enhance accurate detection of radiation-induced dicentric chromosomes using both metaphase spreads and premature chromosome condensation assays.</p> <p>(6) To establish radiation dosimetry characterized mixed (neutron and gamma rays) field radiation fields and implement a laboratory intercomparison study with human blood samples to both establish necessary radiation calibration curves and blind test samples for radiation dose assessment.</p> <p>(7) To publish manuscripts and report on research findings.</p> <p>FY 2024 Base Plans: FY 2024 plans are to continue efforts as outlined in FY 2023.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.</p>					
Accomplishments/Planned Programs Subtotals	0.290	0.301	0.307	0.000	0.307

C. Other Program Funding Summary (\$ in Millions)
N/A

Remarks
The program element 0602787DHA for AFRRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the portfolio management by the Joint Program Committee-7/ Radiation Health Effects Research Program (RHERP).

D. Acquisition Strategy
Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>				Project (Number/Name) 241B / <i>Internal Contamination (USUHS)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
241B: <i>Internal Contamination (USUHS)</i>	0.447	0.153	0.158	0.161	0.000	0.161	0.164	0.167	0.170	0.173	Continuing	Continuing

A. Mission Description and Budget Item Justification

Internal Contamination (USUHS): For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), the stated goal of the Internal Contamination and Metal Toxicity Program is to determine whether the short- and long-term radiological and toxicological risks of inhaled, ingested, or embedded metals warrant changes in the fragment removal policies for military personnel and, in the case of internalized radiological hazards, to investigate treatment strategies to enhance elimination of these metals from the body. To that end, our current research priorities are to investigate the health effects of embedded military relevant metals with the aim of identifying a battery of biomarkers to indicate the potential of adverse health effects so that proper treatment paradigms, including surgical removal of the fragment, can be undertaken at the appropriate time. Results from this research will also inform military decision-makers as to whether the fragment removal policy for particular metals needs to be reassessed. In the event that these embedded fragments are radioactive, a thorough understanding of the biokinetics of the metal is essential. Treatment strategies to enhance the elimination of internalized radionuclides are also being investigated, with innovative approaches such as chemical molecularly imprinted polymers and dendrimer complexes at the forefront. Outside collaborations with private industry also provides opportunities to identify and screen novel countermeasures for internal contamination.

Research findings are focused to advance the development and to produce the following: (1) effective therapeutics to enhance the elimination of internalized radionuclides; (2) chemically synthesized imprinted polymers with high specific metal binding capabilities (3) novel chemical synthesis and in vitro systems to determine cytotoxicity issues in order to minimize the use of animal models in the study.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Internal Contamination (USUHS)	0.153	0.158	0.161	0.000	0.161
Description: Internal Contamination (USUHS): Radioactive material can enter the body by a variety of pathways including ingestion, inhalation, and wound contamination. While some internalized isotopes will be naturally eliminated from the body, many others are not. They remain immobile or are transported and deposited to other organs where they continually irradiate the surrounding tissue. This chronic internal radiation exposure can cause unreparable cellular damage eventually leading to death. This Program uses innovative organic chemical synthesis (Molecularly Imprinted Polymer (MIPs), the novel development of gastrointestinal organ-on-chip technology and studies on the gut microbiome approaches to address this pressing health concern. First, MIPs have been shown to be highly-efficient and specific metal chelators. In order to expand the applicability of this approach, we synthesize chelation moieties onto dendritic polymer (dendrimers). Dendrimers are non-toxic, highly branched three-dimensional structures whose synthesis can be tightly controlled to yield a product of precise shape and size, thus, becoming highly-specific metal binders and can be tested as therapeutic agents					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>	Project (Number/Name) 241B / <i>Internal Contamination (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>for internalized radionuclides. Second, the development of organ-on-chip technology will lead to minimized use of animal models in the study of internal radiation effects. The model utilizes intestinal cell types and three dimensional architecture to mimic intestinal physiology and pathology. This novel 3D culture system will mimic the in vivo animal model and provide new stratagem to investigate the radiation induced gastrointestinal syndrome. This program also explores the internal radiation effects on the gut microbiome, understanding that alterations in the microbiome will share similar pathologic characteristics such as reduced bacterial diversity and the emergence of opportunistic pathogens that provide diagnostics and therapeutic targets. Determining the effect of ionizing radiation on altering the gut microbiome will reveal the effect on physiology, cell survival, inflammation, cytokine expression and metabolism.</p> <p>FY 2023 Plans:</p> <p>(1) The Department of Defense and Department of Veterans Affairs recognized the need for a better understanding of the health effects of embedded metal fragments and enhanced health surveillance of personnel suffering from such injuries. In response, the Department of Defense Health Affairs issued a directive instructing surgeons to save any excised fragments for further analysis so that the metals could be identified. In addition, the directive compiled a list of “metals of concern” to enhance patient follow-up with the establishment of the Toxic Embedded Fragment Center at the Baltimore VA Medical Center in order to follow-up with service members. These developments led to further collaborations between USUHS/AFRRI and the Baltimore DVA, University of Maryland School of Medicine, U.S. FDA, and the University of Kentucky resulting in receiving support by a Congressionally Directed Medical Research Program (CDMRP) funded project.</p> <p>(2) Research team will validate signaling pathways by western blot and compare protein expression with age matched control minipig tissues.</p> <p>(3) Research team will perform enzyme-linked immunosorbent assay (ELISA) for protein markers for gut leakage/intestinal permeability to support disruption of gut microflora to confirm the data from microbiome analysis.</p> <p>(4) Team will continue with validation of small molecules for gut organ-on-chip model in murine model.</p> <p>(5) An ongoing study to determine the effect of aurin tricarboxylic acid (ATA), a potential countermeasure against internal contamination continues (NIH funding).</p> <p>(6) An effort to expand AFRRI/USUHS research on internal contamination to include toxic chemicals and metals inhaled in burn pits is planned.</p> <p>FY 2024 Base Plans:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>	Project (Number/Name) 241B / <i>Internal Contamination (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
FY 2024 plans continue efforts as outlined in FY 2023.					
<i>FY 2024 OCO Plans:</i> N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	0.153	0.158	0.161	0.000	0.161

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

The program element 0602787DHA for AFRRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the portfolio management by the Joint Program Committee-7/ Radiation Health Effects Research Program (RHERP).

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>				Project (Number/Name) 241C / <i>Radiation Countermeasures (USUHS)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
241C: <i>Radiation Countermeasures (USUHS)</i>	2.805	0.974	1.009	1.029	0.000	1.029	1.051	1.071	1.093	1.115	Continuing	Continuing

A. Mission Description and Budget Item Justification

Radiation Countermeasures (USUHS/AFRRI): For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), this program supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation as well as radiation combined with injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury (RCI). RCI's were observed at Hiroshima and Nagasaki, Japan, where 60-70% of victims received thermal burns concurrent with radiation injury. At the Chernobyl reactor meltdown, 10% of 237 victims exposed to radiation received thermal burns as well. In animal models of RCI including rat, guinea pig, dog, and swine, burns and wounds usually increase mortality after otherwise non-lethal radiation exposures. Consequences of RCI include acute myelosuppression, immune system inhibition, fluid imbalance, macro/microcirculation failure, massive cellular damage, and disruption of vital organ functions, which can lead to multiple organ dysfunction syndrome. There are different syndromes based on the time of manifestation in relation to radiation exposure; acute, delayed, late, and chronic syndromes. Acute radiation syndrome (ARS) is characterized by the differential response of the important organs to different doses of radiation. The ARS sub-syndromes include three major clinically-relevant pathologies; hematopoietic sub-syndrome (H-ARS), gastrointestinal sub-syndrome (GI-ARS), and neurovascular sub-syndrome (NV-ARS or CNS-ARS). Radiation countermeasures have been categorized as radioprotectors, radiomitigators, and therapeutics, based on the time of administration in relation to radiation exposure. The majority of countermeasures developed are for specific tissue injuries or specific syndromes. ARS is receiving the most attention, though other syndromes also need equal consideration. A new program and approach has been added to address non-lethal or low-dose radiation health effects that could compromise combat operations if left undiagnosed. Once potential health effects are identified, countermeasures for these non-lethal health effects will be addressed.

Currently, treatments for ARS are limited: only the H-ARS has viable therapeutic options and even those are limited; Neupogen, Neulasta, Leukine, and Nplate. USUHS/AFRRI researchers made significant contributions in the initial development of the first three agents. These H-ARS treatments are genetically engineered recombinant growth factors or cytokines that were developed for other indications and recently repurposed for H-ARS. All U.S. Food and Drug Administration (FDA) approved agents for H-ARS are radiomitigators. No radioprotector, either for H-ARS or GI-ARS has yet been approved for human use.

Due to the increasing risk of nuclear and radiological terrorist attacks or accidents has renewed interest in developing radiation medical countermeasures. Our Radiation Countermeasures goals range from exploration of biological processes likely to form the basis of technological solutions, to initial feasibility studies of promising solutions. Program objectives focus on preventing and mitigating the health consequences from exposures to ionizing radiation, in the context of probable threats to U.S. forces in current tactical, humanitarian and counterterrorism mission environments. New protective, and/or combination of FDA approved treatments and therapeutic strategies will broaden the military commander's options for operating within nuclear or radiological environments by minimizing both short-and long-term risks of adverse health consequences.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>	Project (Number/Name) 241C / <i>Radiation Countermeasures (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Radiation Countermeasures (USUHS)</p> <p>Description: For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), the Radiation Countermeasures program supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation as well as radiation combined with injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury. Research findings are focused to advance the understanding and to produce the following: (1) To identify new therapeutic candidates that show promising advancement for further development; (2) To develop novel technologies to minimize the use of animal models in the study of radiation countermeasure effects; (3) To investigate the overall radiation effect by countermeasures in the microbiome and anatomical tissue; (4) To find novel biomarkers, late effects and immunosuppression of radiation injury that can quantitate effects on combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops short and long term adverse risk.</p> <p>FY 2023 Plans:</p> <p>(1) To complete methylome and proteome studies and identify early epigenomic steps post-radiation caused by LDR/LDR neutron exposure to murine stem cells populations as potential low dose exposure markers using multiple analytical bioinformatics programs.</p> <p>(2) To down-select potential gut-organ-on-chip small molecule and test for efficacy in murine model.</p> <p>(3) To screen one potential prophylactic countermeasure in the partial body irradiation model with 2.5% sparing of bone marrow.</p> <p>(4) To perform neutron/gamma radiation with single 3D cell culture.</p> <p>(5) To perform neutron/gamma radiations with endothelium/immune cell 3D cultures.</p> <p>(6) To determine DRF for promising candidates.</p> <p>(7) To determine hematological end points to assess recovery from H-ARS.</p> <p>(8) To analyze specimens of the jejunum after lethal irradiation in mice treated with FDA-approved therapeutics.</p> <p>(9) To identify other animal models where various anatomical sites (e.g. intestinal, oral, cutaneous, pulmonary, and urinary, etc) can be interrogated for microbiome alterations.</p> <p>(10) To test IL-18BP efficacy using the in vitro Caco2 IL-18 receptor knockout cell line and 3D cell culture.</p> <p>(11) To optimize the gastro-intestinal organ-on-chip model using intestinal cell lines to mimic the 3D architecture of the intestinal physiology.</p>	0.974	1.009	1.029	0.000	1.029

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>	Project (Number/Name) 241C / <i>Radiation Countermeasures (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
(12) To define biomarkers of neurobehavioral deficits following low-dose exposure. (13) To identify circulating miRNAs at different time points following low-dose irradiation. (14) To determine the relationship between circulating miRNAs and neurobehavioral deficits. (15) To identify miRNA in exosomes from radiation exposed human primary cell lines that target CXCR4 receptor in recipient cells that facilitate proliferation or neutrophil progenitors using high-throughput methods. (16) To determine the effect of exosome-packed selected miRNA on the release of neutrophils from BM cells using in vitro BM model, and their interactions with G-CSF and GM-CSF, with gamma radiation. (17) To identify additional health effects from low dose mixed field radiation. (18) To identify additional health effects from chronic low dose gamma "Fallout" type radiation. (19) To establish a partial body irradiation with 5% BM protection (PBI/BM5) mouse model, and study the radiation-induced multiple organ injuries including gastrointestinal (GI), Lung, heart, brain and kidney using the PBI/BM5 model. (20) To evaluate the mitigative effects of IL-18BP on survival of radiation-induced GI injury using PBI/BM5 mouse model. (21) To identify the effects of intestinal microbiota and their metabolites on radiation-induced injury in a mouse model. (22) To test if gut-microbiome-derived L-histidine treatment after irradiation combined with wound injury increases survival and organ repair. (23) To test if gut-microbiome-derived L-histidine treatment before or after irradiation combined with wound injury changes ATP production and mitochondrial remodeling. FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	0.974	1.009	1.029	0.000	1.029

C. Other Program Funding Summary (\$ in Millions) N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / <i>Medical Technology (AF RRI)</i>	Project (Number/Name) 241C / <i>Radiation Countermeasures (USUHS)</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

The program element 0602787DHA for AFRRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the portfolio management by the Joint Program Committee-7/ Radiation Health Effects Research Program (RHERP).

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0603002DHA I <i>Medical Advanced Technology (AFRRI)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	1.022	0.351	0.366	0.373	0.000	0.373	0.380	0.388	0.396	0.404	Continuing	Continuing
242A: <i>Biodosimetry (USUHS)</i>	0.611	0.209	0.218	0.222	0.000	0.222	0.226	0.231	0.260	0.265	Continuing	Continuing
242B: <i>Radiation Countermeasures (USUHS)</i>	0.411	0.142	0.148	0.151	0.000	0.151	0.154	0.157	0.136	0.139	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), is a unique Department of Defense asset, responsible for preserving and protecting the health and performance of U.S. military personnel operating in potential radiologically contaminated multi-domain conventional or hybrid battle spaces and urban environments; through research, education, and operational training that advance understanding of the effects of ionizing radiation in line with the 21st century dynamic threat landscape and national security threats posed by non-state actors, hostile state actors, and near-peer adversaries, as well as providing rapidly deployable radiation medicine expertise in response to a radiological or nuclear event domestically or abroad.

The uniqueness of USUHS/AFRRI comes from operating and maintaining state-of-the-art radiation facilities and dosimetry systems to support military relevant radiobiology research. These facilities enable researchers to conduct a wide range of radiobiology experiments in order to investigate militarily-relevant scenarios, and better understand radiation effects and potential mitigation strategies. A team of scientist, physicists, engineers, operators and technicians use proven and traceable dosimetry systems (e.g., ionization chambers, radiochromic film, thermoluminescent dosimeters) and consensus protocols to characterize radiation fields. Due to these facilities our researchers are able to experiment with photons (gamma-rays) which are intended to simulate fallout environments and are delivered by two cobalt-60 facilities - the high-level cobalt facility (HLCF), and for lower (chronic) doses and dose rates, the low-level cobalt facility (LLCF). These type of radiation sources are used for acute and chronic studies of materials, biologic specimens, and small and large animals. The LLCF also provides to our scientist low-dose rate gamma rays to simulate chronic exposure to low absorbed doses. Therefore, it also supports research focused on late or delayed radiation effects in biological specimens.

USUHS/AFRRI researchers are also able to use mixed-radiation fields (photons and neutrons) which are available from USUHS/AFRRI's Training, Research, Isotopes, General Atomics (TRIGA) reactor. The reactor is operated in either steady-state or pulsed mode to simulate a wide range of prompt exposure scenarios on a nuclear battlefield. The USUHS/AFRRI's TRIGA is the only one dedicated to military radiobiology research. The reactor produces a controlled, self-sustaining fission chain reaction in the reactor core which, in addition to the fuel elements and control rods (containing boron carbide), which includes a neutron start-up source (americium/beryllium). It is suspended under 4.9 m of water within a pool (an effective radiation shield) in a carriage assembly that allows movement of the core between two exposure rooms for experimental work with large-animal or other studies. The advantages of such a movable reactor core are that the quantity and character of the radiation that reaches the exposure facilities can be controlled, and more than one exposure facility can be used during reactor operations.

Our state-of-the-art radiation facilities are also able to provide a wide range of photon and electron irradiations for partial- and whole-body geometries by using a linear accelerator (LINAC) and a small animal radiation research platform (SARRP) providing a range of radiation types, energies, field sizes and dose rates and is extensively used to support standard cell configurations (i.e., 6-, 24- and 96-well plates), and targeted partial body irradiations of mice, minipigs, and nonhuman-primates (NHP) animal models. AFRRI's LINAC is used to produce, monitor, control and form photon or electron beams to the specified target. Whole-body irradiations are also possible

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0603002DHA I <i>Medical Advanced Technology (AFRRI)</i>
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depending on the animal size and desired dose rate. An Xstrahl SARRP facility is capable of operating at 220 kVp and 13 mA yielding a dose rate at the isocenter of approximately 2.6 Gy/min. Onboard portal camera and cone beam computed tomography (CT) imaging systems are used to ensure precise dose delivery. Lung- and gut-only irradiation protocols are approved and have been extensively used to support radiation countermeasure development in the mouse model. Other imaging support is provided by a Philips Brilliance CT big bore scanner. Some features of the scanner include an 85-cm bore size to accommodate larger research subjects, 60-cm true scan field of view and 16-slices per revolution. The above radiation sources and generators are used to support USUHS/AFRRI's current research focus areas which we will address in the following section.

Our scientific research goals includes maintaining a pool of highly qualified radiation biologists, and basic and applied research in identification and early development of measures to prevent, assess, and treat radiation injury. USUHS/AFRRI scientists conduct and publish research critical to the Department of Defense for force health protection and also contribute to the health and well-being of the population at large. USUHS/AFRRI research thrusts include development of diagnosis of radiation induced injury (biodosimetry), internalized radionuclides (internal contamination) and radiation countermeasures.

The program capitalizes on findings under PE 0602787HP, Medical Technology, and from industry and academia to advance novel medical countermeasures into and through pre-clinical studies toward newly licensed products. Research findings are mainly focused to advance the development and to produce the following: (1) To establish processes to permit rapid assessment of radiation exposed specimens using novel triage protocols; (2) To developed novel technologies using animal models in the study of radiation effects; (3) To investigate the overall radiation effect by internal contamination in the microbiome and anatomical tissue; (4) To find novel biomarkers, late effects and immunosuppression of radiation injury that can quantitate effects on combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops short and long term adverse risk.

B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	0.359	0.366	0.373	0.000	0.373
Current President's Budget	0.351	0.366	0.373	0.000	0.373
Total Adjustments	-0.008	0.000	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.008	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603002DHA / Medical Advanced Technology (AFRRI)				Project (Number/Name) 242A / Biodosimetry (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
242A: <i>Biodosimetry (USUHS)</i>	0.611	0.209	0.218	0.222	0.000	0.222	0.226	0.231	0.260	0.265	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), the Biodosimetry program addresses clinical symptoms of radiation exposure, reach back reference capabilities. Biodosimetry is the only method to detect, assess and estimate radiation dose exposure and is critical for military missions and saving lives. AFRRI prepared an in-depth Business Case Analysis and is strategically poised to establish the DoD's Advanced Biodosimetry Network (DABN), meeting the objective of US Senate Report SR 114-63. The established network would be complemented with the Diagnostic Biodosimetry Laboratory that aligns with the DoD Clinical Laboratory Improvement Program (CLIP). CLIP describes requirements within the respective DoD's Active and Reserve Components and facilities under their supervision to include oversight, inspections, proficiency testing (PT), personnel standards, and training in laboratories performing testing on human specimens so that clinical decisions can be made [reference DoDI 6440.02]". The Biodosimetry laboratory also received clinical specimens from the Fukushima radiation accident in 2011, showcasing USUHS/AFRRI's capabilities to support the DoD in case of an accidental radiation exposure or radiological terrorism scenario.

The Biodosimetry program capitalizes on findings under PE 0602787HP, Medical Technology, and from industry and academia to advance novel medical countermeasures into and through pre-clinical studies toward newly licensed products. Research findings are focused to advance the development and production of the following: (1) To establish clinically certified processes to permit rapid assessment of radiation exposed specimens; (2) To assess radiation exposure by developing and providing biological and biophysical dosimetry capabilities for acute, protracted, and prior radiation exposure; (3) To develop novel triage protocols for rapid assessment of radiation exposure; (4) To establish equipment triage automation to support the ability to manage mass-casualty radiation incidents around the globe.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Biodosimetry (USUHS/AFRRI)	0.209	0.218	0.222	0.000	0.222
Description: The Biodosimetry program capitalizes on findings under PE 0602787HP, Medical Technology, and from industry and academia to advance novel medical countermeasures into and through pre-clinical studies toward newly licensed products.					
FY 2023 Plans:					
(1) To continue providing Department of Defense radiobiology – biodosimetry expert reach back support.					
(2) To participate in CBRNE/WMD NATO and military operations exercises.					
(3) To sustain laboratory clinical accreditation and competency in the cytogenetic biodosimetry service capability.					
(4) To implement quality control and quality assurance processes in order to preserve and ensure specimen testing and integrity supporting a transition of a research to clinical laboratory activities.					
(5) To sustain biodosimetry tools and biodosimetry expertise to support military relevant requirements.					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603002DHA / Medical Advanced Technology (AFRRI)	Project (Number/Name) 242A / Biodosimetry (USUHS)

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>(6) To establish processes to permit processing assessment of radiation exposure from specimens by testing the novel cytokinesis-block micronucleus assay (CBMN). The CBMN is a comprehensive system for measuring DNA damage, cytostasis and cytotoxicity. DNA damage events are scored specifically in once-divided binucleated (BN) cells and include (a) micronuclei (MNI), a biomarker of chromosome breakage and/or whole chromosome loss, (b) nucleoplasmic bridges (NPBs), a biomarker of DNA misrepair and/or telomere end-fusions, and (c) nuclear buds (NBUDs), a biomarker of elimination of amplified DNA and/or DNA repair complexes. Cytostatic effects are measured via the proportion of mono-, bi- and multinucleated cells and cytotoxicity via necrotic and/or apoptotic cell ratios. Further information regarding mechanisms leading to MNI, NPBs and NBUDs formation is obtained using centromere and/or telomere probes. The assay has the probability to be applied successfully for biomonitoring of in vivo genotoxic radiation exposure, in vitro radiation genotoxicity testing and in diverse research fields such as nutrigenomics and pharmacogenomics as well as a predictor of normal tissue and tumor radiation sensitivity and cancer risk.</p> <p>(7) To test the CBMN assay for triage automation and multivariable linear regression analysis to compare with already proven and globally accepted assays.</p> <p>(8) To establish a surge request procedure for cytogenetic analysis by developing sex and age-dependent CBMN dose-response calibrations curves and validate specimens cryopreservation protocols for delayed analysis using the metaphase-spread chromosome aberrations (i.e., DCA, PCC) assays.</p> <p>(9) To support the establishment of the Department of Defense Clinical Laboratory Improvement Program (CLIP) / Clinical Laboratory Improvement Amendments (CLIA) Clinical Biodosimetry laboratory with automated clinical specimen testing to manage mass-casualty radiation incidents around the globe.</p> <p>(10) To publish manuscripts and reports on research findings.</p> <p>FY 2024 Base Plans: FY 2024 plans are to continue efforts as outlined in FY 2023.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.</p>					
Accomplishments/Planned Programs Subtotals	0.209	0.218	0.222	0.000	0.222

C. Other Program Funding Summary (\$ in Millions) N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603002DHA / <i>Medical Advanced Technology (AFRRI)</i>	Project (Number/Name) 242A / <i>Biodosimetry (USUHS)</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

The program element 0602787DHA for AFRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the portfolio management by the Joint Program Committee-7/ Radiation Health Effects Research Program (RHERP).

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603002DHA / Medical Advanced Technology (AFRRI)				Project (Number/Name) 242B / Radiation Countermeasures (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
242B: Radiation Countermeasures (USUHS)	0.411	0.142	0.148	0.151	0.000	0.151	0.154	0.157	0.136	0.139	Continuing	Continuing

A. Mission Description and Budget Item Justification

Radiation Countermeasures (USUHS/AFRRI): For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), this program supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation as well as radiation combined with injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury (RCI). RCI's were observed at Hiroshima and Nagasaki, Japan, where 60-70% of victims received thermal burns concurrent with radiation injury. At the Chernobyl reactor meltdown, 10% of 237 victims exposed to radiation received thermal burns as well. In animal models of RCI including rat, guinea pig, dog, and swine, burns and wounds usually increase mortality after otherwise non-lethal radiation exposures. Consequences of RCI include acute myelosuppression, immune system inhibition, fluid imbalance, macro/microcirculation failure, massive cellular damage, and disruption of vital organ functions, which can lead to multiple organ dysfunction syndrome. There are different syndromes based on the time of manifestation in relation to radiation exposure; acute, delayed, late, and chronic syndromes. Acute radiation syndrome (ARS) is characterized by the differential response of the important organs to different doses of radiation. The ARS sub-syndromes include three major clinically-relevant pathologies; hematopoietic sub-syndrome (H-ARS), gastrointestinal sub-syndrome (GI-ARS), and neurovascular sub-syndrome (NV-ARS). Radiation countermeasures have been categorized as radioprotectors, radiomitigators, and therapeutics, based on the time of administration in relation to radiation exposure. The majority of countermeasures developed are for specific tissue injuries or specific syndromes. ARS is receiving the most attention, though other syndromes also need equal consideration.

Currently, treatments for ARS are limited; only the H-ARS has viable therapeutic options and even those are limited; Neupogen, Neulasta, Leukine, and Nplate. USUHS/AFRRI researchers made significant contributions in the initial development of the first three agents. These H-ARS treatments are genetically engineered recombinant growth factors or cytokines that were developed for other indication, were in clinic for long time, and recently repurposed for H-ARS. All U.S. Food and Drug Administration (FDA) approved agents for H-ARS are radiomitigators. No radioprotector, either for H-ARS or GI-ARS has yet been approved for human use.

Due to the increasing risk of nuclear and radiological terrorist attacks or accidents has renewed interest in developing radiation medical countermeasures. Our Radiation Countermeasures goals ranges from exploration of biological processes likely to form the basis of technological solutions, to initial feasibility studies of promising solutions. Program objectives focus on preventing and mitigating the health consequences from exposures to ionizing radiation, in the context of probable threats to U.S. forces in current tactical, humanitarian and counterterrorism mission environments. New protective, and/or combination of FDA approved treatments and therapeutic strategies will broaden the military commander's options for operating within nuclear or radiological environments by minimizing both short-and long-term risks of adverse health consequences.

It capitalizes on findings under PE 0602787HP, Medical Technology, and from industry and academia to advance novel medical countermeasures into and through pre-clinical studies toward newly licensed products. Research findings are focused to advance the understanding and to produce the following: (1) To identify new therapeutics candidates that show promising advancement for further development; (2) To develop novel technologies to minimize the use of animal models in the study

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603002DHA / Medical Advanced Technology (AFRRI)	Project (Number/Name) 242B / Radiation Countermeasures (USUHS)
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of radiation countermeasure effects; (3) To investigate the overall radiation effect by countermeasures in various samples derived from animals for microbiome and anatomical tissue; (4) To find novel biomarkers, late effects and immunosuppression of radiation injury that can quantitate effects on combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops short and long term adverse risk.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Radiation Countermeasures (USUHS)</p> <p>Description: Radiation Countermeasures (USUHS/AFRRI): For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), this program supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation as well as radiation combined with injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury (RCI). It capitalizes on findings under PE 0602787HP, Medical Technology, and from industry and academia to advance novel medical countermeasures into and through pre-clinical studies toward newly licensed products.</p> <p>FY 2023 Plans:</p> <p>(1) To continue ongoing studies using the cutaneous radiation injury in minipigs to analyze the skin microbiome before and after creation of clinically-relevant radiation lesions.</p> <p>(2) To perform transcriptomic studies with tissues of NHP exposed to radiation and treated with PEGylated interleukin-11.</p> <p>(3) To perform proteomic and metabolomic studies with serum samples of NHP exposed to radiation and treated with BBT-059.</p> <p>(4) To optimize and validate a proteomic protocol for validation of radiation biomarkers for countermeasure efficacy.</p> <p>(5) To study the dysfunctional signaling pathway resulting from countermeasure testing in NHP models.</p> <p>(6) Conduct microbiome studies with fecal samples of NHPs exposed to total-body (gamma-rays) and partial body (X-rays) radiation.</p> <p>(7) Conducted miRNA study using serum samples of irradiated NHPs.</p> <p>FY 2024 Base Plans: FY 2024 plans are to continue efforts as outlined in FY 2023.</p> <p>FY 2024 OCO Plans:</p>	0.142	0.148	0.151	0.000	0.151

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603002DHA / <i>Medical Advanced Technology (AFRRI)</i>	Project (Number/Name) 242B / <i>Radiation Countermeasures (USUHS)</i>
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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	0.142	0.148	0.151	0.000	0.151

C. Other Program Funding Summary (\$ in Millions)
N/A

Remarks
The program element 0602787DHA for AFRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the portfolio management by the Joint Program Committee-7/ Radiation Health Effects Research Program (RHERP).

D. Acquisition Strategy
Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity
0130: *Defense Health Program I BA 2: RDT&E* **R-1 Program Element (Number/Name)**
PE 0603115DHA I *Medical Technology Development*

COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	5,308.054	2,020.169	2,307.376	326.667	0.000	326.667	328.445	333.013	338.431	345.201	Continuing	Continuing
300A: <i>CSI - Congressional Special Interests</i>	4,594.732	1,787.181	1,986.880	0.000	0.000	0.000	0.000	0.000	0.000	0.000	-	-
238C: <i>Air & Space Austere Environment Patient Care and Transport (AF)</i>	27.575	12.212	12.866	13.122	0.000	13.122	13.386	13.654	13.928	14.207	Continuing	Continuing
284B: <i>Air & Space Physiology, Medicine and Human Performance (AF)</i>	23.351	10.716	11.471	11.700	0.000	11.700	11.933	12.173	12.416	12.663	Continuing	Continuing
285A: <i>Operational Medicine Research & Development (Budgeted) (AF)</i>	9.828	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
307B: <i>Air & Space Force Health Protection (AF)</i>	26.893	11.044	11.630	11.862	0.000	11.862	12.099	12.341	12.587	12.840	Continuing	Continuing
308B: <i>Expeditionary Medicine Research & Development (Budgeted) (AF)</i>	12.241	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
309A: <i>Regenerative Medicine (USUHS)</i>	28.665	10.271	10.833	11.051	0.000	11.051	11.271	11.496	11.724	11.958	Continuing	Continuing
373: <i>GDF - Medical Technology Development</i>	207.753	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
373A: <i>GDF - MTD (Combat Casualty Care)</i>	11.168	15.357	24.519	26.943	0.000	26.943	27.950	28.871	29.810	30.406	Continuing	Continuing
373B: <i>GDF - MTD (Military Operational Medicine)</i>	23.255	23.588	34.150	22.426	0.000	22.426	23.152	23.815	24.492	25.182	Continuing	Continuing
373C: <i>GDF - MTD (Medical Simulation & Training/Health Informatics)</i>	12.613	12.729	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
373D: <i>GDF - MTD (Clinical and Rehabilitation Medicine)</i>	13.040	14.619	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity					R-1 Program Element (Number/Name)							
0130: Defense Health Program I BA 2: RDT&E					PE 0603115DHA I Medical Technology Development							
373E: GDF - MTD (Military Infectious Disease)	6.409	6.470	12.886	13.817	0.000	13.817	13.747	13.659	13.570	13.841	Continuing	Continuing
373F: GDF - MTD (Radiological Health Effects)	0.501	0.523	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
373G: GDF - MTD (Military Medical Photonics)	10.000	9.953	10.404	10.612	0.000	10.612	10.824	11.040	11.261	11.486	Continuing	Continuing
373H: GDF - MTD (Medical Advanced Technology)	0.000	0.000	68.016	68.823	0.000	68.823	65.066	64.322	64.330	65.617	Continuing	Continuing
378B: CoE-Breast Cancer Center of Excellence (USUHS))	31.076	10.534	11.116	11.339	0.000	11.339	11.566	11.797	12.033	12.274	Continuing	Continuing
379B: CoE-Gynecological Cancer Center of Excellence (USUHS)	27.167	9.201	9.719	9.913	0.000	9.913	10.111	10.313	10.519	10.728	Continuing	Continuing
381: CoE - Integrative Cardiac Health Care (USUHS)	7.609	1.684	1.809	1.875	0.000	1.875	1.943	1.982	2.022	2.062	Continuing	Continuing
382B: CoE-Pain Center of Excellence (USUHS)	8.523	1.965	2.084	2.156	0.000	2.156	2.230	2.277	2.327	2.374	Continuing	Continuing
383A: CoE-Prostate Cancer Center of Excellence (USUHS)	24.806	8.417	8.870	9.047	0.000	9.047	9.228	9.413	9.600	9.792	Continuing	Continuing
478: Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)	51.443	18.083	19.058	29.480	0.000	29.480	29.870	30.267	30.672	31.085	Continuing	Continuing
479: Framingham Longitudinal Study (USUHS)	14.586	4.765	5.018	5.118	0.000	5.118	5.220	5.324	5.430	5.539	Continuing	Continuing
499: MHS Financial System Acquisition (DHA)	37.702	5.792	6.051	6.092	0.000	6.092	6.143	6.266	6.388	6.516	Continuing	Continuing
506: Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)	23.045	11.022	11.631	11.883	0.000	11.883	12.141	12.384	12.632	12.885	Continuing	Continuing

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity					R-1 Program Element (Number/Name)							
0130: <i>Defense Health Program I BA 2: RDT&E</i>					PE 0603115DHA I <i>Medical Technology Development</i>							
507: <i>Brain Injury and Disease Prevention, Treatment and Research (USUHS)</i>	26.900	13.378	14.132	14.415	0.000	14.415	14.703	14.997	15.297	15.603	Continuing	Continuing
508: <i>Psychological Health and Resilience (USUHS)</i>	14.140	7.042	7.428	7.577	0.000	7.577	7.729	7.884	8.042	8.203	Continuing	Continuing
509: <i>Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)</i>	33.033	13.623	14.505	14.916	0.000	14.916	15.333	15.638	15.951	16.272	Continuing	Continuing
511: <i>Cancer Moonshot Initiatives</i>	0.000	0.000	12.300	12.500	0.000	12.500	12.800	13.100	13.400	13.668	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Medical Technology Development: This program element (PE) provides funding for promising candidate solutions that are selected for initial safety and effectiveness testing in animal studies and/or small scale human clinical trials regulated by the US Food and Drug Administration prior to licensing for human use. Research in this PE is designed to address areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System, and sustainment of Department of Defense and multi-agency priority investments in science, technology, research, and development. Medical research, development, test, and evaluation priorities for the Defense Health Program (DHP) are guided by, and will support, the National Defense Strategy, the National Research Action Plan for Improving Access to Mental Health Services for Veterans, Service Members, and Military Families, and the National Biodefense Strategy.

Program development and execution is peer reviewed and coordinated with all of the Military Services, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs and the Department of Health and Human Services. As research efforts mature, the most promising will transition to advanced concept development funding, PE 0604110. For knowledge products, successful findings will transition into clinical practice guidelines.

Three Centers of Excellence (CoEs) receive medical technology development funds. Management of the Breast and Gynecological Cancer CoEs transfer from the Army to the Uniformed Services University beginning in FY 2017. The Cardiac Health CoE provides evidence-based personalized patient engagement approaches for comprehensive cardiac event prevention through education, outcomes research and technology tools, as well as molecular research to detect cardiovascular disease at an early stage to ultimately discover a signature for cardiovascular health, to find new genes that significantly increase risk for heart attack in Service members and other beneficiaries, and identify molecular markers of obesity and weight loss.

For the Navy Bureau of Medicine and Surgery, this program element includes funds for research management support costs. The Outside Continental US (OCONUS) laboratories conduct focused medical research on vaccine development for Malaria, Diarrhea Diseases, and Dengue Fever. In addition to entomology, HIV studies, surveillance and outbreak response under the Global Emerging Infections Surveillance (GEIS) program and risk assessment studies on a number of other infectious diseases that are present in the geographical regions where the laboratories are located. The CONUS laboratories conduct research on Military Operational Medicine, Combat Casualty Care, Diving and Submarine Medicine, Infectious Diseases, Environmental and Occupational Health, Directed Energy, and Aviation Medicine and Human Performance.

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0603115DHA I <i>Medical Technology Development</i>
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For the Air Force Medical Service (AFMS), medical research and development programs are divided into five primary thrust areas: En-Route care, Expeditionary Medicine, Operational Medicine (in-garrison care), Force Health Protection (FHP) (detect, prevent, threats), and Human Performance. Expeditionary Medicine is focused on care on the battlefield and in field hospitals prior to transporting patients out of theater to CONUS, and studies trauma resuscitation, hemorrhage control, and other life-saving interventions to keep critically wounded patients alive in the golden hour and to the next level of care. The AFMS is the only service transporting patients on long aeromedical evacuation missions. Therefore, the En-Route care thrust area studies include investigation on the impact of transport on patient and providers (including cabin altitude, noise, vibration, and environmental issues affecting physiology on the aircraft), patient safety factors during transport, medical technologies for use during transport, and research to support education and training with simulation for En-Route care providers. The Human Performance thrust area focuses on optimizing airmen physical and psychological performance, assessing the physical and cognitive demands on the operator (pilot/aircrew), facilitating a safe aviation environment through technology and equipment assessment, and improving/ sustaining airmen performance through training. Medical development and biomedical technology investments in FHP seek to deliver an improved FHP capability across the full spectrum of operations with research that prevents injury/ illness through improved identification and control of health risks. Under FHP, sub-project areas include Occupational Hazard Exposure (Includes Flight Hazards and Integrated Risk), Targeted Risk Identification, Mitigation and Treatment (Formerly Pathogen ID and Novel Therapeutics and includes Big Data), FHP Technologies Development and Assessment (Assay and disease detection), and Health Surveillance, Infection, Injury & Immunity. FHP also includes Innovations and Personalized Medicine. Operational medicine is focused on in garrison care – our next most critical issue post OIF/OEF – and how to care for the whole patient and consideration of comorbidities in treatment of wounded warriors and dependents.

For the Uniformed Services University of the Health Sciences (USUHS), medical development programs include the Prostate Cancer Center of Excellence (CoE), the Center for Neuroscience and Regenerative Medicine (CNRM), the Pain CoE, the Breast Cancer CoE, and the Gynecological Cancer CoE. The Prostate CoE, formerly a CSI, was chartered in 1992 to conduct basic, clinical, and translational research programs to combat diseases of the prostate. The Center's mission is fulfilled primarily through its three principal programs -- the Clinical Translational Research Center, the Basic Science Research Program, and the Tri-Service Multicenter Prostate Cancer Database, which encompasses its clinical research work with other participating military medical centers. These affiliated sites contribute data and biospecimens obtained from prostate cancer patients who participate in clinical trials. CNRM brings together the expertise of clinicians and scientists across disciplines to catalyze innovative approaches to TBI research. CNRM research programs emphasize aspects of high relevance to military populations, with a primary focus on patients at the Walter Reed National Military Medical Center. Beginning in FY17, the Breast Cancer CoE funding line and the Gynecological Cancer CoE funding line are transferred from the Army to USUHS.

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0603115DHA I <i>Medical Technology Development</i>
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B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	235.197	320.496	326.667	0.000	326.667
Current President's Budget	2,020.169	2,307.376	326.667	0.000	326.667
Total Adjustments	1,784.972	1,986.880	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	1,842.980	1,986.880			
• Congressional Directed Transfers	-	-			
• Reprogrammings	5.001	-			
• SBIR/STTR Transfer	-63.009	-			

Congressional Add Details (\$ in Millions, and Includes General Reductions)

Project: 300A: *CSI - Congressional Special Interests*

Congressional Add: 245A - *Amyotrophic Lateral Sclerosis (ALS) Research*

Congressional Add: 248 - *Program increase - Armed Forces Institute of Regenerative Medicine III*

Congressional Add: 293A - *Autism Research*

Congressional Add: 296A - *Bone Marrow Failure Disease Research*

Congressional Add: 310A - *Peer-Reviewed Ovarian Cancer Research*

Congressional Add: 328A - *Peer-Reviewed Multiple Sclerosis Research*

Congressional Add: 335A - *Peer-Reviewed Cancer Research*

Congressional Add: 336A - *Peer-Reviewed Lung Cancer Research*

Congressional Add: 337A - *Peer-Reviewed Orthopaedic Research*

Congressional Add: 338A - *Peer-Reviewed Spinal Cord Research*

Congressional Add: 339A - *Peer-Reviewed Vision Research*

Congressional Add: 352A - *Traumatic Brain Injury/Psychological Health Research*

Congressional Add: 380A - *Peer-Reviewed Breast Cancer Research*

Congressional Add: 390A - *Peer-Reviewed Prostate Cancer Research*

Congressional Add: 396A - *Research in Alcohol and Substance Use Disorders*

Congressional Add: 400A - *Peer-Reviewed Medical Research*

Congressional Add: 417A - *Peer-Reviewed Alzheimer Research*

	FY 2022	FY 2023
	38.665	40.000
	-	10.000
	14.499	15.000
	7.250	7.500
	43.499	45.000
	19.333	20.000
	125.664	130.000
	19.333	25.000
	28.999	30.000
	38.665	40.000
	19.333	20.000
	169.163	175.000
	144.997	150.000
	106.328	110.000
	3.867	4.000
	357.660	370.000
	14.499	15.000

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0603115DHA I <i>Medical Technology Development</i>
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Congressional Add Details (\$ in Millions, and Includes General Reductions)	FY 2022	FY 2023
Congressional Add: 439A - <i>Joint Warfighter Medical Research</i>	23.199	9.000
Congressional Add: 452A - <i>Peer-Reviewed Reconstructive Transplant Research</i>	11.600	12.000
Congressional Add: 454A - <i>Orthotics and Prosthetics Outcomes Research</i>	19.333	15.000
Congressional Add: 456A - <i>HIV/AIDS Program</i>	17.524	20.000
Congressional Add: 459A - <i>Peer-Reviewed Epilepsy Research</i>	11.600	12.000
Congressional Add: 463A – <i>Program Increase: Restore Core Research Funding Reduction (GDF)</i>	211.229	212.380
Congressional Add: 495 - <i>Peer-Reviewed Tick-Borne Disease Research</i>	6.766	7.000
Congressional Add: 496 - <i>Trauma Clinical Research Program</i>	9.635	5.000
Congressional Add: 501 - <i>Peer-Reviewed Hearing Restoration Research (Army)</i>	9.666	5.000
Congressional Add: 502 - <i>CSI - Peer-Reviewed Kidney Cancer Research (Army)</i>	48.331	50.000
Congressional Add: 503 - <i>CSI - Peer-Reviewed Lupus Research (Army)</i>	9.666	10.000
Congressional Add: 540A - <i>Global HIV/AIDS Prevention (Navy)</i>	10.000	12.000
Congressional Add: 660A - <i>Tuberous Sclerosis Complex (TSC)</i>	7.733	8.000
Congressional Add: 790A - <i>Peer-Reviewed Duchenne Muscular Dystrophy</i>	9.666	10.000
Congressional Add: 512 - <i>Peer-Reviewed Melanoma Research</i>	38.665	40.000
Congressional Add: 513 - <i>Chronic Pain Management</i>	14.499	15.000
Congressional Add: 514 - <i>Combat Readiness Medical Research</i>	9.666	5.000
Congressional Add: 515 - <i>Peer-Reviewed Pancreatic Cancer Research</i>	14.499	15.000
Congressional Add: 516 - <i>Peer-Reviewed Rare Cancers Research</i>	16.916	17.500
Congressional Add: 518 - <i>Peer-Reviewed Toxic Exposures Research</i>	28.999	30.000
Congressional Add: 522 - <i>Program Increase - USUHS military surgical teams simulation technology</i>	4.836	-
Congressional Add: 523 - <i>Program Increase - USUHS multi-domain operations</i>	33.799	30.000
Congressional Add: 300A - <i>Congressional Add - Brain injury and disease prevention research</i>	57.941	65.000
Congressional Add: 300A - <i>Congressional Add - Clinical research</i>	9.659	30.000
Congressional Add: 300A - <i>Congressional Add - Optimizing military health and performance</i>	-	7.000
Congressional Add: 300A - <i>Congressional Add - Vector borne health protection</i>	-	5.000
Congressional Add: 300A - <i>Congressional Add - Individual occupational and environmental exposure monitoring</i>	-	10.000

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0603115DHA I <i>Medical Technology Development</i>
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Congressional Add Details (\$ in Millions, and Includes General Reductions)	FY 2022	FY 2023
Congressional Add: 300A - <i>Congressional Add - Telemedicine and advanced technology research center</i>	-	2.000
Congressional Add: 300A - <i>Congressional Add - Syndromic surveillance for emerging biothreats</i>	-	4.500
Congressional Add: 300A - <i>Congressional Add - Human performance optimization</i>	-	10.000
Congressional Add: 300A - <i>Congressional Add - Global noncommunicable disease interventions</i>	-	10.000
Congressional Add: 300A - <i>Congressional Add - Special operations TBI pilot program</i>	-	4.000
Congressional Add: 300A - <i>Congressional Add - Military-civilian trauma partnerships</i>	-	5.000
Congressional Add: 300A - <i>Congressional Add - Non-direction blast sensors</i>	-	2.000
Congressional Add: 300A - <i>Congressional Add - Wound management technology development</i>	-	25.000
Congressional Add: 300A - <i>Congressional Add - National Intrepid Center of Excellence creative arts therapy</i>	-	10.000
Congressional Add: <i>Peer-reviewed military burn research</i>	-	10.000
Congressional Add: <i>Peer-reviewed Neurofibromatosis research</i>	-	25.000
Congressional Add: <i>Peer-reviewed Parkinson's research</i>	-	16.000
Congressional Add Subtotals for Project: 300A	1,787.181	1,986.880
Project: 373H: <i>GDF - MTD (Medical Advanced Technology)</i>		
Congressional Add: <i>N/A</i>	0.000	-
Congressional Add Subtotals for Project: 373H	0.000	-
Project: 511: <i>Cancer Moonshot Initiatives</i>		
Congressional Add: <i>Cancer Moonshot Initiatives (USUHS)</i>	0.000	-
Congressional Add Subtotals for Project: 511	0.000	-
Congressional Add Totals for all Projects	1,787.181	1,986.880

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 300A / CSI - Congressional Special Interests
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
300A: CSI - Congressional Special Interests	4,594.732	1,787.181	1,986.880	0.000	0.000	0.000	0.000	0.000	0.000	0.000	-	-

A. Mission Description and Budget Item Justification

In FY 2023, the Defense Health Program funded Congressional Special Interest (CSI) directed research. The strategy for the FY 2023 Congressionally-directed research program is to stimulate innovative research through a competitive, focused, peer-reviewed medical research at intramural and extramural research sites. Because of the CSI annual structure, out-year funding is not programmed.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023
Congressional Add: 245A - Amyotrophic Lateral Sclerosis (ALS) Research	38.665	40.000
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for research in Amyotrophic Lateral Sclerosis (ALS). ALS is a degenerative neurological disorder that causes muscle weakness and atrophy throughout the body. The ALS Research Program is a broadly-competed, peer-reviewed research program with the goal to contribute to a cure for ALS by funding innovative preclinical research to develop new treatments for ALS.		
FY 2023 Plans: This Congressional Special Interest initiative provided funds for research in Amyotrophic Lateral Sclerosis (ALS). ALS is a degenerative neurological disorder that causes muscle weakness and atrophy throughout the body. The ALS Research Program is a broadly-competed, peer-reviewed research program with the goal to contribute to a cure for ALS by funding innovative preclinical research to develop new treatments for ALS.		
Congressional Add: 248 - Program increase - Armed Forces Institute of Regenerative Medicine III	-	10.000
FY 2023 Plans: CSI-Enacted Prog Increase		
Congressional Add: 293A - Autism Research	14.499	15.000
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Autism research. The Autism Research Program seeks to improve treatment outcomes of Autism Spectrum Disorder (ASD), lead		

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)		FY 2022	FY 2023
to a better understanding of ASD, and integrate basic science and clinical observations by promoting innovative research.			
FY 2023 Plans: This Congressional Special Interest initiative provided funds for Autism research. The Autism Research Program seeks to improve treatment outcomes of Autism Spectrum Disorder (ASD), lead to a better understanding of ASD, and integrate basic science and clinical observations by promoting innovative research.			
Congressional Add: 296A - Bone Marrow Failure Disease Research		7.250	7.500
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for bone marrow failure diseases research. The mission of the Bone Marrow Failure Research Program is to sponsor innovative research that will advance the understanding of inherited and acquired bone marrow failure diseases, and improve the health and life of individuals living with these diseases, with the ultimate goal of prevention and/or cure. This effort has solicited research proposals focused on bone marrow failure syndromes and their long-term effects from the basic science and clinical research sectors.			
FY 2023 Plans: This Congressional Special Interest initiative provided funds for bone marrow failure diseases research. The mission of the Bone Marrow Failure Research Program is to sponsor innovative research that will advance the understanding of inherited and acquired bone marrow failure diseases, and improve the health and life of individuals living with these diseases, with the ultimate goal of prevention and/or cure. This effort has solicited research proposals focused on bone marrow failure syndromes and their long-term effects from the basic science and clinical research sectors.			
Congressional Add: 310A - Peer-Reviewed Ovarian Cancer Research		43.499	45.000
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for ovarian cancer research. In striving to achieve the goal of eliminating ovarian cancer, the Ovarian Cancer Research Program (OCRCP) challenges the research community to address high impact, innovative research. The FY 2018 OCRCP solicited innovative ideas that provide new paradigms, leverage critical resources, facilitate synergistic, multidisciplinary partnerships, and cultivate the next generation of investigators in ovarian cancer.			
FY 2023 Plans: This Congressional Special Interest initiative provided funds for ovarian cancer research. In striving to achieve the goal of eliminating ovarian cancer, the Ovarian Cancer Research Program (OCRCP) challenges the research community to address high impact, innovative research. The FY 2018 OCRCP solicited innovative ideas that provide new paradigms, leverage critical resources, facilitate synergistic, multidisciplinary partnerships, and cultivate the next generation of investigators in ovarian cancer.			
Congressional Add: 328A - Peer- Reviewed Multiple Sclerosis Research		19.333	20.000

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
<p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Multiple Sclerosis (MS) research. The mission of the Multiple Sclerosis Research Program (MSRP) is to support pioneering concepts and high-impact research relevant to the prevention, etiology, pathogenesis, assessment, and treatment of MS.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for Multiple Sclerosis (MS) research. The mission of the Multiple Sclerosis Research Program (MSRP) is to support pioneering concepts and high-impact research relevant to the prevention, etiology, pathogenesis, assessment, and treatment of MS.</p>		
<p>Congressional Add: 335A - Peer-Reviewed Cancer Research</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for the study of cancers designated by Congress: adrenal cancer; bladder cancer; blood cancers; brain cancer; colorectal cancer; immunotherapy; Listeria-based regimens for cancer; liver cancer, lymphoma; melanoma and other skin cancers; mesothelioma; myeloma; neuroblastoma; pancreatic cancer; pediatric brain tumors; cancers in children, adolescences and young adults; and stomach cancer. The goal of the Peer-Reviewed Cancer Research Program is to improve the quality of life by decreasing the impact of cancer on Service members, their families, and the American public.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for the study of cancers designated by Congress: adrenal cancer; bladder cancer; blood cancers; brain cancer; colorectal cancer; immunotherapy; Listeria-based regimens for cancer; liver cancer, lymphoma; melanoma and other skin cancers; mesothelioma; myeloma; neuroblastoma; pancreatic cancer; pediatric brain tumors; cancers in children, adolescences and young adults; and stomach cancer. The goal of the Peer-Reviewed Cancer Research Program is to improve the quality of life by decreasing the impact of cancer on Service members, their families, and the American public.</p>	125.664	130.000
<p>Congressional Add: 336A - Peer-Reviewed Lung Cancer Research</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for lung cancer research. The Lung Cancer Research Program is a broadly-competed, peer-reviewed research program with the goal to eradicate deaths from lung cancer to better the health and welfare of military Service members, Veterans, their families, and the American public.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for lung cancer research. The Lung Cancer Research Program is a broadly-competed, peer-reviewed research program with the goal to eradicate</p>	19.333	25.000

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	
deaths from lung cancer to better the health and welfare of military Service members, Veterans, their families, and the American public.			
Congressional Add: 337A - Peer-Reviewed Orthopaedic Research FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for orthopedic research to advance optimal treatment and rehabilitation from neuromusculoskeletal (bone, muscle, tendon, ligament, nerve, and cartilage) injuries sustained during combat or combat-related activities. The goal of the FY 2018 Peer-Reviewed Orthopaedic Research Program was to provide all Warriors affected by orthopedic injuries sustained in the defense of our Constitution the opportunity for optimal recovery and restoration of function. FY 2023 Plans: This Congressional Special Interest initiative provided funds for orthopedic research to advance optimal treatment and rehabilitation from neuromusculoskeletal (bone, muscle, tendon, ligament, nerve, and cartilage) injuries sustained during combat or combat-related activities. The goal of the FY 2018 Peer-Reviewed Orthopaedic Research Program was to provide all Warriors affected by orthopedic injuries sustained in the defense of our Constitution the opportunity for optimal recovery and restoration of function.	28.999	30.000	
Congressional Add: 338A - Peer-Reviewed Spinal Cord Research FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for spinal cord injury (SCI) research. The FY 2018 Spinal Cord Injury Research Program challenged the scientific community to design research that will foster new directions for and address neglected issues in the field of SCI research with particular focus on three areas: (1) pre-hospital, prolonged field care, en route care, and early hospital management of SCI; (2) development, validation, and timing of promising interventions to address consequences of SCI and to improve recovery; and (3) identification and validation of best practices in SCI. FY 2023 Plans: This Congressional Special Interest initiative provided funds for spinal cord injury (SCI) research. The FY 2018 Spinal Cord Injury Research Program challenged the scientific community to design research that will foster new directions for and address neglected issues in the field of SCI research with particular focus on three areas: (1) pre-hospital, prolonged field care, en route care, and early hospital management of SCI; (2) development, validation, and timing of promising interventions to address consequences of SCI and to improve recovery; and (3) identification and validation of best practices in SCI.	38.665	40.000	
Congressional Add: 339A - Peer-Reviewed Vision Research FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for vision restoration research. The Peer-Reviewed Vision Research Program supported research targeting the causes, effects and treatments of eye damage, visual deficits due to traumatic brain injury (TBI) and diseases that, despite their different mechanisms of development, all have a common end result -- degeneration of the critical components	19.333	20.000	

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)		FY 2022	FY 2023
<p>of the eye and impairment or loss of vision. The results of this research are anticipated to support restoration and maintenance of visual function to ensure and sustain combat readiness and directly benefit the lives of military, Veteran, and civilian populations.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for vision restoration research. The Peer-Reviewed Vision Research Program supported research targeting the causes, effects and treatments of eye damage, visual deficits due to traumatic brain injury (TBI) and diseases that, despite their different mechanisms of development, all have a common end result -- degeneration of the critical components of the eye and impairment or loss of vision. The results of this research are anticipated to support restoration and maintenance of visual function to ensure and sustain combat readiness and directly benefit the lives of military, Veteran, and civilian populations.</p>			
<p>Congressional Add: 352A - Traumatic Brain Injury/Psychological Health Research</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for research aimed to prevent, mitigate, and treat the effects of combat-relevant traumatic stress and combat-related traumatic brain injury (TBI) on function, wellness, and overall quality of life, including interventions across the deployment lifecycle for warriors, Veterans, family members, caregivers, and communities.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for research aimed to prevent, mitigate, and treat the effects of combat-relevant traumatic stress and combat-related traumatic brain injury (TBI) on function, wellness, and overall quality of life, including interventions across the deployment lifecycle for warriors, Veterans, family members, caregivers, and communities.</p>		169.163	175.000
<p>Congressional Add: 380A - Peer-Reviewed Breast Cancer Research</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for breast cancer research. The Breast Cancer Research Program challenged the scientific community to design research that addresses the urgency of ending breast cancer. Applications were required to address at least one of nine overarching challenges, which were focused on preventing breast cancer, identifying determinants of breast cancer initiation, risk, or susceptibility, distinguishing deadly from non-deadly breast cancers, conquering the problems of over-diagnosis and over-treatment, identifying what drives breast cancer growth and determining how to stop it, identifying why some breast cancers become metastatic, determining how to prevent recurrence, revolutionizing treatment regimens by replacing them with ones that are more effective, less toxic, and impact survival, and eliminating the mortality associated with metastatic breast cancer.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for breast cancer research. The Breast Cancer Research Program challenged the scientific community to design research that addresses</p>		144.997	150.000

UNCLASSIFIED

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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
<p>the urgency of ending breast cancer. Applications were required to address at least one of nine overarching challenges, which were focused on preventing breast cancer, identifying determinants of breast cancer initiation, risk, or susceptibility, distinguishing deadly from non-deadly breast cancers, conquering the problems of over-diagnosis and over-treatment, identifying what drives breast cancer growth and determining how to stop it, identifying why some breast cancers become metastatic, determining how to prevent recurrence, revolutionizing treatment regimens by replacing them with ones that are more effective, less toxic, and impact survival, and eliminating the mortality associated with metastatic breast cancer.</p>		
<p>Congressional Add: 390A - Peer-Reviewed Prostate Cancer Research</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for prostate cancer research. The vision for the Prostate Cancer Research Program (PCRP) was to conquer prostate cancer by funding research to eliminate death from prostate cancer and enhance the well-being of men experiencing the impact of the disease. To address the most critical current needs in prostate cancer research and clinical care, the PCRP solicited research applications addressing four overarching challenges: (1) distinguish aggressive from indolent disease in men newly diagnosed with prostate cancer; (2) develop strategies to prevent progression to lethal prostate cancer; (3) develop effective treatments and address mechanisms of resistance for men with high risk or metastatic prostate cancer; and (4) develop strategies to optimize the physical and mental health of men with prostate cancer. In addition, research projects were solicited in the areas of: data science and analytics; imaging and targeted radionuclide therapy; population science; precision medicine, screening, and surveillance; survivorship, including psychosocial impact on the patient and family; therapy and mechanisms of resistance and response; and tumor and microenvironment biology.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for prostate cancer research. The vision for the Prostate Cancer Research Program (PCRP) was to conquer prostate cancer by funding research to eliminate death from prostate cancer and enhance the well-being of men experiencing the impact of the disease. To address the most critical current needs in prostate cancer research and clinical care, the PCRP solicited research applications addressing four overarching challenges: (1) distinguish aggressive from indolent disease in men newly diagnosed with prostate cancer; (2) develop strategies to prevent progression to lethal prostate cancer; (3) develop effective treatments and address mechanisms of resistance for men with high risk or metastatic prostate cancer; and (4) develop strategies to optimize the physical and mental health of men with prostate cancer. In addition, research projects were solicited in the areas of: data science and analytics; imaging and targeted radionuclide therapy; population science; precision medicine, screening, and surveillance;</p>	106.328	110.000

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	
survivorship, including psychosocial impact on the patient and family; therapy and mechanisms of resistance and response; and tumor and microenvironment biology.			
Congressional Add: 396A - Research in Alcohol and Substance Use Disorders FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for alcohol and substance use disorders (ASUD) research. The goal of the Alcohol and Substance Abuse Disorders Research Program was to identify and develop new medications to improve treatment outcomes for ASUD, especially related to traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). FY 2023 Plans: This Congressional Special Interest initiative provided funds for alcohol and substance use disorders (ASUD) research. The goal of the Alcohol and Substance Abuse Disorders Research Program was to identify and develop new medications to improve treatment outcomes for ASUD, especially related to traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD).	3.867	4.000	
Congressional Add: 400A - Peer-Reviewed Medical Research FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for military-relevant research in Congressionally directed topic areas toward the goal of improving the health and well-being of all military Service members, Veterans, and beneficiaries. The 52 Congressionally-directed topics for were: Acute Lung Injury, Antimicrobial Resistance, Arthritis, Burn Pit Exposure, Cardiomyopathy, Cerebellar Ataxia, Chronic Migraine and Post-traumatic Headache, Chronic Pain Management, Congenital Heart Disease, Constrictive Bronchiolitis, Diabetes, Dystonia, Eating Disorders, Emerging Infectious Diseases, Endometriosis, Epidermolysis Bullosa, Focal Segmental Glomerulosclerosis, Fragile X, Frontotemporal Degeneration, Guillain-Barre Syndrome, Hepatitis B and C, Hereditary Angioedema, Hydrocephalus, Immunomonitoring of Intestinal Transplants, Inflammatory Bowel Diseases, Interstitial Cystitis, Lung Injury, Malaria, Metals Toxicology, Mitochondrial Disease, Musculoskeletal Disorders, Myotonic Dystrophy, Non-Opioid Pain Management, Nutrition Optimization, Pancreatitis, Pathogen-Inactivated Blood Products, Post-Traumatic Osteoarthritis, Pressure Ulcers, Pulmonary Fibrosis, Respiratory Health, Rett Syndrome, Rheumatoid Arthritis, Scleroderma, Sleep Disorders, Spinal Muscular Atrophy, Sustained-Release Drug Delivery, Tinnitus, Tissue Regeneration, Tuberculosis, Vaccine Development for Infectious Diseases, Vascular Malformations, and Women's Heart Disease. FY 2023 Plans: This Congressional Special Interest initiative provided funds for military-relevant research in Congressionally directed topic areas toward the goal of improving the health and well-being of all military Service members, Veterans, and beneficiaries. The 52 Congressionally-directed topics for were: Acute Lung Injury, Antimicrobial Resistance, Arthritis, Burn Pit Exposure, Cardiomyopathy, Cerebellar Ataxia, Chronic Migraine	357.660	370.000	

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
and Post-traumatic Headache, Chronic Pain Management, Congenital Heart Disease, Constrictive Bronchiolitis, Diabetes, Dystonia, Eating Disorders, Emerging Infectious Diseases, Endometriosis, Epidermolysis Bullosa, Focal Segmental Glomerulosclerosis, Fragile X, Frontotemporal Degeneration, Guillain-Barre Syndrome, Hepatitis B and C, Hereditary Angioedema, Hydrocephalus, Immunomonitoring of Intestinal Transplants, Inflammatory Bowel Diseases, Interstitial Cystitis, Lung Injury, Malaria, Metals Toxicology, Mitochondrial Disease, Musculoskeletal Disorders, Myotonic Dystrophy, Non-Opioid Pain Management, Nutrition Optimization, Pancreatitis, Pathogen-Inactivated Blood Products, Post-Traumatic Osteoarthritis, Pressure Ulcers, Pulmonary Fibrosis, Respiratory Health, Rett Syndrome, Rheumatoid Arthritis, Scleroderma, Sleep Disorders, Spinal Muscular Atrophy, Sustained-Release Drug Delivery, Tinnitus, Tissue Regeneration, Tuberculosis, Vaccine Development for Infectious Diseases, Vascular Malformations, and Women's Heart Disease.		
Congressional Add: 417A - Peer-Reviewed Alzheimer Research	14.499	15.000
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Alzheimer's disease (AD) research. The Peer-Reviewed Alzheimer's Research Program (PRARP) sought to: (1) address the long-term consequences of traumatic brain injury (TBI) as they pertain to AD and AD-related dementias (ADRD); and (2) reduce the burden on AD/ADRD-affected individuals and caregivers, especially in the military and Veteran communities.		
FY 2023 Plans: This Congressional Special Interest initiative provided funds for Alzheimer's disease (AD) research. The Peer-Reviewed Alzheimer's Research Program (PRARP) sought to: (1) address the long-term consequences of traumatic brain injury (TBI) as they pertain to AD and AD-related dementias (ADRD); and (2) reduce the burden on AD/ADRD-affected individuals and caregivers, especially in the military and Veteran communities.		
Congressional Add: 439A - Joint Warfighter Medical Research	23.199	9.000
FY 2022 Accomplishments: The FY 2022 Joint Warfighter Medical Research Program (JWMRP) provides continuing support for promising projects previously funded by Congressional Special Interest initiatives. The focus is to augment and accelerate high priority DoD and Service medical requirements that are close to achieving their objectives and yield a benefit to military medicine.		
FY 2023 Plans: The FY 2023 Joint Warfighter Medical Research Program (JWMRP) provides continuing support for promising projects previously funded by Congressional Special Interest initiatives. The focus is to augment and accelerate high priority DoD and Service medical requirements that are close to achieving their objectives and yield a benefit to military medicine.		
Congressional Add: 452A - Peer-Reviewed Reconstructive Transplant Research	11.600	12.000

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for reconstructive transplantation research. The FY 2018 Reconstructive Transplant Research Program (RTRP) focused on research in reconstructive transplantation for the refinement of approaches for hand, face, and other vascularized composite tissue allografts, which includes multiple body system components such as skin, muscle, tendon, nerves, bone, and blood vessels. In addition, the RTRP focused on research aimed toward improving access to reconstructive transplants, and on immunomodulation strategies that can reduce the need for immunosuppression regimens.			
FY 2023 Plans: This Congressional Special Interest initiative provided funds for reconstructive transplantation research. The FY 2018 Reconstructive Transplant Research Program (RTRP) focused on research in reconstructive transplantation for the refinement of approaches for hand, face, and other vascularized composite tissue allografts, which includes multiple body system components such as skin, muscle, tendon, nerves, bone, and blood vessels. In addition, the RTRP focused on research aimed toward improving access to reconstructive transplants, and on immunomodulation strategies that can reduce the need for immunosuppression regimens.			
Congressional Add: 454A - Orthotics and Prosthetics Outcomes Research	19.333	15.000	
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for orthotics and prosthetics outcomes research. The goal of the FY 2018 Orthotics and Prosthetics Outcomes Research Program was to support research that evaluates the comparative effectiveness of orthotic and prosthetic devices using patient-centric outcomes for Service members and Veterans who have undergone limb amputation. The program focused on outcomes-based best practices through analysis of the merits of prosthetic and orthotic devices currently available, and not on the development of new, or the improvement of existing, technology. The program intent was to generate clinically useful evidence to enhance and optimize patient outcomes.			
FY 2023 Plans: This Congressional Special Interest initiative provided funds for orthotics and prosthetics outcomes research. The goal of the FY 2018 Orthotics and Prosthetics Outcomes Research Program was to support research that evaluates the comparative effectiveness of orthotic and prosthetic devices using patient-centric outcomes for Service members and Veterans who have undergone limb amputation. The program focused on outcomes-based best practices through analysis of the merits of prosthetic and orthotic devices currently available, and not on the development of new, or the improvement of existing, technology. The program intent was to generate clinically useful evidence to enhance and optimize patient outcomes.			
Congressional Add: 456A - HIV/AIDS Program	17.524	20.000	

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for HIV/AIDS research includes all medical research that attempts to prevent, treat, or cure HIV/AIDS, as well as fundamental research about the nature of HIV as an infectious agent and AIDS as the disease caused by HIV.		
FY 2023 Plans: This Congressional Special Interest initiative provided funds for HIV/AIDS research includes all medical research that attempts to prevent, treat, or cure HIV/AIDS, as well as fundamental research about the nature of HIV as an infectious agent and AIDS as the disease caused by HIV.		
Congressional Add: 459A - Peer-Reviewed Epilepsy Research	11.600	12.000
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for traumatic brain injury (TBI)-related epilepsy research. The Peer Reviewed Epilepsy Research Program supported studies to examine the interconnection between TBI and epilepsy in four scientific focus areas: (1) epidemiology; (2) markers and mechanisms of post traumatic epilepsy; (3) models of post-traumatic epilepsy; and (4) research into psychogenic (non-epileptic) seizures.		
FY 2023 Plans: This Congressional Special Interest initiative provided funds for traumatic brain injury (TBI)-related epilepsy research. The Peer Reviewed Epilepsy Research Program supported studies to examine the interconnection between TBI and epilepsy in four scientific focus areas: (1) epidemiology; (2) markers and mechanisms of post traumatic epilepsy; (3) models of post-traumatic epilepsy; and (4) research into psychogenic (non-epileptic) seizures.		
Congressional Add: 463A – Program Increase: Restore Core Research Funding Reduction (GDF)	211.229	212.380
FY 2022 Accomplishments: This Congressional Special Interest initiative was directed toward DHP core research initiatives in PE 0603115. Funds supported medical technology development efforts in the areas of military operational medicine, combat casualty care, military infectious diseases, clinical and rehabilitative medicine, medical simulation and information sciences, and radiation health effects.		
FY 2023 Plans: This Congressional Special Interest initiative was directed toward DHP core research initiatives in PE 0603115. Funds supported medical technology development efforts in the areas of military operational medicine, combat casualty care, military infectious diseases, clinical and rehabilitative medicine, medical simulation and information sciences, and radiation health effects.		
Congressional Add: 495 - Peer-Reviewed Tick-Borne Disease Research	6.766	7.000
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for tick-borne diseases research. The Peer Reviewed Tick-Borne Disease Research Program’s mission was to support		

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)		FY 2022	FY 2023
<p>research focused on understanding the pathogenesis of Lyme disease and other tick-borne illnesses and on delivering innovative solutions to prevent and better diagnose and treat their manifestations.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for tick-borne diseases research. The Peer Reviewed Tick-Borne Disease Research Program’s mission was to support research focused on understanding the pathogenesis of Lyme disease and other tick-borne illnesses and on delivering innovative solutions to prevent and better diagnose and treat their manifestations.</p>			
<p>Congressional Add: 496 -Trauma Clinical Research Program</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for advancing trauma clinical research. Through a competitive Request for Proposals (RFP) process, the Department of Defense (DoD) has created a coordinated, multi-institutional clinical research network of civilian and military trauma centers to address the military relevant priorities and gaps in trauma care. The Indefinite Deliverable Indefinite Quantity (IDIQ) contract established the Linking Investigations in Trauma and Emergency Services (LITES) trauma research network. The LITES network creates a standing research consortium of US trauma systems and centers with the capability to conduct prospective, multicenter, injury care and outcomes research of relevance to the DoD. The LITES network is led by the University of Pittsburgh and features nine partnering sites, and the network has to ability to expand or contract based on the research performed.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for advancing trauma clinical research. Through a competitive Request for Proposals (RFP) process, the Department of Defense (DoD) has created a coordinated, multi-institutional clinical research network of civilian and military trauma centers to address the military relevant priorities and gaps in trauma care. The Indefinite Deliverable Indefinite Quantity (IDIQ) contract established the Linking Investigations in Trauma and Emergency Services (LITES) trauma research network. The LITES network creates a standing research consortium of US trauma systems and centers with the capability to conduct prospective, multicenter, injury care and outcomes research of relevance to the DoD. The LITES network is led by the University of Pittsburgh and features nine partnering sites, and the network has to ability to expand or contract based on the research performed.</p>		9.635	5.000
<p>Congressional Add: 501 - Peer-Reviewed Hearing Restoration Research (Army)</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds to pursue promising, necessary research for treatment of burdensome and very prevalent auditory system injury. The vision of the Hearing Restoration Research Program is to improve the operational effectiveness, medical readiness and quality of life of Service members and Veterans with auditory system injuries. The mission of the program is to</p>		9.666	5.000

UNCLASSIFIED

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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	
advance the science of hearing restoration by delivering groundbreaking research and solutions that remove barriers to successful treatment of auditory system injury. FY 2023 Plans: This Congressional Special Interest initiative provided funds to pursue promising, necessary research for treatment of burdensome and very prevalent auditory system injury. The vision of the Hearing Restoration Research Program is to improve the operational effectiveness, medical readiness and quality of life of Service members and Veterans with auditory system injuries. The mission of the program is to advance the science of hearing restoration by delivering groundbreaking research and solutions that remove barriers to successful treatment of auditory system injury.			
Congressional Add: 502 - CSI - Peer-Reviewed Kidney Cancer Research (Army) FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for research into kidney cancer. The vision of the Kidney Cancer Research Program is to eliminate kidney cancer. FY 2023 Plans: This Congressional Special Interest initiative provided funds for research into kidney cancer. The vision of the Kidney Cancer Research Program is to eliminate kidney cancer.	48.331	50.000	
Congressional Add: 503 - CSI - Peer-Reviewed Lupus Research (Army) FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for research into lupus. The vision of the Lupus Research Program is to cure lupus through partnership of scientists, clinicians, and consumers. FY 2023 Plans: This Congressional Special Interest initiative provided funds for research into lupus. The vision of the Lupus Research Program is to cure lupus through partnership of scientists, clinicians, and consumers.	9.666	10.000	
Congressional Add: 540A - Global HIV/AIDS Prevention (Navy) FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for research for Global HIV/AIDS Prevention. The program is responsible for assisting foreign military partners with the development and implementation of culturally focused, military-specific HIV/AIDS prevention, care, and treatment programs in more than 55 countries around the globe. FY 2023 Plans: This Congressional Special Interest initiative provided funds for research for Global HIV/AIDS Prevention. The program is responsible for assisting foreign military partners with the development and implementation of culturally focused, military-specific HIV/AIDS prevention, care, and treatment programs in more than 55 countries around the globe.	10.000	12.000	
Congressional Add: 660A - Tuberos Sclerosis Complex (TSC)	7.733	8.000	

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
<p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Tuberous Sclerosis Complex (TSC) research. The Tuberous Sclerosis Complex Research Program (TSCRCP) sought to support innovative research to improve the lives of individuals with TSC through understanding the pathogenesis and manifestations of TSC and developing improved diagnostic and treatment approaches.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for Tuberous Sclerosis Complex (TSC) research. The Tuberous Sclerosis Complex Research Program (TSCRCP) sought to support innovative research to improve the lives of individuals with TSC through understanding the pathogenesis and manifestations of TSC and developing improved diagnostic and treatment approaches.</p>		
<p>Congressional Add: 790A - Peer-Reviewed Duchenne Muscular Dystrophy</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Duchenne Muscular Dystrophy (DMD) research. DMD is caused by gene mutations in skeletal muscle proteins, and affects approximately 1 in 3,600 boys causing muscle degeneration and eventual death.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for Duchenne Muscular Dystrophy (DMD) research. DMD is caused by gene mutations in skeletal muscle proteins, and affects approximately 1 in 3,600 boys causing muscle degeneration and eventual death.</p>	9.666	10.000
<p>Congressional Add: 512 - Peer-Reviewed Melanoma Research</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Peer-Reviewed Melanoma Research. The program is responsible for innovative research that will impact the prevention, diagnosis, staging, and treatment of melanoma in the near and intermediate future.</p> <p>FY 2023 Plans: This Congressional Special Interest initiative provided funds for Peer-Reviewed Melanoma Research. The program is responsible for innovative research that will impact the prevention, diagnosis, staging, and treatment of melanoma in the near and intermediate future.</p>	38.665	40.000
<p>Congressional Add: 513 - Chronic Pain Management</p> <p>FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Chronic Pain Management. The program is responsible to develop new approaches to alleviate Veterans' pain, which may result from spinal cord injury, burns, amputations, traumatic brain injury, cancer, or musculoskeletal conditions. The program explores ways to decrease medical and behavioral harms related to opioid use and misuse,</p>	14.499	15.000

UNCLASSIFIED

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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>	
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	
improve access to effective complementary approaches to pain care, and help treatment options to address pain and improve function, among other areas. FY 2023 Plans: This Congressional Special Interest initiative provided funds for Chronic Pain Management. The program is responsible to develop new approaches to alleviate Veterans' pain, which may result from spinal cord injury, burns, amputations, traumatic brain injury, cancer, or musculoskeletal conditions. The program explores ways to decrease medical and behavioral harms related to opioid use and misuse, improve access to effective complementary approaches to pain care, and help treatment options to address pain and improve function, among other areas.			
Congressional Add: 514 - Combat Readiness Medical Research FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Combat Readiness Medical Research. This program focuses on research relating to forward-deployable solutions that can promptly address life threatening injuries and medical diagnostics, threats, and treatments, and medical threats and treatments for Service members in battlefield settings. FY 2023 Plans: This Congressional Special Interest initiative provided funds for Combat Readiness Medical Research. This program focuses on research relating to forward-deployable solutions that can promptly address life threatening injuries and medical diagnostics, threats, and treatments, and medical threats and treatments for Service members in battlefield settings.	9.666	5.000	
Congressional Add: 515 - Peer-Reviewed Pancreatic Cancer Research FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Peer-Reviewed Pancreatic Cancer Research. The program support research on the prevention, detection, diagnosis, and treatment of pancreatic cancer. FY 2023 Plans: This Congressional Special Interest initiative provided funds for Peer-Reviewed Pancreatic Cancer Research. The program support research on the prevention, detection, diagnosis, and treatment of pancreatic cancer.	14.499	15.000	
Congressional Add: 516 - Peer-Reviewed Rare Cancers Research	16.916	17.500	

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Peer-Reviewed Rare Cancers Research. The program support research on the prevention, detection, diagnosis, and treatment of rare cancer.		
FY 2023 Plans: This Congressional Special Interest initiative provided funds for Peer-Reviewed Rare Cancers Research. The program support research on the prevention, detection, diagnosis, and treatment of rare cancer.		
Congressional Add: 518 - Peer-Reviewed Toxic Exposures Research	28.999	30.000
FY 2022 Accomplishments: This Congressional Special Interest initiative provided funds for Peer-Reviewed Toxic Exposures Research.		
FY 2023 Plans: This Congressional Special Interest initiative provided funds for Peer-Reviewed Toxic Exposures Research.		
Congressional Add: 522 - Program Increase - USUHS military surgical teams simulation technology	4.836	-
FY 2022 Accomplishments: CSI-Enacted Prog Increase		
Congressional Add: 523 - Program Increase - USUHS multi-domain operations	33.799	30.000
FY 2022 Accomplishments: CSI-Enacted Prog Increase		
FY 2023 Plans: CSI-Enacted Prog Increase		
Congressional Add: 300A - Congressional Add - Brain injury and disease prevention research	57.941	65.000
FY 2022 Accomplishments: FY22 Congressional Add		
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Clinical research	9.659	30.000
FY 2022 Accomplishments: FY22 Congressional Add		
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Optimizing military health and performance	-	7.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Vector borne health protection	-	5.000

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Individual occupational and environmental exposure monitoring	-	10.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Telemedicine and advanced technology research center	-	2.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Syndromic surveillance for emerging biothreats	-	4.500
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Human performance optimization	-	10.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Global noncommunicable disease interventions	-	10.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Special operations TBI pilot program	-	4.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Military-civilian trauma partnerships	-	5.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Non-direction blast sensors	-	2.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - Wound management technology development	-	25.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: 300A - Congressional Add - National Intrepid Center of Excellence creative arts therapy	-	10.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: Peer-reviewed military burn research	-	10.000
FY 2023 Plans: FY23 Congressional Add		
Congressional Add: Peer-reviewed Neurofibromatosis research	-	25.000

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 300A / <i>CSI - Congressional Special Interests</i>
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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023
<i>FY 2023 Plans:</i> FY23 Congressional Add		
<i>Congressional Add:</i> Peer-reviewed Parkinson's research	-	16.000
<i>FY 2023 Plans:</i> FY23 Congressional Add		
Congressional Adds Subtotals	1,787.181	1,986.880

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Research proposals will be solicited by program announcements resulting in grants, contracts, or other transactions.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>				Project (Number/Name) 238C / <i>Air & Space Austere Environment Patient Care and Transport (AF)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
238C: <i>Air & Space Austere Environment Patient Care and Transport (AF)</i>	27.575	12.212	12.866	13.122	0.000	13.122	13.386	13.654	13.928	14.207	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project advances combat casualty care in the air through biomedical research into interventional strategies and technologies that mitigate the risks for additional insult due to aeromedical evacuation. It transitions promising Science and Technology (S&T) from PE 0602115DHA's Project Code 306D - Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF), and civilian groups into knowledge and materiel products that promote the recovery and return to duty of injured or ill service members, from point of injury back to definitive care. This project aligns to the Air Force Medical Service (AFMS) Medical Modernization Priorities to support Aeromedical Evacuation and En Route Care (AE/ERC). Research within this program includes but is not limited to: ground medical operations in agile combat employment, autonomous care of patient movement, and optimization of patient movement.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Air & Space Austere Environment Patient Care and Transport (AF)	12.212	12.866	13.122	0.000	13.122
Description: Advanced research and development to model, improve and optimize enroute care systems in multi-domain operations. Efforts include S&T to provide autonomous patient care, telemedicine and decision-assist algorithms, impact of transport on patient pathophysiology, and optimization of care provider performance and stabilization / resuscitation strategies to improve service member survival and return to duty. Research will focus on data, artificial intelligence (AI) / machine learning (ML), robotics, software/hardware design, emerging technologies, optimizing critical AE/ERC teams through training, team dynamics, communication, countering skill decline and modeling, and enhancing ground operational medical capabilities to ensure Airmen and Guardians maintain survivability and resiliency in austere, degraded, and damaged locations.					
FY 2023 Plans: Understanding the effects of multiple flights following impact and blast-induced traumatic brain injury on long-term outcomes, automated decision support, telemedicine, telementoring, telemonitoring (TM3) and advancing technologies for autonomous patient care and decision-assist. Operationally define levels of autonomy of care solutions for AE/ERC and identify technologies for evaluation in simulated environment. Use modeling and simulation tools to build digital models of equipment and examine patient throughput and personnel requirements. Investigate expected operational triage and equipment requirements, expected injury patterns, and physiological impact of prolonged care for near-peer threat scenarios. Investigate technology and knowledge solutions for expanding EMEDS to a ground medical agile combat employment execution team to					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 238C / <i>Air & Space Austere Environment Patient Care and Transport (AF)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
include effects of arctic conditions on functionality and protection for medications, equipment, and facilities in allowance standard and enhancing blood products in agile combat employment environments.					
<i>FY 2024 Base Plans:</i> Evaluate potential autonomous care solutions in simulated environment and deliver modeling and simulation tool for further research. Develop models for AE mission set. Evaluate rapid thawing/warming technologies and blood product solutions in extreme environments. Investigate decision support/decision assist tools to returned injured to duty, resolve injury in less time, and increase capability to hold a patient with very little monitoring required.					
<i>FY 2024 OCO Plans:</i> N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Increase is due to inflation.					
Accomplishments/Planned Programs Subtotals	12.212	12.866	13.122	0.000	13.122

C. Other Program Funding Summary (\$ in Millions)										
Line Item	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete Total Cost
• BA-1, PE 0807714HP: <i>Other Consolidated Health Support</i>	-	-	-	-	-	-	-	-	-	-

Remarks

D. Acquisition Strategy
Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 284B / Air & Space Physiology, Medicine and Human Performance (AF)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
284B: Air & Space Physiology, Medicine and Human Performance (AF)	23.351	10.716	11.471	11.700	0.000	11.700	11.933	12.173	12.416	12.663	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project enables, sustains, and optimizes performance of Airmen through the elevation and alleviation of health effects associated with Air Force (AF) operational missions. This work addresses operational environments such as the mitigation of stress in AF personnel, to include aircrew, care providers, aircraft maintainers, intelligence, surveillance and cyber operators, as well as remote piloted aircraft operators. It transitions promising Science and Technology (S&T) from PE 0602115DHA's Project Code 306D - Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF), and civilian groups into knowledge and materiel products to sustain, and enhance Airman and Guardian health and performance in operational environments. Research within this project includes but is not limited to: airman performance and readiness, advancing air and space medicine, and medical operator performance digital engineering.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Air & Space Physiology, Medicine and Human Performance (AF)	10.716	11.471	11.700	0.000	11.700
Description: Advanced technology development to enable, sustain, and optimize cognitive, behavior and physiologic performance in high-priority career fields for the United States Air Force (USAF) and in multi-domain operations. The sub-project areas include cognitive and physiologic performance under operational and environmental stressors, detection and improvement of physiological performance, and safety via sensor systems and targeted conditioning, which includes training techniques for optimal performance. This project also develops and demonstrates technologies which ingest health status monitoring data to provide scalable situational awareness of individual, unit, and group medical readiness in support of command and control and develops strategies to mitigate performance limitations through physical, pharmacological/non-pharmacological, or behavioral medical interventions and/or technological augmentation.					
FY 2023 Plans: To provide evidence-based test battery for physical attributes associated with G-performance, Fighter Aircrew Conditioning Program (FACP) update recommendations, updated cognitive models associated with performance in DCGS environments, modernized vision screening methodologies, and characterization of the additive effects of the pilot flight ensemble and associated changes in the human response. Advanced aeromedical digital engineering to enable human factors to be incorporated into model-based safety assessments for acute injury. Vision knowledge products to revise medical standards. Optimization of Human Capital performance model to					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 284B / <i>Air & Space Physiology, Medicine and Human Performance (AF)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>inform/re-evaluate medical selection and readiness criteria. Apply mission modeling methods to calculate human performance impact using digital modeling and simulation.</p> <p>FY 2024 Base Plans: Leverage knowledge gained from Budget Activity 6.2 ready medical solutions research to investigate medical equipment and patient transport for air and space environments. Support aircrew conditioning program research, investigate airworthiness certification criteria for neck injury and aircrew qualification standards. Enhanced health hazard risk assessment tool for spinal injury risk of aircrew systems. Model validation and incorporation with airworthiness assessment standards. Enhance readiness of medical personnel to perform in cold region environments by investigating low/zero/reduced SWaP equipment and material solutions. Complete commercial Automated Vision Tester (AVT). Deliver medical modeling capabilities to wargaming models to inform medical impact on the battlefield.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Increase is due to inflation.</p>					
Accomplishments/Planned Programs Subtotals	10.716	11.471	11.700	0.000	11.700

<p>C. Other Program Funding Summary (\$ in Millions) N/A</p> <p>Remarks</p> <p>D. Acquisition Strategy Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.</p>
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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 285A / Operational Medicine Research & Development (Budgeted) (AF)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
285A: Operational Medicine Research & Development (Budgeted) (AF)	9.828	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Operational Medicine project develops validated solutions for the delivery of preventative care, intervention and treatment to Active Duty members and DoD beneficiaries. The primary focus areas include physiological and psychological health. Sub-topics include resilience, personalized medicine, patient safety, and care coordination.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Operational Medicine Research & Development (Budgeted) (AF)	0.000	0.000	0.000	0.000	0.000
Description: Basic research initiatives are developed and translated into practice; advanced technology initiatives are focused on prevention and treatment of chronic disease such as obesity and diabetes.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 307B / Air & Space Force Health Protection (AF)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
307B: Air & Space Force Health Protection (AF)	26.893	11.044	11.630	11.862	0.000	11.862	12.099	12.341	12.587	12.840	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project delivers improved capabilities across the full spectrum of Air Force (AF) operations in the areas of directed energy and occupational and environmental health. Research involves the assessment and implementation of innovative technologies that enable effective surveillance, detection, identification, and mitigation of hazardous chemical, biological, directed energy, and other radiological and physical hazards that present a health risk to our Airmen and Guardians and threaten to degrade and disrupt operational readiness. The intent is to warn and protect AF operators, such as our high performance and high-altitude aircrews facing extreme environments. It transitions promising Science and Technology (S&T) from PE 0602115DHA's Project Code 306D - Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF), and civilian groups into knowledge and materiel products to inform risk-based decisions, enable policy decisions, and provide modern software and technology to enable the Force Health Protection mission in the future fight. Research within this project encompasses understanding, protecting against, and mitigating hazards to the warfighter health to include chemical, biological, radiation, nuclear or extremes of environment. Research within this project includes but is not limited to: force health protection in agile combat employment, emerging hazards, and infection control in patient movement.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Air & Space Force Health Protection (AF)	11.044	11.630	11.862	0.000	11.862
Description: Advanced research to develop and model exposures within the realms of Airman occupation, expeditionary medicine, medical countermeasures of directed energy, aircrew health, and CBRNE environments as it relates to health readiness. This project area seeks to deliver improved capabilities across the full spectrum of Air Force operations to enable force health protection. Tools to enable preventative medicine and health protection during agile combat employment operations. Deliver enhanced capability to rapidly assess and predict the impact of emerging hazards and threats in the operational environment. Ensure maximum readiness of personnel and aircrafts to enable effective patient movement across the spectrum of operational challenges expected in the future fight. Research will include but is not limited to: operational insights exploration to map scenarios of preventative medicine operations in agile combat employment, sensors development/testing/evaluation, data connectivity and networking, decision guidance tools for field use, and extreme environment solutions.					
FY 2023 Plans: To field exposure sensor flow process screening through human health machine learning algorithms for: realtime performance predictions, integrate high throughput toxico kinetics framework, understand limits of detection in					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 307B / <i>Air & Space Force Health Protection (AF)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
operational environment. Map scenarios of preventative medicine operations in agile combat employment to understand challenges including operational input and feedback. Investigate passive sampling badges to help assess chemical exposures in far forward agile combat employment operations and wireless connectivity of sensors. Deliver real-time awareness app which integrates data from range of environmental hazard sensors. Risk assessment workflows for inhaled hazards. Conduct airflow model testing. <i>FY 2024 Base Plans:</i> Develop agile combat employment enabling technologies toolkit. Investigate flexible network deployment. Deliver ToxAdvisor which will provide rapid toxicological assessment for chemical exposures to Airmen in deployed environments via a stand-alone handheld tool. Rapid prediction of hazard impact using validated computer based models, established in-vitro screening and structured workflows. Identify infection control technologies, methods, processes and strategies to mitigate infection spread and decontaminate assets. <i>FY 2024 OCO Plans:</i> N/A <i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	11.044	11.630	11.862	0.000	11.862

C. Other Program Funding Summary (\$ in Millions) N/A
Remarks
D. Acquisition Strategy Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 308B / Expeditionary Medicine Research & Development (Budgeted) (AF)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
308B: Expeditionary Medicine Research & Development (Budgeted) (AF)	12.241	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project area identifies innovative techniques and technologies that can be employed by Air Force medics during prolonged field care operations. It includes technology to improve survivability and advance “zero-preventable deaths”. Sub-project areas include the development and validation of novel procedures, materials, techniques, and tools associated with expeditionary operations.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Expeditionary Medicine Research & Development (Budgeted) (AF)	0.000	0.000	0.000	0.000	0.000
Description: This project provides advanced technology development to improve regenerative medicine and stabilization in prolonged field care operations. Efforts will include enhanced clinical guidelines and concept technology for treatment of non-compressible torso hemorrhage, development and application of portable ventilation monitoring, and development of new life and limb salvage technologies.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 308B / <i>Expeditionary Medicine Research & Development (Budgeted) (AF)</i>

D. Acquisition Strategy
N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 309A / Regenerative Medicine (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
309A: Regenerative Medicine (USUHS)	28.665	10.271	10.833	11.051	0.000	11.051	11.271	11.496	11.724	11.958	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Military Traumatic Brain Injury Initiative (MTBI2) formerly known as Center for Neuroscience and Regenerative Medicine (CNRM) brings together the expertise of clinicians and scientists across disciplines to catalyze innovative approaches to traumatic brain injury (TBI) research and produce impactful knowledge products. MTBI2 (CNRM) Research Programs emphasize aspects of high relevance to military populations, with a primary focus on patients at the Walter Reed National Military Medical Center and military treatment facilities across the United States.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Military Traumatic Brain Injury Initiative (MTBI2) Formerly Center for Neuroscience and Regenerative Medicine (USUHS)</p> <p>Description: The Military Traumatic Brain Injury Initiative (MTBI2) formerly the Center for Neuroscience and Regenerative Medicine (CNRM) is an interdisciplinary research group focused on military-relevant traumatic brain injury (TBI). MTBI2 (formerly CNRM) involves the Uniformed Services University (USU), the Walter Reed National Military Medical Center (WRNMMC), the National Institutes of Health (NIH), and multiple collaborators. MTBI2 (formerly CNRM) includes over 30 senior scientific investigators, 80 skilled staff members, and active research at greater than 10 locations in the Washington D.C. area and throughout the United States.</p> <p>FY 2023 Plans:</p> <p>(1) Design and execute rigorous clinical trials of candidate therapeutics with potential for direct benefit to military service members with acute TBI. There are 7 randomized controlled trials ongoing or in late-stage development, and several more in the planning stages. All trials involve U.S. military service members with readiness-relevant health concerns related to TBI, such as post-traumatic headaches, sleep disorders, and mood dysregulation. This objective involves building and maintaining a network of site collaborators and staff at multiple military treatment facilities around the U.S. that can efficiently execute trials in acute traumatic brain injury.</p> <p>(2) Design and execute rigorous clinical trials designed to improve neurologic outcomes and return warfighters with severe traumatic brain injury to optimal health. This involves establishing a Neurological Intensive Care Unit at San Antonio Military Medical Center that lays the groundwork for a collaborative network of Neurological Intensive Care Units that can complete Phase 1 and Phase II clinical trials in severe traumatic brain injury. This is in direct alignment with objective 4bi (Identify, develop, and deploy evidence-based treatment and</p>	10.271	10.833	11.051	0.000	11.051

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 309A / <i>Regenerative Medicine (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>rehabilitation strategies for TBIs that will return warfighters to optimal health) of the Department of Defense Warfighter Brain Health Initiative.</p> <p>(3) Execute a major observational study on the effects of repeated sub-concussive blast exposures sustained during military heavy weapons training. This ongoing study involves objective assessments of Navy SEALs, range safety officers, and unexposed controls at multiple time points to assess baseline, acute, subacute and chronic effects.</p> <p>(4) Execute rigorous clinical practice guidelines based in the best evidence and world-wide expert opinion to improve the care of patients with all severities of traumatic brain injury. This involves solidifying partnerships with world leaders in neurotrauma and guideline development to produce guidelines applicable to civilians and military scenarios. This is in direct alignment with objective 5d (Translate Research Findings into knowledge and material products, practices and policies to maintain and optimize Warrior Brain Health.</p> <p>(5) Test 2 novel handheld devices designed for prolonged field care use by military pre-hospital providers. These include a) an ultralight intracranial hemorrhage detector that uses advanced infrared technology to localize life-threatening subdural and epidural hematomas without the need for a Computed tomography (CT) scanner; b) a fully self-contained tight seal burr hold device that will allow emergency treatment of life-threatening subdural and epidural hematomas in an austere environment by prehospital providers. These devices will be tested in a sheep model of subdural hematoma in collaboration with the Walter Reed Army Institute for Research (WRAIR) and the Johns Hopkins Applied Physics Lab.</p> <p>(6) Train future military TBI research leaders through a post-doctoral fellowship program in collaboration with the University of Maryland, direct mentoring of military researchers around the country, a bimonthly seminar series, and multiple other educational events.</p> <p>(7) Perform discovery research that lays a foundation for future clinical trials, including a) use of a military relevant TBI animal models involving combined repetitive blasts, plus impact, plus chronic stress to test candidate therapeutics, b) discovery of new imaging methods to detect blast-related brain injury, which at present can only be assessed post-mortem, c) development and validation of blood, sweat and pupillary-based biomarkers for objective assessment of TBI.</p> <p>(8) Provide efficient, high quality support services for MTBI2 (formerly CNRM) researchers and collaborators: a) the clinical trials unit, including protocol development, regulatory, and monitoring services; b) informatics, including secure clinical data capture, robust data storage, and rigorous statistical analysis; c) biofluid core, including robust storage, distribution of samples to collaborators, and analyses, including high sensitivity biomarker studies in sweat, saliva and blood; d) program management, including personnel, financial, logistics, safety, and compliance activities.</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 309A / <i>Regenerative Medicine (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
(9) Continuously communicate with stakeholders to refine focus areas, funding priorities, and collaborative opportunities. (10) Focus on improving diversity, equity and inclusion through a series of workshops, readings, and team activities. (11) Disseminate findings of MTBI2 (formerly CNRM) research to military, medical, scientific, and lay communities via in-person events, social media, electronic communications, and peer reviewed publications. (12) Expand MTBI2 (formerly CNRM) funding via external sources to support additional clinical trials, blast exposure studies, prolonged field care activities, and discovery research with a goal of doubling our current total funding by 2030. (13) Define focus areas of next research stage and best funding format for those directions, optimize research teams to support new research projects pending availability of FY23 funding. FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Price adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	10.271	10.833	11.051	0.000	11.051

C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
• BA-1, 0806721HP: <i>Uniformed Services University of the Health Sciences</i>	10.236	-	-	-	-	-	-	-	-	-	Continuing Continuing

Remarks
 Infrastructure to support the MTBI2 (formerly CNRM) program; and salaries of neuroscience faculty and technical and administrative support personnel.

D. Acquisition Strategy
 Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 373 / GDF - Medical Technology Development			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373: GDF - Medical Technology Development	207.753	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Medical Technology Development provides funds for development of promising candidate solutions that are selected for initial safety and effectiveness testing in animal studies and/or small-scale human clinical trials regulated by the US Food and Drug Administration prior to licensing for human use. Medical technology development is managed by Joint Program Committees in the following areas: 1- Military Infectious Diseases research is developing protection and treatment capabilities for military relevant emerging infectious diseases and wound infections. 2- Military Operational Medicine research goals are to develop and validate medical countermeasures against operational stressors, prevent physical and psychological injuries during training and operations, and to maximize health, performance and readiness of Service members. 3- Combat Casualty Care research is optimizing survival and recovery in injured Service members across the spectrum of care from point of injury through en route and facilities care.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF – Medical Technology Development	0.000	0.000	0.000	0.000	0.000
Description: Funds provide for the development of medical technology candidate solutions and components of early prototype systems for test and evaluation. Promising drug and vaccine candidates, knowledge products, and medical devices and technologies are selected for initial safety and effectiveness testing in small scale human clinical trials.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373 / <i>GDF - Medical Technology Development</i>
C. Other Program Funding Summary (\$ in Millions) N/A		
Remarks		
D. Acquisition Strategy Mature and demonstrate safety and effectiveness of medical procedures, medical devices, and drug and vaccine candidates intended to prevent or minimize effects from battlefield injuries, diseases, and extreme or hazardous environments. Milestone B packages will be developed to transition products into advanced development.		

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 373A / GDF - MTD (Combat Casualty Care)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373A: GDF - MTD (Combat Casualty Care)	11.168	15.357	24.519	26.943	0.000	26.943	27.950	28.871	29.810	30.406	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports Medical Technology Development (combat casualty care) efforts with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios for the acute and early management of combat-related trauma, including point of injury, en route, and facility-based care.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Combat Casualty Care	15.357	24.519	26.943	0.000	26.943
Description: Combat Casualty Care medical technology development activities seek to drive medical innovation through development of knowledge and materiel solutions for the management of combat-related trauma.					
FY 2023 Plans: Combat Casualty Care medical technology development will continue to focus on developing and transitioning emerging technologies to enable care in the areas of prolonged care, pre-hospital tactical combat casualty care, battlefield traumatic brain injury/neurotrauma, burn injury, and en route care.					
FY 2024 Base Plans: Efforts will continue to focus on combat casualty care medical technology development related to developing and transitioning emerging technologies to enable care in the areas of prolonged care, pre-hospital tactical combat casualty care, battlefield traumatic brain injury/neurotrauma, burn injury, and en route care.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Increase supports combat casualty care technology development to enable combined injury care during joint all domain operations.					
Accomplishments/Planned Programs Subtotals	15.357	24.519	26.943	0.000	26.943

C. Other Program Funding Summary (\$ in Millions)

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373A / <i>GDF - MTD (Combat Casualty Care)</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

N/A

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 373B / GDF - MTD (Military Operational Medicine)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373B: GDF - MTD (Military Operational Medicine)	23.255	23.588	34.150	22.426	0.000	22.426	23.152	23.815	24.492	25.182	Continuing	Continuing

Note

DHA internally realigned \$10M per year (\$50M over FYDP) from Project 373B to Project 478 in support of the Murtha Cancer Center (APOLLO Project).

A. Mission Description and Budget Item Justification

This project supports medical technology development efforts with the goal of maximizing the health, readiness, and performance of Service members and their families by the development of effective biomedical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries during training and operations.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Military Operational Medicine	23.588	34.150	22.426	0.000	22.426
<p>Description: Military Operational Medicine medical technology and development efforts focus on the following areas: musculoskeletal injury prevention and treatment; blunt, blast, accelerative, and neurosensory injury prevention & readiness; psychological health and resilience; performance in extreme environments; and optimized cognition and fatigue mitigation.</p> <p>FY 2023 Plans: Efforts will focus on military operational medicine medical advanced technology development related to neuromusculoskeletal injury prevention and treatment; optimized performance & sustained medical readiness; performance & health in extreme environments; and psychological health prevention & treatment.</p> <p>FY 2024 Base Plans:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373B / <i>GDF - MTD (Military Operational Medicine)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Efforts will continue to focus on military operational medicine medical advanced technology development related to neuromusculoskeletal injury prevention and treatment; optimized performance & sustained medical readiness; performance & health in extreme environments; and psychological health prevention & treatment. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Decrease reflects planned technology maturation related to neuromusculoskeletal injury prevention and treatment research.					
Accomplishments/Planned Programs Subtotals	23.588	34.150	22.426	0.000	22.426

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development			Project (Number/Name) 373C / GDF - MTD (Medical Simulation & Training/Health Informatics)				
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373C: GDF - MTD (Medical Simulation & Training/Health Informatics)	12.613	12.729	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Conduct proof of technological feasibility studies and experiments and/or assessment of operability and producibility to address a military medical need identified through the Joint Capabilities Integration and Development System. Efforts are directed towards prototypes for field experiments and/or tests in a simulated environment, assessment/proof of feasibility or demonstration of utility/cost reduction that support medical simulation to increase military medical personnel's knowledge, skills and abilities to deliver combat casualty care support to manage patient injury and illness and to conduct patient movement from point of injury through role of care four.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Medical Simulation Technologies (Formerly Medical Simulation Technologies & Training/Health Informatics)</p> <p>Description: Studies, investigations, and non-system specific technology effort focus on prototyping tissue models, technologies that simulate medical condition progress over time, technologies that simulate injury, technologies that replicate warfighter bio-physiology, and, technologies that simulate high-fidelity combat casualty care scenarios. Activities will continue to focus on tissue models that accurately simulate the feel, pliability, flexibility, and responsiveness of live tissue; technologies that simulate the degradation or worsening of a medical condition over time, as well as simulate the improvement of a medical condition over time; technologies that simulate injury, especially hemorrhage, fractures, and ocular damage; technologies that accurately reflect warfighter bodily characteristics and are rugged enough to simulate patient care and movement throughout the entire continuum of care; technologies that simulate combat scenarios to provide realistic environments; and, technologies that simulate patient movement through the continuum of care.</p> <p>FY 2023 Plans: N/A</p> <p>FY 2024 Base Plans: N/A</p> <p>FY 2024 OCO Plans:</p>	12.729	0.000	0.000	0.000	0.000

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373C / <i>GDF - MTD (Medical Simulation & Training/Health Informatics)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> N/A					
Accomplishments/Planned Programs Subtotals	12.729	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 373D / GDF - MTD (Clinical and Rehabilitation Medicine)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373D: GDF - MTD (Clinical and Rehabilitation Medicine)	13.040	14.619	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Clinical and rehabilitative medicine activities continue to develop knowledge and materiel products to reconstruct, rehabilitate, and provide care for injured Service member in the areas of neuromusculoskeletal injury, pain management, regenerative medicine, and sensory systems.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Clinical and Rehabilitation Medicine	14.619	0.000	0.000	0.000	0.000
Description: Clinical and rehabilitation medicine efforts will continue to support clinical trials in neuromusculoskeletal injuries to provide products and information solutions for diagnosis, treatment, and rehabilitation outcomes for Service-related injuries. Develop solutions (knowledge and materiel) for the diagnosis and alleviation of pain, restoration or regeneration of neuromusculoskeletal tissues, and sensory system (ocular) rehabilitation and treatment.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	14.619	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373D / <i>GDF - MTD (Clinical and Rehabilitation Medicine)</i>

D. Acquisition Strategy
N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 373E / GDF - MTD (Military Infectious Disease)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373E: GDF - MTD (Military Infectious Disease)	6.409	6.470	12.886	13.817	0.000	13.817	13.747	13.659	13.570	13.841	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports medical technology development efforts toward the goal of preventing and treating infectious disease threats to eliminate their impacts on operational readiness.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Military Infectious Disease	6.470	12.886	13.817	0.000	13.817
Description: Military infectious disease activities to support efforts (including clinical) to develop innovative therapeutics and delivery technologies for combat wound infections. These efforts include accelerating promising prevention and treatment solutions to emerging infectious diseases (e.g., Dengue, chikungunya, Coronaviruses).					
FY 2023 Plans: Will continue to test lead drug candidates in healthy volunteers to determine drug pharmacology, safety, and effectiveness against emerging infectious diseases (EID). Will continue to support wound infections prevention and treatments research.					
FY 2024 Base Plans: Efforts will continue to focus on Medical Advanced Technology development related to testing lead drug candidates to determine drug pharmacology, safety, and effectiveness against emerging infectious diseases (EID). Will continue to support wound infections prevention and treatments research.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Increase supports technology maturation in the area of wound infection prevention and treatments research.					
Accomplishments/Planned Programs Subtotals	6.470	12.886	13.817	0.000	13.817

C. Other Program Funding Summary (\$ in Millions)

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373E / <i>GDF - MTD (Military Infectious Disease)</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 373F / GDF - MTD (Radiological Health Effects)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373F: GDF - MTD (Radiological Health Effects)	0.501	0.523	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports medical technology development efforts with the goal of pursuing the development of Food and Drug Administration (FDA) approved drugs, biologicals, and diagnostics (e.g., biodosimetry) to increase survival and decrease incapacity after acute radiation exposures.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Radiological Health Effects	0.523	0.000	0.000	0.000	0.000
Description: Develop in vivo models, assays, and other enabling technologies to support transition of candidate MCM(s) and to reduce risk during advanced development. This efforts will include the identification and characterization of biomarkers to establish novel druggable targets, understanding differences in species sensitivity to radiation, evaluating direct and indirect mechanisms of actions of high and low linear energy transfer (LET) radiation sources (e.g., neutrons, gamma), and, determining radiosensitivity and radioresistance of various systems/organs.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.523	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373F / <i>GDF - MTD (Radiological Health Effects)</i>

D. Acquisition Strategy
N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 373G / GDF - MTD (Military Medical Photonics)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373G: GDF - MTD (Military Medical Photonics)	10.000	9.953	10.404	10.612	0.000	10.612	10.824	11.040	11.261	11.486	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports Military Medical Photonics applied research with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios by driving medical innovation through development of knowledge and materiel solutions for the acute and early management of combat-related trauma, including point of injury, en route, and facility-based care.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Military Medical Photonics	9.953	10.404	10.612	0.000	10.612
<p>Description: The Military Medical Photonics Program is an interdisciplinary program of physical and biological scientists, engineers, and physicians addressing diagnostic and therapeutic needs to support combat casualty care. Activities will continue to focus on diagnostic, imaging, and therapeutic studies. Specific efforts include: Photochemical tissue bonding for wound repair, passivation, and vein stiffening for abnormal connections between an artery and a vein; Optical applications for treatment and prevention of wound contamination and scarring, and to support wound healing and cartilage regeneration; Photonics-based diagnostics, including early detection of airway inhalation injury and implantable biomarker sensors; Investigations of photonics technologies to support the prolonged shelf life of human platelets; and Photobiomodulation to affect cognitive function.</p> <p>FY 2023 Plans: Will continue research toward the development of diagnostic, assessment and therapeutic solutions to optimize medical care of the Warfighter in current and future battlefield. Materiel and knowledge solutions will focus on innovative capabilities for use in the far forward environment that will cognitively and physically off load the medics in Large Scale Combat operations (LSCO). Focus areas will be cutting edge diagnostics that are of low cube and weight and can be used by minimally trained Warfighters at the point of injury, miniature and rugged imaging capabilities, and novel therapeutics for wound repair, vascular rupture diagnosis and repair. Photonics-based diagnostics will be integrated across the continuum of care, including early detection of airway inhalation injury and implantable biomarker sensors and Photobiomodulation to affect cognitive function.</p> <p>FY 2024 Base Plans: Efforts will continue to focus on Medical Advanced Technology development related to development of diagnostic, assessment and therapeutic solutions to optimize medical care of the Warfighter in current and</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 373G / <i>GDF - MTD (Military Medical Photonics)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>future battlefield. Materiel and knowledge solutions will focus on innovative capabilities for use in the far forward environment that will cognitively and physically off load the medics in Large Scale Combat operations (LSCO). Focus areas will be cutting edge diagnostics that are of low cube and weight and can be used by minimally trained Warfighters at the point of injury, miniature and rugged imaging capabilities, and novel therapeutics for wound repair, vascular rupture diagnosis and repair. Photonics- based diagnostics will be integrated across the continuum of care, including early detection of airway inhalation injury and implantable biomarker sensors and Photobiomodulation to affect cognitive function.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation</p>					
Accomplishments/Planned Programs Subtotals	9.953	10.404	10.612	0.000	10.612

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 373H / GDF - MTD (Medical Advanced Technology)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
373H: GDF - MTD (Medical Advanced Technology)	0.000	0.000	68.016	68.823	0.000	68.823	65.066	64.322	64.330	65.617	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports the application of applied research to develop medical advanced technology related to drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health. Research is conducted in the following principal areas: Combat Casualty Care, Military Operational Medicine, and Military Infectious Diseases.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - MTD (Medical Advanced Technology)	0.000	68.016	68.823	0.000	68.823
Description: Programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PEs 0603002A & 0603115A. This project supports application of applied research to develop Medical Advanced Technology related to drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health.					
FY 2023 Plans: Efforts will focus on Advanced Technology Development of Medical Technology.					
FY 2024 Base Plans: Efforts will focus on Medical Advanced Technology development of Medical Technology related to Autonomous Care and Evacuation, Aviation Medicine, Brain Trauma, Burn Injury, Combined Injury, Endemic and Emerging Infectious Diseases, En Route Care, Health in Extreme Environments, Neuromusculoskeletal Injury Prevention & Treatment, Psychological Health Prevention & Treatment, Prolonged Care, Tactical Combat Casualty Care, Sustainment of Expository Medical Skills, Sustained Medical Readiness, Warfighter Protection & Survivability and Wound Management.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 373H / GDF - MTD (Medical Advanced Technology)

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	0.000	68.016	68.823	0.000	68.823
	FY 2022	FY 2023			
Congressional Add: N/A	0.000	-			
FY 2022 Accomplishments: N/A					
Congressional Adds Subtotals	0.000	-			

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>				Project (Number/Name) 378B / <i>CoE-Breast Cancer Center of Excellence (USUHS)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
378B: <i>CoE-Breast Cancer Center of Excellence (USUHS)</i>	31.076	10.534	11.116	11.339	0.000	11.339	11.566	11.797	12.033	12.274	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Breast Cancer CoE provides a multidisciplinary approach as the standard of care for treating breast diseases and breast cancer. This approach integrates prevention, screening, diagnosis, treatment and continuing care, incorporation of advances in risk reduction, biomedical informatics, tissue banking and translational research. The project is based on a discovery science paradigm, leveraging high-throughput molecular biology technology and our unique clinically well-characterized tissue repository with advances in biomedical informatics leading to hypothesis-generating discoveries that are then tested in hypothesis-driven experiments.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Breast Cancer Center of Excellence	10.534	11.116	11.339	0.000	11.339
<p>Description: Breast cancer is the second leading cause of cancer death in women in the United States. The Readiness and Lethality of the Total Force is based in large part on personnel health. Nearly 20% of the active-duty force is now female, and breast cancer is the number one cancer in active-duty women, far surpassing all other causes of cancer in this population. The Breast Cancer CoE utilizes a multidisciplinary approach for researching breast diseases and breast cancer focused on the military at-risk active-duty population in order to enhance Readiness of The Total Force. This multidisciplinary model integrates prevention, screening, early diagnosis, treatment and continuing care, but the project is further unique in the incorporation of advances in risk reduction, biomedical informatics, tissue banking and translational research. The project is based on a Discovery Science paradigm, leveraging high-throughput molecular biology technology and our unique clinically and pathologically well-characterized tissue repository with advances in biomedical informatics leading to hypothesis-generating discoveries that are then tested in hypothesis-driven experiments.</p> <p>In addition to the primary achievement of research objectives, the program educates Federal employees as a benefit to the public they serve through Federal service, through support to civil authorities, and in non-Federal professional and academic collaborations.</p> <p>FY 2023 Plans: Objective 1: Identify and consent during this cycle and across our tissue source site network a minimum of 100 CBCP patients (to include patients at high risk for development of breast cancer) annually to the MCCR P APOLLO germline sequencing research study, with special focus on active-duty females as a Force Protection / Readiness sustainment issue to the DoD.</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 378B / <i>CoE-Breast Cancer Center of Excellence (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Objective 2: Accrue over 500 patients annually in FY22 to the “core” USU MCCR/BC-COE (CBCP) protocols by consenting patients at our tissue source and clinical sites, with the main site being the Murtha Cancer Center’s Breast Center at WRNMMC, the military’s largest and only NAPBC (National Accreditation Program for Breast Centers) and Breast Imaging Center of Excellence of the American College of Radiology approved breast center in the entire DoD MHS.</p> <p>Objective 3: Expand USU’s breast tissue acquisition to include more military veterans, by acquiring tissues and enrolling veterans in Breast CoE/MCCR/BC-COE protocols who are receiving care at the VA hospitals in North Texas, Boston, and additional VA hospitals. Acquire through consented protocol acquisitions, over 5,000 specimens annually (neo-plastic and non-neoplastic breast tissues and tumors, lymph nodes, metastatic deposits, blood and its components, bone marrow) on patients with all types of breast disease and cancer with an expanded focus on active duty, younger women, and veterans and being able to perform deeper research into the unique aspects of breast cancer risk, development, and outcomes in younger women versus older women.</p> <p>Objective 4: Bank these biospecimens in the USU MCCR/BC-COE Biorepository as the foundation for all molecular analyses carried out in USU MCCR/BC-COE labs, as outlined in the USU MCCR/BC-COE Core Protocols. Utilize this repository as the basis for intramural and extramural collaborations for secondary usage research.</p> <p>Objective 5: Because of the expansion into VA sites and as an extension of the continued modernization of our world-class biobank, develop additional new quality assurance programs and standard operating procedures for the Tissue Bank regarding these new elements and sites from the VA and others including conducting biospecimen science research. There are 7 subtasks (all are ongoing tasks as part of the biobanking activities):</p> <ol style="list-style-type: none"> 1) Incorporate the Standard Preanalytical Code (SPREC) into our daily tissue banking activities. 2) Temperature Validation Mapping 3) Sample Quality Assessment 4) Accreditation by CAP and ongoing re-inspection 5) Develop and implement a disaster plan 6) Biospecimen Science Research 7) Establishing evidence based Standard Operating Procedures (SOPs) and new collection methods <p>Objective 6: Conduct integrative profiling research, for protein-expression based, clinically relevant breast cancer stratification. There are 4 subtasks (Ongoing for incoming samples):</p> <ol style="list-style-type: none"> 1) Active case IHC assays of a panel of 20 IHC biomarker 2) IHC assays of a panel of 27 biomarkers named Connectivity Map 3) High Density TMA analysis of biomarkers associated with the development of endocrine resistance 4) Mass spectrometry-based -omics analysis of Breast Cancer of selected subtypes 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 378B / <i>CoE-Breast Cancer Center of Excellence (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Objective 7: Breast cancer studies focused on two special patient groups bearing poor outcomes, who are enriched in the military active-duty military population: young women, and African American women. There are 3 subtasks (Ongoing):</p> <ol style="list-style-type: none"> 1) Determination of factors affecting breast cancer etiology and outcome in special populations 2) Is young age of diagnosis an independent predictor for the outcome of invasive breast cancer? 3) Integrative comparative analysis of breast cancer in African American and Caucasian American women <p>Objective 8: Focus on samples from female veterans and female active-duty service members with breast cancer, perform new heterogeneity studies, including cellular heterogeneity of tumor development environment and lineage heterogeneity within one physical cancer tumor. There are 3 subtasks (Ongoing):</p> <ol style="list-style-type: none"> 1) Breast Cancer Immunome 2) Identification of molecular factors in tumor epithelium and stroma contributing to tumor etiology 3) Breast cancer tumor heterogeneity study through sequencing analysis <p>Objective 9: Studies on mechanistic understanding of breast cancer development from other perspectives, including genetic dispositions, exposure to environmental risks, access to healthcare, and impact of certain lifestyle factors as well as comorbidities. There are 3 subtasks (Ongoing):</p> <ol style="list-style-type: none"> 1) Evaluation of the effect of environmental exposures on breast cancer risk and outcomes 2) Identification of patients with hereditary breast cancer 3) Development of lifestyle modification programs for active duty and military dependents to increase cancer prevention and survivorship <p>Objective 10: Breast cancer HER2 Targeted Therapy Optimization (Ongoing)</p> <p>Objective 11: With the new addition of VA hospital sites for breast tissue collections and clinical data collation under research protocols, create an informatics infrastructure system to support these new needs of BC-COE research. There are 3 subtasks:</p> <ol style="list-style-type: none"> 1) Develop the Data Tracking System (DTS) to track clinical research and scientific research activities. 2) Develop and improve data QA programs and SOPs (Ongoing) 3) Re-develop the Data Warehouse for Translational Research using current technologies and by integrating data generated by internal scientists, through collaborations, and those available in the public as needed, to facilitate integrative data analysis (Ongoing). <p>Objective 12: Analysis of the publicly available TCGA, CPTAC, and other large scale cancer study datasets (Ongoing).</p> <ol style="list-style-type: none"> 1) Continue to use the public data where appropriate to support the internal research projects, for example by validating the internal findings. 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 378B / <i>CoE-Breast Cancer Center of Excellence (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
2) Continue to use the public data for hypothesis generation, and validation of the findings using independent datasets from the public or internal projects. Example projects including, gene signature development, treatment data analysis, and follow-up data analysis. FY 2024 Base Plans: Continuation of objectives from FY 2023. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	10.534	11.116	11.339	0.000	11.339

C. Other Program Funding Summary (\$ in Millions) N/A
Remarks
D. Acquisition Strategy Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>				Project (Number/Name) 379B / <i>CoE-Gynecological Cancer Center of Excellence (USUHS)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
379B: <i>CoE-Gynecological Cancer Center of Excellence (USUHS)</i>	27.167	9.201	9.719	9.913	0.000	9.913	10.111	10.313	10.519	10.728	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Gynecologic Cancer Center of Excellence (GYN-COE) utilizes a program project type of strategy with overarching objectives to advance knowledge, prevention strategies, companion biomarkers and assays, treatments and interventions across the continuum of care in gynecologic oncology. Our twelve program projects run in parallel rather than in sequence with advances implemented over five years rather than 12 months. Some subprojects target discovery investigations and mechanistic studies whereas others focus on clinical evaluations, population studies and further development leading to deployment. The introduction of new subprojects and maturation of other subprojects allows the GYN-COE to continue to emphasize military and clinical relevance, prioritize bench to bedside translation, and infuse in advances in science, medicine and technology to meet our objectives.

The Gynecologic Cancer Center of Excellence (GYN-COE) is an integrated translational research program aimed at development of companion biomarkers and assays, clinical decision support tools, risk assessment algorithms, quality improvement initiatives, treatments, and interventions for patients with gynecologic tumors and cancers, among a growing proportion of active duty women in the Armed Services, veteran and retired populations. Molecular profiling of pre-cancerous and malignant lesions has also enabled development of diagnostic and chemo-preventive interventions across the most common pathologic uterine conditions, rare variants, and the aggressive and deadly metastatic and recurrent malignancies that affect women and corresponding readiness. The GYN-COE has been the leading research program in the U.S. to identify clinical features, biologic etiologies, and social determinants underlying racial and ethnic disparities in gynecologic cancers using population based as well as translational research methods. The GYN-COE program features both the largest tissue laser capture microscopy facility as well as the most robust mass spectrometry-based proteomics facility in the DoD, enabling the program to assess the generalized relevance of GYN-COE discoveries in other cancers that impact service members and readiness. The comprehensive research program supports the training of subspecialty gynecologic oncology surgeons, a fellowship program that has trained advanced pelvic surgeons to support wartime efforts for the past 50 years. The program also educates and trains medical students, interns and residents in women’s health, telemedicine, wellness, wound-healing, hemorrhage, infections, pain management, resistance, resilience, palliative care and evidence-based medicine. The program has partnered with the National Cancer Institute in its educational and investigative activities over the past 20 years becoming a pillar program for the Murtha Comprehensive Cancer Center and the Uniformed Services University. The GYN-COE has also strengthened cancer capabilities, advanced the federal precision oncology initiatives, contributed to the COVID-response, enabled delivery of equitable care to female service members, veterans and beneficiaries, and ensured readiness of the female fighting force by addressing their gender-specific medical conditions.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Gynecological Cancer Center of Excellence	9.201	9.719	9.913	0.000	9.913

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 379B / <i>CoE-Gynecological Cancer Center of Excellence (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Description: The Gynecological Cancer Center of Excellence focuses on characterizing the molecular alterations associated with benign and malignant gynecological disease and facilitates the development of novel early detection, prevention and novel biologic therapeutics for the management of gynecological disease. The GYN-COE leverages innovative research to enhance gynecologic cancer care from prevention to survivorship for service members, beneficiaries, and the civilian population.</p> <ul style="list-style-type: none"> • To use extraordinary analytical capabilities in sample preparations combined with micro-scaled proteogenomic analysis for development of companion diagnostics, theragnostics, prognostics and prediction models for provision of precision medicine to GYN cancer patients as well as agnostically to all patients through pan-cancer discovery. • The throughput of our analytical facility will open up opportunities to expand our capabilities for proteogenomic tissue profiling of biopsy sized specimens to support ancillary studies of drug response and resistance in clinical trial patients aimed at repurposing of FDA-approved drugs for pan-cancer treatment in partnership with public, private, and industry organizations. • Use of our technologies to support proteogenomic characterization of the world’s most rare and yet most clinically devastating diseases in partnership with the Joint Pathology Center. • Deployment of our analytical expertise to support research involving COVID related threats, combat related disorders, and behavioral health disorders, such as PTSD and others that are prevalent in retired veterans. • To expand our racial disparities research using the PAIRED consortium to support investigation of any cancer type or other disease for which there are worse outcomes in minority populations. • To provide undergraduate and graduate medical training in advanced pelvic surgery and complex gynecologic conditions within the context of a specialized fellowship in gynecologic oncology that produces physician scientists fluent in the latest advances of precision medicine for gynecologic cancer patients • Continue to serve as the comprehensive cancer center for gynecologic oncology clinical trial patients of the National Institutes of Health and veterans from regional VA facilities <p>FY 2023 Plans: Will advance optimization and deployment of companion assays, clinical support tools and predictive analytics to improve racial and cancer health equity, military readiness, capabilities, efficiency, and outcomes.</p> <p>FY 2024 Base Plans: Will continue efforts from FY 2023.</p> <p>FY 2024 OCO Plans:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 379B / <i>CoE-Gynecological Cancer Center of Excellence (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	9.201	9.719	9.913	0.000	9.913

C. Other Program Funding Summary (\$ in Millions)
N/A

Remarks

D. Acquisition Strategy
Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 381 / CoE - Integrative Cardiac Health Care (USUHS)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
381: CoE - Integrative Cardiac Health Care (USUHS)	7.609	1.684	1.809	1.875	0.000	1.875	1.943	1.982	2.022	2.062	Continuing	Continuing

A. Mission Description and Budget Item Justification

The USUHS Military Cardiovascular Outcomes Research (MiCOR) program was established in FY 2019 (formerly the Integrative Cardiac Health Care). Its mission is to:

1. Address the gaps identified in the Cardiovascular Care Initial Capabilities Document (ICD) (CRM-2017.03.23)
2. Enhance the cardiovascular health and well-being of the Warfighter and the DoD community through innovative clinical research using precision techniques.
3. Identify precision strategies for early detection, monitoring, and reduction of preclinical/clinical cardiovascular disease and related chronic disease risks for improved clinical outcomes.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Integrative Cardiac Health/Military Cardiovascular Outcomes Research	1.684	1.809	1.875	0.000	1.875
Description: USUHS is a “central focal point for health-related education and training, research and scholarship, and leadership support to operational military units around the world” and is the ideal engine to establish a strategic partnership to address cardiovascular health.					
FY 2023 Plans: -Continue enrollment and conduct of study schedules for the six studies in the active phase. -Finalize analysis on the four studies in the post completion stage. Disseminate results accordingly to high impact journals. -Complete regulatory tasks (IRB, agreements, protocol development, etc.) for remaining studies in order for those studies to enter the active research phase. -Convene national committee of experts to formulate “Guidelines for the Cardiovascular Care of the Tactical Athlete” in collaboration with DHA, American Heart Association, and the American College of Cardiology. Tactical athletes include active duty military, astronauts, police officers, and firefighters. -Perform machine learning on 1,000,000 legacy electrocardiograms linked with MDR to identify novel biomarkers of cardiac risk. -Publish analysis of 5,000 sleep polysomnograms for evaluation of electrocardiographic biomarkers as predictors of death.					
FY 2024 Base Plans:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 381 / <i>CoE - Integrative Cardiac Health Care (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
FY 2024 plans continue efforts as outlined in FY 2023. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	1.684	1.809	1.875	0.000	1.875

C. Other Program Funding Summary (\$ in Millions)
N/A
Remarks

D. Acquisition Strategy
Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 382B / CoE-Pain Center of Excellence (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
382B: CoE-Pain Center of Excellence (USUHS)	8.523	1.965	2.084	2.156	0.000	2.156	2.230	2.277	2.327	2.374	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Pain Center of Excellence examines the relationship between acute and chronic pain and focuses on finding, implementing, and evaluating the most effective methods of relieving the acute pain caused by combat trauma and the effect pain has throughout the continuum of care to rehabilitation and reintegration. The mission of the Pain CoE is to support provision of world-class clinical pain services and operational anesthesia in the Military Health System, provide education on all aspects of pain management, coordinate and conduct Institutional Review Board-approved clinical research and Institutional Animal Care and Use Committee-approved basic laboratory and translational pain research, and serve as the advisory organization for developing an enterprise-wide pain policy for the Military Health System. In FY 2015, management of the Pain CoE was transferred from the Army to USUHS.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Pain Center of Excellence (USUHS)	1.965	2.084	2.156	0.000	2.156
Description: The Pain Center of Excellence examines the relationship between acute and chronic pain and focuses on finding, implementing, and evaluating the most effective methods of relieving the acute pain caused by combat trauma and its impact on rehabilitation and recovery. The center also supports knowledge translation activities that are aimed at integrating research findings into military medicine clinical practice and policy.					
In addition to the primary achievement of research objectives, the program educates Federal employees as a benefit to the public they serve through Federal service, through support to civil authorities, and in non-Federal professional and academic collaborations.					
FY 2023 Plans:					
1. Conduct implementation science research, provide subject matter expert support for a diverse portfolio of DoD/DHA pain management/opioid safety activities and initiatives, and facilitate the development of evidence-based policies.					
2. Support innovative research by continuing recruitment into the robust Pain Registry Biobank at both of its sites and conducting research that leverages PASTOR/PROMIS outcomes.					
3. Conduct rigorous research that supports healthcare optimization and equity in pain management and analgesia. This includes collaborative studies with partners across civilian, VA, and military institutions. Studies expand across several aspects of pain management and analgesia pathways.					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 382B / CoE-Pain Center of Excellence (USUHS)

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>4. Continue to conduct several studies aimed at evaluating anesthesiology and pain management training, workforce readiness, and career sustainment within medical school, residency, and practice settings.</p> <p>5. Provide functional support to integrate PASTOR at all remaining MTF pain management specialty clinics.</p> <p>6. To conduct a study examining whether early treatment with NMDA-antagonist ketamine will decrease the likelihood of the development of chronic pain and PTSD using a mouse model.</p> <p>7. Engage in many service activities to support research training and development for USU medical students, DoD residents, and DHA providers. These activities included mentoring USU Capstone students, resulting in many posters and publications; expanding implementation of a residency research program beyond current efforts at Walter Reed National Military Medical Center (WRNMMC) to all ANE GME sites; advising Anesthesiology residents and faculty on their research projects; and providing support for research development for military anesthesiologists.</p> <p>FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.</p>					
Accomplishments/Planned Programs Subtotals	1.965	2.084	2.156	0.000	2.156

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>				Project (Number/Name) 383A / <i>CoE-Prostate Cancer Center of Excellence (USUHS)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
383A: <i>CoE-Prostate Cancer Center of Excellence (USUHS)</i>	24.806	8.417	8.870	9.047	0.000	9.047	9.228	9.413	9.600	9.792	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Center for Prostate Disease Research (CPDR) is DoD designated Prostate Cancer Center of Excellence (CoE) conducting interdisciplinary translational cancer research program of the Murtha Cancer Center, Department of Surgery, Uniformed Services University of the Health Sciences (USUHS), and the Walter Reed National Military Medical Center (WRNMMC). The CPDR conducts state-of-the-art clinical, translational and epidemiological research with an emphasis on precision medicine to enhance the readiness of active-duty personnel in conjunction with the continuum of medical care for military retirees and beneficiaries. Ground-breaking discoveries through strong academic and clinical research (e.g., 30 yrs. and over 450 publications) have led to major advances in translational prostate cancer research and treatment. The CPDR integrates expertise of urologic and medical oncologists, cancer biologists, genitourinary pathologists, epidemiologists, biostatisticians, medical technologists, research nurses, patient educators, and program management specialists. All these areas of expertise provide state-of-the-art resources for in-house and collaborative research in prostate cancer. The CPDR enriches the training of the next generation of physicians/scientists who directly benefit the quality, outcomes, and stability of the military health care delivery system.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: CoE-Prostate Cancer Center of Excellence (USUHS)	8.417	8.870	9.047	0.000	9.047
Description: The Prostate Cancer Center of Excellence is at the forefront of “cutting-edge” translational, clinical, and epidemiologic prostate cancer research. The emphasis is on improving prevention, diagnosis, prognosis and treatment of prostate cancer involving new modalities such as MRI guided biopsy, gene-based biomarkers, and precision medicine strategies targeting cancer-causing alterations in prostate cancer. The CoE multi-center database (WRNMMC, NMCS, BAMC, MAMC, TAMC) is a unique programmatic resource, enrolling over 30,500 DoD health care beneficiaries with longitudinal follow up to 30 years. Research from the Prostate CoE highlights genetic and genomic racial/ethnic differences, discovery of novel prognostic markers, treatment outcomes, and new insights into quality of life. The Prostate CoE’s health disparity research focus has uniquely benefited from studying prostate cancer patients in the DoD with high representation of African American men, in an equal-access military health care system. The CoE has been credited for the discovery of the frequent overexpression of the most common prostate cancer driver gene, ERG, the development of urine and tissue assays to detect ERG; the discovery of tumor genomic differences between African American and Caucasian American patients; and the discovery of inherited gene mutations that drive aggressive prostate cancers of African American men. The Prostate CoE’s					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 383A / <i>CoE-Prostate Cancer Center of Excellence (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>state-of-the-art research infrastructure and framework is providing education and training for over 100 next generation physicians, scientists, medical and graduate students within DoD medical institutions.</p> <p>FY 2023 Plans:</p> <ul style="list-style-type: none"> • New initiatives planned for FY 2023 under the MCC cooperative efforts include the development of a centralized imaging and pathology review capability and to develop tumor boards for prostate cancer treatment integrating DoD prostate cancer treatment sites and the Joint Pathology Center under the guidance of the CoE's-Clinical Research Program. • New aspects of the CoE's Epidemiology research will include enhanced data mining capabilities and outcome research for improving the rehabilitation of active-duty service members. • The CoE's-Clinical Research Program, will continue to enhance the multidisciplinary research on prostate cancer screening, data collection, clinical diagnosis, and treatment, education, and counseling, in a personal- and patient-oriented manner. • The Clinical Research program will continue the highly successful collaborations with NCI-Medical Oncologists focusing on new treatments and patient consultation on advanced disease. • The CoE will broaden the spectrum of clinical trials introducing new trials for advanced prostate cancer patients, patients on active surveillance and new imaging technologies. The CoE will continue clinical trials for immunotherapy, cancer vaccine, screen, and prevention-focused clinical trials. • The Clinical Program will continue consenting patients and collecting serum, urine, tissue specimens and clinical follow up data through the integrated MCC biospecimen banking program and the CoE's multicenter national database (WRNMMC, NMCSO, BAMC, MAMC, TAMC). • The CoE's-Translational Research Program, integrated under the Cancer Moonshot APOLLO program, will continue the discovery of prostate cancer-causing gene defects with a special focus on health disparities. • The program will continue developing biomarkers that equally perform in African American and Caucasian American patients. • The CoE's-Translational Research Program will leverage the ground-breaking discovery of African ancestry-related inherited mutations associated with the development of aggressive prostate cancer. The CoE's research in FY23 will focus on formulating clinical-grade genetic tests. • The CoE will initiate new research for understanding the mechanisms and roles of environmental exposure in prostate cancer initiation and progression including radiation, chemical carcinogens, infection and disruption in circadian rhythm and the role of immunology and cytokines. • The CoE's-Translational Research Program will refine new therapeutic molecules developed by the CoE or collaborators, for the treatment of advanced prostate cancer. 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 383A / <i>CoE-Prostate Cancer Center of Excellence (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
	<ul style="list-style-type: none"> The CoE's-Translational Research Program will complete the first phase of introducing artificial intelligence (AI) for the diagnosis and prognosis of prostate cancer in whole-mounted prostate specimens in collaboration with the Joint Pathology Center and NCI. <p>FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.</p>				
Accomplishments/Planned Programs Subtotals	8.417	8.870	9.047	0.000	9.047

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 478 / Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
478: Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)	51.443	18.083	19.058	29.480	0.000	29.480	29.870	30.267	30.672	31.085	Continuing	Continuing

Note

Murtha Cancer Center (APOLLO Project):

DHA internally realigned \$10M per year (\$50M over FYDP) from Project 373B to Project 478 in support of the Murtha Cancer Center Applied Proteogenomics Organizational Learning and Outcome (APOLLO Project), to accelerate and broaden the successful research efforts in the development of new cancer treatments.

A. Mission Description and Budget Item Justification

DoD Cancer Moonshot - Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)

DoD's Cancer Moonshot requirement is a mission of the Murtha Cancer Center (MCC) at USUHS under the authority of a tri-federal Memorandum of Agreement signed July 2016 by the Acting Assistant Secretary of Defense for Health Affairs (DoD), the Under Secretary of Health, Department of Veterans Affairs (VHA), and the Acting Director of the National Cancer Institute (NIH), for a tri-federal program of Clinical Proteogenomics Cancer Research. DoD's Cancer Moonshot promotes readiness and mission accomplishment of the active duty service member (ADSM) force, as well as military beneficiaries, retirees, and veterans. There are about 1,000 ADSMs who are stricken with a new cancer diagnosis annually, and MCC serves as the DoD's Health Affairs-approved Center of Excellence for cancer care and research for these ADSMs. MCCRP's mission is to bring translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to duty ADSMs stricken with cancer, as well as all other DoD beneficiaries. DoD's Cancer Moonshot initiative allows for the provision of state-of-the-art molecular analysis of tumors and blood of cancer patients which will result in increased force readiness through more targeted treatment of cancers with fewer side effects, as well as better screening for cancer risk and development.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: DoD Cancer Moonshot - Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)	18.083	19.058	29.480	0.000	29.480

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 478 / <i>Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Description: DoD’s Cancer Moonshot at USU’s Murtha Cancer Center Research Program MCCRCP) is a research program consisting of two overall projects, the first known as APOLLO (Applied Proteogenomics Organizational Learning and Outcomes), and the second as DoD Framingham.</p> <p>APOLLO is a novel high-throughput molecular analysis of every DNA (gene), RNA, and protein expression molecule in cancer patient tumors. Such analysis has never been done on a large scale across multiple cancer types, and small pilot studies demonstrate that the APOLLO project will result in unprecedented findings across all types of cancer (with specific focus on cancers of the greatest threat to ADSMs). These new findings will be identified by using state-of-the-art tissue collection procedures in the operating rooms of all patients undergoing cancer surgery at MCCRCP collection protocol sites (e.g. Walter Reed, NMMC; NMC Portsmouth; NMC San Diego; Womack AMC; Keesler AFB) and, then, sequencing the entire DNA genome and RNA sequence at USUHS, while analyzing the entire protein expression profile of these same cancers in MCCRCP’s Proteomics Laboratory, as well as other affiliated protein laboratories. The vast molecular data that will be derived from these analyses (in the terabyte and petabyte range and beyond) will be linked to clinical patient data as well as treatment outcomes data. These combined data sets will be housed in National Cancer Institute (NCI) secure cloud-based servers with restricted access for analytics by teams of bioinformatics experts (i.e., from government, university, and corporate entities) across the United States working on this endeavor. This complete bio molecular (global) expression profiling of thousands of cancers of all types seen in military treatment and other facilities will predictably result in a myriad of new discoveries regarding the way cancers develop, progress, respond to treatment, evade treatment, and spread. It also will result in new ways to combat cancers and minimize side effects of cancer treatment, as well as identify novel cancer screening and prevention opportunities, while focusing on militarily-relevant cancers and ADSMs with cancer, distinguishing it from any effort that might develop in the future in a civilian organization, as none of this scale exists today. There are now 8 specific APOLLO sub-projects, which are classified based on the organ type of cancer under study: APOLLO 1 = Lung cancer - 10th Highest Cause of Cancer in Active Duty; APOLLO 2 = Gynecological cancer - 12th Highest Cause of Cancer in Active Duty; APOLLO 3 = Prostate cancer - 3rd Highest Cause of Cancer in Active Duty; APOLLO 4 = Breast cancer - 5th Highest Cancer in Active Duty; and APOLLO 5 = prospectively-collected VA, DoD, and NCI specimens and data for all organ sites, APOLLO 6: Pancreatic Cancer - 13th Highest Cause of Cancer in Active Duty and APOLLO 7 : Testicular Germ Cell Tumors - Highest Cause of Cancer in Active Duty and APOLLO 8 Glioblastoma the 7th highest cause of Cancer in Active Duty.</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 478 / <i>Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>In addition to the primary achievement of research objectives, the program educates Federal employees as a benefit to the public they serve through Federal service, through support to civil authorities, and in non-Federal professional and academic collaborations.</p> <p>FY 2023 Plans: Specifically, the APOLLO project will collect, process, and analyze cancer specimens from patients who have been diagnosed with cancer or at risk for cancer and who are eligible for and have consented to the protocols. All MCCRCP tissue source sites will be utilized which include 8 MTFs and MEDCENS in the MHS, as well as 3 VA sites and one civilian site. Active duty service members diagnosed with cancer at these MHS locations will be preferentially prioritized for offers of enrollment in APOLLO in order to make sure the DoD is providing state-of-the-art research and clinical translational care opportunities to our active duty force to maintain and sustain the highest level of Readiness.</p> <p>The program will complete the following tasks: Task 1: Patients will be recruited and consented for this APOLLO protocol after being successfully recruited into and following the established procedures for the protocols: Establishment of a Tissue Repository for the Murtha Cancer Center Biobank (MCCB), Tissue and Blood Library Establishment for Molecular, Biochemical, and Histologic Study of Breast Disease, and Creation of a Blood Library for the Analysis of Blood for Molecular Changes Associated with Breast Disease and Breast Cancer Development. Task 2: Clinical data collection and quality assurance will follow the established procedures for the sample and data collection protocols. In addition, data may be obtained for the APOLLO study from the DoD Central Tumor Registry (OncoLog) or from the electronic medical records of APOLLO study participants. Task 3: Clinical pathologic slide imaging data will be collected for APOLLO study participants. Clinical pathologic slide imaging data will undergo quality assurance and de-identification procedures at WRNMMC and all other enrolling MTFs and MEDCENS. Task 4: Quality assurance and annotation of samples: The Joint Pathology Center (JPC) will continue to serve as the research pathology annotation center for the APOLLO project for the purpose of annotating pathological diagnoses, expanding pathologic characteristics of samples, and reviewing pathology data variables as defined in this protocol. Task 5: Genomic and proteomic profiling of samples will continue to be conducted by The American Genome Center (TAGC) at the USUHS in Bethesda, MD and the Murtha Cancer Center Research Program's Clinical Proteomics Platform (CPP) Consortium associated with the Gynecologic Cancer Center of Excellence (GYN-</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 478 / <i>Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>COE) at Inova Health System in Fairfax, VA and its associated laboratories at Northwestern University in Evanston, IL and Vanderbilt University in Nashville, TN.</p> <p>Task 6: Coded proteogenomic profiling (molecular) and sample sequencing data along with associated coded clinical data will continue to be transferred to an intermediate NCI protected server (“Jamboree site”) and/or an NCI-approved government “Wiki” site at the NCI, and ultimately to the Genomic Data Commons (GDC) and Proteomic Data Commons (PDC). This same data will be securely transferred to certain partners who are assisting in performing integrative analyses of complex DNA, RNA, protein, and clinical data sets and/or in developing bioinformatics tools to do the same.</p> <p>Task 7: APOLLO 8 (7th Highest Cause of Cancer in Active Duty): Research on Malignant Brain Tumors (REMBRANT) Perform comprehensive neuropathologic examination of the available military glioblastoma (GBM) cases, and any available ante-mortem neurosurgical material for each decedent in the study. Perform genetic and proteomic characterization of the available military GBM cases to investigate potential associations with clinical outcomes.</p> <p>FY 2024 Base Plans: Continuation of above efforts from FY 2023.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.</p>					
Accomplishments/Planned Programs Subtotals	18.083	19.058	29.480	0.000	29.480

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 479 / Framingham Longitudinal Study (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
479: Framingham Longitudinal Study (USUHS)	14.586	4.765	5.018	5.118	0.000	5.118	5.220	5.324	5.430	5.539	Continuing	Continuing

A. Mission Description and Budget Item Justification

DoD Cancer Moonshot Program - DoD Framingham

DoD's Cancer Moonshot requirement is a mission of the Murtha Cancer Center (MCC) at USUHS under the authority of a tri-federal Memorandum of Agreement signed July 2016 by the Acting Assistant Secretary of Defense for Health Affairs (DoD), the Under Secretary of Health, Department of Veterans Affairs, Veterans Health Administration (VHA), and the Acting Director of the National Cancer Institute (NIH), for a tri-federal program of Clinical Proteogenomics Cancer Research. DoD's Cancer Moonshot promotes readiness and mission accomplishment of the active duty service member (ADSM) force, as well as military beneficiaries, retirees, and veterans. There are about 1,000 ADSMs who are stricken with a new cancer diagnosis annually, and MCC serves as the DoD's Health Affairs-approved Center of Excellence for cancer care and research for these ADSMs. MCC's mission is to bring translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to duty ADSMs stricken with cancer, as well all other DoD beneficiaries. DoD's Cancer Moonshot initiative allows for the provision of state-of-the-art molecular analysis of tumors and blood of cancer patients which will result in increased force readiness through more targeted treatment of cancers with fewer side effects, as well as better screening for cancer risk and development.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: DoD Cancer Moonshot Program - DoD Framingham Longitudinal Study	4.765	5.018	5.118	0.000	5.118
Description: DoD Framingham is a novel project that is enabled by the blood serum specimens stored at the DoD Serum Repository (DoDSR) at the Armed Forces Health Surveillance Branch (AFHSB) in Silver Spring, Maryland. This facility stores blood serum drawn from over 10 million ADSMs who were required to undergo mandatory semiannual blood testing for the last 25 years, resulting in this repository with over 65 million blood serum specimens. MCC tumor registry data, which includes every ADSM who developed cancer while on active duty, is matched to data in the Serum Repository. This allows MCC to identify the blood serum of ADSMs who ultimately develop cancer at key times, i.e., before they had cancer, during their cancer treatment, and after their successful cancer treatment. Four different serum specimens (two before, one during, and one after cancer diagnosis and treatment) from every ADSM who developed certain types of cancer over a ten-year period of time are then sent to the Nation's foremost protein identification (mass spectroscopy) center, i.e., the Pacific Northwest National Laboratory (PNNL) run by the Department of Energy (DOE). This enables identification of the entire proteome circulating in the blood serum of these cancer patients before, during, and after cancer diagnosis. Comparing the proteomes will allow for identification of new protein biomarkers and indicators of					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 479 / <i>Framingham Longitudinal Study (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>treatment response and failure both of individual patients and across all patients with a specific type of cancer. Smaller studies of this nature done by MCC researchers have proven that this is an effective strategy to identify novel diagnostic and treatment protein expression biomarkers that can be assayed in new blood tests for cancer. This project will do it “at scale”, i.e. in large numbers of active duty cancer patients (who are otherwise healthy and therefore do not have the “confounding” protein markers of old age, diabetes, and other medical issues). By using serums that go back many years before the ADMS was diagnosed with cancer, the earliest markers of cancer that will be identified, and assays will be performed by another U.S. governmental agency with the best protein detection and analysis tools in the world. Eight specific DoD Framingham sub-projects, classified based on the organ type of cancer, will be conducted: Framingham 1 = Oropharyngeal cancer; Framingham 2 = Lymphoma; Framingham 3 = Melanoma; Framingham 4 = Pancreatic cancer; Framingham 5 = Metastatic Cancer to Bone (of any type); and Framinghams 6 through 8 subtypes will be determined by MCC and NCI experts in the coming months.</p> <p>FY 2023 Plans: Specifically, the program will perform the following tasks. Task 1: The Department of Defense (DoD) Joint Pathology Center’s (JPC) Automated Central Tumor Registry (ACTUR) and OncoLog systems will be queried for patients with the identified cancer subject. Task 2: JPC will send the list of approximately 150 identified cancer patients to the AFHSB in order to requisition their sera. Sera from the year of diagnosis, two years pre-diagnosis, four years pre- diagnosis, and two years post-diagnosis will be requisitioned. Each of the 150 patients with identified cancer will be matched by age and sex to 150 controls who were cancer-free for the duration of their active component service, as well as free of autoimmunity, transplant, or immune suppression. Four longitudinal sera samples from each control will be requisitioned to correspond to the time points of the case sera. Task 3: The approximately 150 identified cancer subjects and 150 matched controls, each with up to four longitudinal serum samples for each Framingham project (for a total of about 1,200 serum samples for each Framingham project), will be sent to Pacific Northwest National Laboratory (PNNL) for comprehensive discovery-based quantitative proteomics measurements using the advanced LC-MS/MS platforms established at PNNL. Task 4: Dissemination of data to analysts at the PNNL and in conjunction with Murtha Cancer Center Research Program (MCCRP) at USUHS, who will perform at PNNL statistical analysis by the PNNL Bioinformatics team to examine whether any of the target peptides or group of peptides can be distinguished between the patients and their matched controls for each specific aim of this study.</p> <p>FY 2024 Base Plans:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 479 / <i>Framingham Longitudinal Study (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Continuation of FY 2023 plans. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	4.765	5.018	5.118	0.000	5.118

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 499 / MHS Financial System Acquisition (DHA)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
499: MHS Financial System Acquisition (DHA)	37.702	5.792	6.051	6.092	0.000	6.092	6.143	6.266	6.388	6.516	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Defense Health Program (DHP) appropriations' distribution and execution of funding is currently dispersed amongst multiple, disparate accounting systems, which is in direct conflict with Financial Improvement Audit Readiness (FIAR) guidance prioritizing the standardization of financial management systems and business processes. Currently DHP Funding is distributed and executed across three disparate systems.

The current Defense Health Agency (DHA) structure hinders the overarching goal for audit ready initiatives and agency standard financial business processes. The identified solution for DHA to meet these challenges is to deploy a single operational financial management system (FMS) with minimal mission and business impact. DHA is researching a system that will accommodate standard and medically-required business processes. The goal is to transition financial operations to a platform that allows for consistency across the DHA, establishing standardized processes, data collection, and reporting.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: MHS Financial System Acquisition	5.792	6.051	6.092	0.000	6.092
Description: The goal is to transition all Direct Care DHP funds to a single financial system that allows for consistency across the Defense Health Agency and Military Health System, enabling standardized processes, data collection, and reporting.					
FY 2023 Plans: Funding will be used for GFEBS deployment to the Air Force Medical Service (AFMS) and the development of an interface between GFEBS and CON-IT, the Air Force contract writing system.					
FY 2024 Base Plans: Complete AFMS GFEBS deployment activities and future GFEBS system enhancements.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Pricing adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	5.792	6.051	6.092	0.000	6.092

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 499 / <i>MHS Financial System Acquisition (DHA)</i>

C. Other Program Funding Summary (\$ in Millions)

<u>Line Item</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u> <u>Base</u>	<u>FY 2024</u> <u>OCO</u>	<u>FY 2024</u> <u>Total</u>	<u>FY 2025</u>	<u>FY 2026</u>	<u>FY 2027</u>	<u>FY 2028</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA 3: <i>PE 0807721</i> <i>Replacement & Modernization</i>	0.000	3.000	-	-	-	-	-	-	-	Continuing	Continuing

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 506 / Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
506: Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)	23.045	11.022	11.631	11.883	0.000	11.883	12.141	12.384	12.632	12.885	Continuing	Continuing

A. Mission Description and Budget Item Justification

The “Health Research for Improved Medical Readiness and Healthcare Delivery” program at USUHS answers fundamental questions of importance to the military mission of the Department of Defense in five (5) distinct portfolio areas: health services research, global health engagement, precision medicine, women’s health, and infectious disease clinical research.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Health Research for Improved Medical Readiness and Healthcare Delivery	11.022	11.631	11.883	0.000	11.883
Description: The “Health Research for Improved Medical Readiness and Healthcare Delivery” program at USUHS answers fundamental questions of importance to the military mission of the Department of Defense in five (5) distinct portfolio areas: health services research, global health engagement, precision medicine, women’s health, and infectious disease clinical research.					
Portfolio 1: The mission of the Center for Health Services Research (CHSR) supports the readiness of America’s Warfighter and improved health outcomes for the military community by building capacity throughout the Military Health System (MHS) to conduct health services research that supports MHS goals, the Department of Defense’s (DoD’s) mission and the national security strategy. The program will address the lack of system-wide health care evidence to support policy and decision making and insufficient health services research capability to analyze MHS data for building a ready force, protecting and treating the warfighter, and providing efficient, effective, quality and safe healthcare. CHSR is the only group specifically focusing on system-wide improvement for the MHS and responding directly to priority research requests from the DHA, OSD(HA), and other Federal agencies. This support directly enables DHA RDA Priorities of prioritizing transition and incorporating modernization priorities, which cannot be done without timely, accurate, evidence-based information on which to base decisions. CHSR aligns to joint requirements and meets the JCIDS identified gaps of DK1 and DK3 [DK1: Inconsistent approach to producing knowledge products and tools. 1) Inadequate process to introduce public health surveillance into RDT&E. 2) Inadequate surveillance, data capture, and exposure documentation tracking. 3) Inconsistent use and application of Service’s lessons learned information and how it					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 506 / <i>Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>affects the health community’s RDT&E; DK3: Lack a decision support mechanism that enables timely, accurate decisions and diagnosis at all levels of care]. Recently the CHSR was tapped to lead work on Ukrainian health and trauma system that will build Operational Care knowledge for future US readiness.</p> <p>Portfolio 2: Global Health Engagement (GHE) research is related to operational efforts and advanced technology development efforts that will meet the needs of the Joint Force in either improving the understanding and/or execution of DoD GHE, or utilizing DoD health research activities to engage a partner nation/partner nations in support of Combatant Command Campaign Plan objectives to further research. The GHE research needs of the warfighter are expressed by the regular demand signal of the Joint Force through the Office of the Joint Staff Surgeon (OJSS) and the Combatant Commands (CCMDs) Surgeons’ Offices.</p> <p>Portfolio 3: The Center for Military Precision Health’s (CMPH, formerly known as PRIMER) mission is to conduct innovative research applying genomic science, discoveries, and precision techniques to enhance the health, readiness and well-being of the Warfighter and DoD beneficiaries. CMPH provides standardized state of the art genome and molecular profiling services, genomic data analysis, and genomic data storage under DoD security and privacy compliance policies, addressing 8 separate DoD requirements across the MHS while also providing education in genomic information and performing clinical implementation research in the field of genomic medicine to inform policy and clinical practice guidelines for use of genomics in the MHS. CPMH enables HHS- and DOD-study subjects to participate in translational genomic research studies for human disease and conditions of posttraumatic stress disorder (PTSD), major depressive disorder, suicide-associated behaviors, cardiovascular disease, lung, prostate, breast, gynecological and other human cancers, traumatic brain injury and dementia and other complex human diseases. To date, The American Genome Center at CMPH has completed genomic and transcriptomic profiling on over 120,000 human samples and, MiCOR has screened 4,500 midshipmen for asymptomatic cardiovascular disease.</p> <p>CMPH also supports the Military Cardiovascular Outcomes Research (MiCOR) program to address gap areas identified in the Initial Capabilities Document for Cardiovascular Care with the first prospective genomic evaluation of cardiac arrest in the military (GEMINI study). Current collaborations with MiCOR in focus areas of sudden death examinations and pharmacogenomics are also active to address preventative measures for soldier readiness and health.</p> <p>In response to the COVID-19 pandemic CMPH scientists are collaborating with The National Institute of Allergy and Infectious Diseases (NIAID) and the DoD study EPICC via IDCRP, to provide state of the art molecular profiling and analysis of individuals with COVID related illness. These program projects directly address risk</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 506 / <i>Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>factors and biomarkers for chronic and severe COVID-related health conditions after viral infection in young service members for readiness measures.</p> <p>Portfolio 4: The Military Women’s Health research program’s (MWHRP) mission is to foster research that influences policy and guides best practices for the health care of Active-Duty Service Women (ADSW) and Veterans. The Military Women’s Health Research Consortium fosters aggregation and facilitates research that supports an operationally ready and deployable female force, improves accessibility and quality of healthcare that addresses the unique health needs of ADSW and veterans, and spans the life course of ADSW as they transition from military service to VA care.</p> <p>Portfolio 5: The Infectious Disease Clinical Research Program (IDCRP) designs and executes multicenter infectious diseases clinical research focusing on high-impact cohorts and interventional trials, to inform and improve care of the Warfighter. The focus is on emerging infections, antimicrobial resistance, and other high priority infections impacting military readiness in US and abroad. IDCRP will generate research evidence to inform warfighter care, develop DoD clinical practice guidance, assess cost effectiveness of interventions, and assist force health protection policy development. IDCRP has continued to focus efforts on DoD-relevant epidemiology efforts plus therapeutic and prophylactics aimed at COVID-19.</p> <p>FY 2023 Plans: CHSR FY 2023 Goals</p> <ul style="list-style-type: none"> • Investigate racial disparities across our top 10 service lines of the MHS: This was recommended by the Defense Health Board and MHS leaders but at present we lack sufficient funds to undertake this research. • Low-value care (LVC) in the MHS: This project directly addresses the 2022 NDAA charging the MHS with reduction of LVC, but funding is scheduled to end in FY23, which will also result in loss of data for continuing the project if funding is not renewed. • Global Burden of Disease in the MHS: uses claims data from the MHS Data Repository (MDR) in an epidemiological methods framework to examine the total burden of disease, measured in disability-adjusted life years (DALYs), across civilian and military MHS beneficiaries. The two study aims are: 1) measure and describe the diseases and injuries related to the loss of health in the MHS population; and 2) investigate changes in population-level health status over time. This includes engagement with USU-PRIMER, USU-MiCOR and the NIH-National Heart, Lung, and Blood Institute (NIH) to determine the burden of heart disease and heart failure in 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 506 / <i>Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>the MHS, and with the NIH-National Center for Deafness and Communication Disorders to determine the burden of hearing loss and vestibular disorders in the MHS.</p> <ul style="list-style-type: none"> • Integrated Practice Unit (IPU) assessment with NICoE: use the NICoE model of co-located, integrated care to develop an IPU tool. • Morale, Manpower, and Medicine with University of Minnesota: assess the relationship between military medicine and military effectiveness, both in morale and as a soft power vs. peer and near-peer competitors. • By Request from OSD(HA): Physician and Nursing Personnel Gaps in MTFs: Optimizing Clinical Productivity during the Transition. • Voice of the Customer: Factors Impacting Choice of Programs in TRICARE (ongoing support to TRICARE and DHA) • Continued development of knowledge translation platform to provide push-pull capability for MHS leaders, clinical communities, and others. • Community building through the more than 130 member strong Health Services Research Interest Group and Value Based Care Journal Club, which is formed by intersectional MHS leaders and national public health leaders. • Develop and sustain Data Coordination Center for USUHS and other researchers needing to work with MHS data sets. • Capacity building through training and workshops including to National USUHS Faculty and MHS providers on the Ethics of Big Data Management and DoD Data Sets for Health Research. • Capacity building through the MPH and PhD in Public Health programs at USUHS. • Emerging Priorities as will be determined by NDAA 2022, DHA, OSD(HA), and other Federal agencies. <p>CGHE FY 2023 Plans: As CGHE activities within CCMDs begin to regain momentum following the pandemic, CGHE is generating programmatic and administrative capacity to support CGHE AME and research requests. The CGHE is working with USCENTCOM to develop a Common Operating Picture for developing current and future USCENTCOM CGHE activities. Findings, recommendations, and process improvements resulting from the FRD and USAFRICOM studies will be generated and submitted during FY23. CGHE has initiated lines of research effort that seek to inform, align, and promulgate knowledge management best practices in support of Center and DoD GHE activities. CGHE knowledge management personnel will continue to collaborate with the FRD in support of this research activity. CGHE is preparing to accommodate the integration of the Defense Institute for Medical Operations (DIMO) within CGHE. Assessment, monitoring, and evaluation (AME) activities</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 506 / <i>Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>and research efforts will focus upon supporting CGHE lines of effort and aligning DIMO with CGHE, OJSS, and CCMD mission objectives.</p> <p>CGHE anticipates the allocation of funding for a FY23 GHERI funding cycle, and is preparing to solicit CCMD GHE research priorities to inform a Call for White Papers to be issued in Q2 or Q3 FY23. Research personnel at CGHE will collaborate with USU VPR, ACQ, and FMG personnel to facilitate the administration of the FY23 GHERI, while concurrently working with Service representatives, the NIH Center for Scientific Review, and the National Center for Medical Intelligence for programmatic and scientific review of project submissions. CGHE anticipates additional Assessment, Monitoring and Evaluation efforts based on an on-going IG review in FY23/24.</p> <p>CMPH FY2023 Goals:</p> <ol style="list-style-type: none"> Innovate automated high throughput workflows for established manual methodologies (e.g., single cell transcriptome library preparation, whole genome bisulfite sequencing and synthetic long read genome sequencing). TAGC is currently implementing and validating a robotic liquid handling platform with a single adaptable deck layout for versatile multiomics workflows. The validation of this platform setup will enable replication of these workflows at other sites of laboratory activity with minimal implementation factors. TAGC will establish a minimal set of pre-analytical assessment factors and workflow quality control metrics to provide as a manual of operations to collaborative laboratories for data generation homogeneity into a common data biobank for networked studies. As a component to establishing multi-site, multi-study features to molecular profiling studies, the TAGC scientific team and CMPH Data Science Core will established several cloud-based storage protocols and analytical pipelines for integrated genomics analysis to share primary data and analyzed results with team-selected investigators. The American Genome Center will implement a shared resource of educational documents and protocols for distribution to the research community, will evaluate applications, methodologies and platforms for single molecule sequencing and will facilitate the establishment of operational components parallel to clinical Production Sequencing compliance standards. These activities will directly address the medical, educational and research needs for genomic medicine initiatives at the university and for collaborative federal government and DoD partner laboratory sites. Recruitment of a Medical Geneticist, and other clinical research genetics personnel. These individuals will supplement existing key personnel. Specifically, the Clinical Implementation Division will improve variant interpretation and curation pipelines to support clinical genomic activities. In addition, ongoing research 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 506 / <i>Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>endeavors related to the use of genomic sequencing information in the DoD are beginning and will require support from CMPH clinical programs.</p> <p>5. Continue data collection and return of genetic results for the GEMini prospective clinical whole genome sudden cardiac arrest protocol.</p> <p>6. Achieve full capacity for the APOLLO Network APOLLO 5 study molecular profiling and data analysis requirements.</p> <p>Military Women’s Health Research Program (MWHRP) FY23 Goals:</p> <ul style="list-style-type: none"> - The creation of a USUHS women’s health tracking system and repository for all USUHS women's health research and evidence-based projects. - MWHRC will provide monthly reporting to the Health Affairs Women in Service Working Group meetings. <p>The Military Women’s Research Consortium expects to allot \$3.6M as \$1.2M FY23 RDT&E, \$1.2M FY24 RDT&E, and \$1.2M FY25 RDT&E appropriations to funds up to 3 Military Women’s Health Research Consortium Awards for the first year with continuing funding up to 3 years, subject to availability of funds. Continued funding is dependent upon assessments of performance based on factors including in-progress review and quarterly progress reports.</p> <p>The award will support translational research targeting specific Focus Areas of Military Women’s Health. Translational research is defined as work that “translates” basic science concepts and ideas into clinically relevant solutions and meaningful health outcomes with a view toward evaluating the feasibility of diagnostic and therapeutic techniques, clinical guidance, emerging approaches and technologies, promising new products, and/or pharmacologic agents.</p> <p>To meet the intent of this award mechanism, each research project must specifically address one or more of the Military Women’s Health Focus Areas identified by the VA/DOD Women’s Health Clinical Care Community and the HA Women in Service Working Group (WIS WG).</p> <p>IDCRP FY23-24 Goals:</p> <ul style="list-style-type: none"> - Ongoing and outyear analyses of EPICC, PASS, MRAP and PAIVED protocols, including: <ul style="list-style-type: none"> o Vaccine correlates of protection research (EPICC, PASS, PAIVED) o A comprehensive Long COVID research road map which includes predictive studies and mechanistic studies (EPICC, MRAP), with potential applications to clinical trial endpoint design. 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 506 / <i>Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>o Ongoing integrated laboratory analyses on EPICC, PASS and PAIVED which will culminate in major mechanistic studies for influenza and SARS-CoV-2.</p> <p>o The MRAP study will provide rolling COVID-19 vaccine effectiveness estimates for ADSM as booster recommendations change and new variants circulate.</p> <p>- Complete enrollment and analysis of the two deployment RCTs (P2 and Treat TD 2.0) to support CPG requirements.</p> <p>- Newly established SSTI data and specimen repository protocol will leverage previously collected data and specimens from legacy SSTI protocols to conduct comprehensive analyses to support SSTI mitigation efforts in high-risk military populations.</p> <p>- Evaluate DoD Antimicrobial Stewardship Programs (ASP) on an enterprise level and provide a technical report on stewardship practices to the DoD ASP Working Group to inform process improvements within the DoD. The protocol is in direct support of a USUHS Public Health PhD thesis.</p> <p>- An acute respiratory infection (ARI) repository protocol – the IDCRP is currently planning a joint ARI protocol data and specimen repository protocol derived from the above and other ARI protocols. This will enable pooled subject level meta-analyses to answer current and emerging questions with improved statistical power, and allow pilot analyses and sample size calculations for new ARI protocols. This will further serve as critical resource for new assay development for future ARI pandemics which threaten Force Health.</p> <p>- Commence an augmented respiratory surveillance protocol at the US Naval Academy to inform ARI management and prevention in congregate military settings as a platform to rapidly characterize the epidemiology of emerging new respiratory infection threats (including new variants) and evaluate real world evidence for non-pharmaceutical interventions and licensed ARI medical countermeasures. This in turn will help inform practice guidelines for acute respiratory infections for service academies, training, and other congregate settings (inc. shipboard).</p> <p>FY 2024 Base Plans: CHSR FY 2024 Goals Continue Efforts as outlined in 2023, including:</p> <ul style="list-style-type: none"> • Racial Disparities across Top 10 Service Lines • Low Value Care in the MHS • Global Burden of Disease Study • Long Term Impacts of Military Health System Response to COVID-19: A Health Services Research Approach to Sustainable Process Improvements 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 506 / <i>Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<ul style="list-style-type: none"> Capacity building through training and workshops Community building through the Health Services Research Interest Group and Value Based Care Journal Club Develop and sustain Data Coordination Center for USU and other researchers needing to work with MHS data sets. Continue to respond to high priority requests of DoD, MHS, interagency, and White House leaders. <p>CGHE FY 2024 Plans: CGHE has augmented and refined its GHERI grant distribution process in preparation for ostensible upcoming funding cycles. CGHE plans to maintain such readiness to rapidly deploy CCMD CGHE research priorities, scientific and programmatic review processes, and funding distribution mechanisms when authorized. Further, CGHE plans to hold and facilitate a CGHE research presentation and poster session at the upcoming 2023 MHSRS conference in Kissimmee, FL.</p> <p>CMPH FY2024 Goals: Continuation of FY23 Goals. MWHRP FY2024 Goals: Continuation of FY23 Goals. IDCRP FY2024 Goals: Continuation of FY23 Goals.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Price adjusted for inflation.</p>					
Accomplishments/Planned Programs Subtotals	11.022	11.631	11.883	0.000	11.883

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development				Project (Number/Name) 507 / Brain Injury and Disease Prevention, Treatment and Research (USUHS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
507: Brain Injury and Disease Prevention, Treatment and Research (USUHS)	26.900	13.378	14.132	14.415	0.000	14.415	14.703	14.997	15.297	15.603	Continuing	Continuing

A. Mission Description and Budget Item Justification

This program supports drug discovery for chronic traumatic and encephalopathy/neurodegenerative disease.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Brain Injury and Disease Prevention, Treatment and Research	13.378	14.132	14.415	0.000	14.415
<p>Description: Service members who have served in combat and have received repeated impact and/or blast TBIs are at risk for developing Chronic Traumatic Encephalopathy (CTE) and other neurodegenerative diseases with significant persistent behavioral/neurologic manifestations. Currently, there are no validated means for diagnosing these problems in living patients or drugs to prevent and treat them. The mission of our program is to develop drugs that will effectively block the formation of tau prions that can be entered into clinical trials for the prevention and/or treatment of CTE and other neurodegenerative disorders in at-risk active duty and retired service members. Using human brain specimens, CTE has been now shown to qualify as a transmissible tau prion disorder. To date, over 320,000 novel chemical compounds have been tested for their ability to interfere with in vitro tau prion formation. Several active compounds have been identified and using medicinal chemistry, we have attempted to improve their bioavailability and lower toxicity profiles. Such candidate drugs are now being tested for efficacy in animal models of tau prion disorders. Newly developed techniques to identify the presence of tau prions in brain samples have been developed and have now been shown to be efficient and highly sensitive.</p> <p>FY 2023 Plans: While the COVID-19 pandemic continues to constrain our pace of research, we plan to screen an additional 100,000 chemical compounds for potential effects of tau prion formation. Compounds identified with such properties will undergo medicinal chemistry analog studies to enhance biologic efficacy. The newly developed, highly sensitive tau prion assay techniques will be used on currently available and newly obtained human brain specimens and animal models to identify the presence, distribution and time-course of tau prion involvement of the brain. We will continue to further develop animal models which overexpress human tau and employ these for pathogenesis, infectivity and drug efficacy studies. Animal models to be actively investigated include Tg23027 mice, Tg12099 rats, hMAPT-KI mice, and ferrets. Further derivation of the Tg23027 mouse to</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 507 / Brain Injury and Disease Prevention, Treatment and Research (USUHS)

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>remove mouse tau isoforms and remove their impact from the propagation of human tau prions is ongoing. Using CryoEM compare the three-dimensional structures of CTE prions to conformations from other non-TBI tauopathies including Alzheimer’s Disease and Down Syndrome. Recognizing the realities of working in the COVID era, activities towards obtaining fresh frozen brain specimens from deceased Service Members who developed CTE will be cautiously expanded in order to provide additional isolates in order to expand our tau prion drug discovery program.</p> <p>FY 2024 Base Plans: Plans for FY2024 reflect a continuation of a multiyear effort to generate effective therapeutics and, as such, include many of the same ongoing activities from FY2023. We plan to screen an additional 100,000 chemical compounds for potential effects of tau prion formation. Compounds identified with such properties will undergo medicinal chemistry manipulation to enhance bioavailability and lessen toxicity profiles. To that end, we will synthesize and assay an average of 20 new designer inhibitors per week, for a total of 1,000 in the year. We will characterize drug-like properties of new analogs: we will test at least 450 new compounds for microsomal stability, 100 compounds for membrane permeability and assess the non-specific protein binding of another 250 through the course of the year. We will continue to further develop and utilize animal models which overexpress human tau and employ these for pathogenesis, infectivity and drug efficacy studies. High resolution Cryo-EM studies will proceed to create a model that further defines the specific atomic structure of tau prions related to CTE. Knowledge gained from this atomic structural model will be used as a selective template for screening the chemical compounds for their efficacy against CTE-related tau prion formation. We will identify a preclinical PET ligand for MSA prions to use in rodents. Correlate in vivo displacement of PET ligand to effective concentration of MSA drugs in the brains of rodent models.</p> <p>These research strategies align with the National Defense Strategy and MHS Strategic Goals & Objectives as articulated in the recently released Warfighter Brain Health Strategy & Action Plan (see page 9, “Develop medical countermeasures to reduce or eliminate long-term and/or late effects following TBI.”</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Price adjustment for inflation.</p>					
Accomplishments/Planned Programs Subtotals	13.378	14.132	14.415	0.000	14.415

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 507 / <i>Brain Injury and Disease Prevention, Treatment and Research (USUHS)</i>
C. Other Program Funding Summary (\$ in Millions) N/A		
Remarks		
D. Acquisition Strategy Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.		

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 508 / Psychological Health and Resilience (USUHS)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
508: Psychological Health and Resilience (USUHS)	14.140	7.042	7.428	7.577	0.000	7.577	7.729	7.884	8.042	8.203	Continuing	Continuing

A. Mission Description and Budget Item Justification

The “Psychological Health and Resilience” program at USUHS is designed to answer fundamental questions of importance to the military medical mission of the Department of Defense in the areas of prevention, treatment and recovery of warfighters and families in behavioral and mental health, which are critical to force health and readiness. Research is necessary to guide policy and ensure optimal delivery of behavioral health training and services across the continuum of care and deployment cycle. Threats addressed by this research component include post-traumatic stress disorder (PTSD), suicide, family separation, and family violence.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Psychological Health and Resilience</p> <p>Description: STARRS-LS, the longitudinal successor studies to the groundbreaking Army STARRS research studies conducted from 2009 to 2015, includes the largest studies of military suicidal behaviors ever undertaken. In addition, STARRS studies have yielded a wealth of information about a variety of other health issues relevant to the military. STARRS-LS seeks to expand and extend the original research effort by continuing to follow cohorts comprised of the original participants, including expanding the Historical Administrative Data Study to include more than 3 million active-duty Soldiers from 2004 to 2019. STARRS-LS uses Big Data techniques and predictive analytics to develop knowledge that allow the Army and DoD to develop products from the knowledge. The volume, breadth and depth of the data compiled for large representative samples of Soldiers, and the unique combination of survey data, health outcome data, and genetic data, allow extensive state-of-the-art analyses. Because the data are available at the Army Analytics Group (AAG) Research Facilitation Laboratory (RFL), analytic opportunities are available for researchers other than the STARRS Research Team.</p> <p>The STARRS Research Team meets, presents findings, and shares ideas regularly with DoD and Army representatives who serve on the STARRS Government Steering Committee (includes representation from ASD-HA, Sec of Army, Army SG), the STARRS Research Advisory Team, DSPO and other groups to ensure that the STARRS research aligns with current DoD/DHP priorities. The STARRS Research Team has published 115 papers in peer-reviewed scientific journals so far. The 2021 U.S. White House strategy report on reducing military and veteran suicide described STARRS as “one of the most notable research efforts to understand risk for suicide in military and veteran populations.</p> <p>FY 2023 Plans:</p>	7.042	7.428	7.577	0.000	7.577

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 508 / <i>Psychological Health and Resilience (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
In addition to the primary achievement of research objectives, the program educates Federal employees as a benefit to the public they serve through Federal service, through support to civil authorities, and in non-Federal professional and academic collaborations. FY 2024 Base Plans: Continue efforts as outlined in FY 2023. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Price adjustment for inflation.					
Accomplishments/Planned Programs Subtotals	7.042	7.428	7.577	0.000	7.577

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 509 / Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
509: Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)	33.033	13.623	14.505	14.916	0.000	14.916	15.333	15.638	15.951	16.272	Continuing	Continuing

A. Mission Description and Budget Item Justification

The “Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness” program at USUHS is designed to answer fundamental questions of importance to the military medical mission of the Department of Defense in the three portfolio areas: Transforming Technology for the Warfighter (TTW), Surgical Critical Care, and the Rehabilitation Sciences Research.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness</p> <p>Description: The “Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness” program at USUHS is designed to answer fundamental questions of importance to the military medical mission of the Department of Defense in the three portfolio areas: Transforming Technology for the Warfighter (TTW), Surgical Critical Care, and the Rehabilitation Sciences Research.</p> <p>Portfolio 1: The Transforming Technology for the Warfighter (TTW) program supports USUHS partnerships with other DoD biomedical labs, civilian universities and medical centers (including minority serving institutions), and the National Institutes of Health to advance and deliver new technologies to improve warfighter health and readiness. Research projects, which focus primarily on the Combat Casualty Care, Military Operational Medicine, and Clinical and Rehabilitative Medicine defense medical R&D areas of interest, are selected based on scientific peer review and programmatic review with an emphasis on direct relevance to identified military needs, translational potential, and clear strategy for product commercialization. Specifically, the program aims to advance Technology Readiness Level (TRL) 3 projects to TRL 4/5/6 within a maximum of three (3) to five (5) year performance period. Although the program is built around the needs of the warfighter, it also advances civilian care by supporting projects that benefit both the warfighter and the general public. The TTW program fully supports the DoD’s Joint Capabilities Integration and Development System (JCIDS) and continually works to link projects to DoD requirements documents, including the 2008 Initial Capability Documents (ICD) for Military Operational Medicine, the 2014 ICD for Combat Casualty Care (CCC) Devices and Products, the 2015</p>	13.623	14.505	14.916	0.000	14.916

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 509 / <i>Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>ICD for CCC Training Technologies, the 2015 ICD for CCC Medical R&D, and the 2017 ICD for Clinical and Rehabilitative Medicine.</p> <p>Portfolio 2: The Surgical Critical Care Initiative (SC2i), a consortium of 7 institutions (USU, Henry M. Jackson Foundation for the Advancement of Military Medicine, NMRC, Duke, Emory, DecisionQ), enrolls critically ill patients (as well as healthy controls), leveraging medical and multi-omics data to develop Clinical Decision Support Tools (CDSTs) that will improve clinical outcomes and lower resource utilization across military and civilian healthcare systems. The CDSTs will further assist readiness by either accelerating return to duty (abridged length-of-stay across the ICU, general ward, and rehabilitation continuum of care) and curbing medical resource burdens. The SC2i also collaborates with the Lawrence Livermore National Laboratory, University of Pittsburgh, University of South Florida, Brooke Army Medical Center, University of Vermont, among others. Through collecting patient specimens, laboratory testing, microbial analytics, and data modeling, our CDSTs will augment individual precision medicine, decrease the Warfighter’s healing time, and accelerate their return to readiness. The SC2i is transforming patient data into actionable information, improving diagnosis in healthcare, and reducing the cost of care through early detection of surgical complications.</p> <p>Our current focus is on 3 CDSTs to aid in advanced Sepsis prediction, timing of wound closure, and early detections of pneumonia, bacteremia, and venous thromboembolism. The AIDEx (Sepsis and other Decompensation) tool will be launched into the BAMC in FY23, with use in nine other military medical facilities within the year following. Additionally, the SC2i is working with the Office of Regulated activities to develop a regulatory strategy for the AIDEx tool for the FDA using a predicate 510(k) pathway. This tool aims to predict sepsis 6-12 hours prior to onset. The WounDx CDST should be in place prior to FY27 in multiple MHS and civilian facilities. WounDx addresses an unmet clinical need of uncertainty in the timing of wound closure; additionally, it will lessen the number of dehiscenced wounds, which occur in an approximately 15-30% of wounded warriors.</p> <p>Other CSDTs include diagnosis of acute kidney injury, severe traumatic brain injury, acute respiratory distress syndrome, open abdomen infections, appendicitis, heterotopic ossification, and snakebite recovery. We have 2 CDSTs currently in use in the MHS or civilian hospitals: Invasive Fungal Infection, which is used to detect patients at increased risk of fungal infections, as well as the Massive Transfusion Protocol app to identify when such is needed in trauma patients. The MTP app has been further adapted for use in Role 1 / 2 care settings and is undergoing external validations in partnership with ARA and MTEC.</p> <p>Potential cost savings (2018 internal business case analysis) through the use of seven of our CDSTs is estimated at \$10B annually for the US healthcare system, and \$110M annually for the US military health system.</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 509 / <i>Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Other SC2i work includes USUHS Department of Surgery student engagement and the generation and dissemination of knowledge products throughout the civilian and medical communities. Recruitment to date is approximately 3,300 patients; 7,600 laboratory samples, and 62 million data points.</p> <p>Portfolio 3: The Center for Rehabilitation Sciences Research (CRSR) supports clinical and translational research efforts dedicated to enhancing the rehabilitative care of the wounded warrior, particularly those with orthopedic trauma, amputation and neurological injury. Research focus areas include: 1) Identifying and mitigating barriers to successful rehabilitation, return to duty and community reintegration; 2) Improved pain management to support active participation in rehabilitation; 3) Applying Advanced Technologies to augment rehabilitation methods and outcomes assessments; 4) Developing and testing advanced technologies to restore individual functional independence; 5) Regenerative Rehabilitation translational products for war-related trauma. Musculoskeletal injuries (MSKI) are the largest source of disability in the military and affect 800,000 Service Members annually, accounting for 25 million days of limited duty. Most concerning, the disability discharge rate for MSKI has increased 13x between 1981 and 2005 (70 vs. 950 per 100,000 persons), and these trends have continued to increase in the Department of Defense (DoD) and Veterans Affairs Administration in the most recent decade. The Defense Health Agency recognized this unmet clinical/operational gap and funded the formation of the Musculoskeletal Injury Rehabilitation Research for Operational Readiness (MIRROR) organization in 2019.</p> <p>In the past three years since our inception, MIRROR has established a world-class infrastructure (data, regulatory, governance) that is compliant with the DoD for conducting research, expanded the number of studies from 14 to 40, formed partnerships with 24 military and academic centers, received \$65 million in grant funding, hosted 5 educational symposiums, generated 19 Post-Operative Rehabilitation Protocols to standardized care across the Tri-Service, and published 82 abstracts and peer-reviewed publications. Since then, our enrollment across all studies is approximately 5,100 subjects. Moving forward, we plan to execute on our current projects and continue to provide value through: (1) research and operational support to new military treatment facilities, (2) closing critical care injury/pain gaps (e.g., spine, knee, ankle, shoulder), (3) evaluating novel imaging modalities (e.g., elastography), (4) performing sub analyses to understand gender disparities, predisposition to injury, response to treatments, etc. MIRROR was also selected to host a 3-hour session at MHSRS 2022. The Photomedicine to Enhance Military Readiness program is a four-year, \$22 million initiative with the Wellman Institute, The Geneva Foundation, HJF, and Spaulding Rehabilitation that supports JPCs 5, 6 and 8. These teams are executing 15 clinical and translational research projects to deliver optimal dosimetry of photobiological therapy to enhance performance, reduce the potential for MSKI, assist with nerve graft healing, enhance</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 509 / <i>Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>audiology function, etc. Projects are progressing and in various stages of device development, benchtop research, and regulatory review [Institutional Review Board (IRB) approval for clinical trials and Institutional Care and Use Committee (IACUC) approval for animal research].</p> <p>In addition to these clinical and translational research projects, CRSR continues to provide leadership and coordination of the Military Treatment Facility Engagement Committee (MTFEC) within the Pain Management Collaboratory (PMC) Coordinating Center (PMC3), which is an \$81 million inter-agency initiative to support a multi-component research effort focused on non-pharmacological approaches for pain management supporting JPCs 6 and 8. Four ongoing pragmatic trials studying non-pharmacological approaches to pain for military service members and veterans continue, expanding to one additional performance site. A one-hour session at MHSRS 2022 titled, 'Novel Interventions for Non-pharmacological Pain Management,' was moderated by DoD representative and MTFEC member, Dr. Henry Nothnagel. To continue conversations among VA, DoD, and DHA members, a cross-collaboration working group has been established to discuss policies and procedures to enhance clinical research execution within the DoD.</p> <p>CRSR has been a leader in the 30-institution NCAA-DoD Concussion Assessment, Research and Education (CARE) Consortium, which includes the Service Academy Longitudinal TBI Outcomes Study (SALTOS). To date, recruitment totals over 53,000 participants, including more than 23,000 Service Academy cadets and midshipmen, with just over 6,700 recorded concussions, making this the largest study of its kind on the natural history and neurobiology of concussion. Thus far in FY22, 15 manuscripts have been published and 23 presentations have been completed to disseminate important findings from this cohort. Additional funding has been secured, totaling \$42.65 million for the longitudinal continuation study, CARE-SALTOS Integrated (CSI). Stand-up of CSI, which will follow cadets, midshipmen, and NCAA athletes post-graduation to determine intermediate and long-term impacts of concussion on health and military service, is currently underway at five military sites, and over 500 military participants have completed Tier 1 of CSI.</p> <p>FY 2023 Plans: TTW FY2023 Plans: Intranasal Delivery of Ketamine for PTSD: A TTW-funded project at Boston University exploring the use of mucoadhesive intranasal Ketamine particles for the treatment of PTSD demonstrated efficacy of a new polysaccharide biomaterial that has potential to overcome the limitations of low-dose ketamine. The TTW program will fund a follow-on project to be conducted in collaboration with Dr. Caroline Browne at USUHS to evaluate the pharmacokinetics and anti-nociceptive effects of these ketamine-loaded synthetic particles in</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 509 / <i>Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>an animal model. This preclinical work will aid in further development and validation of a safe, noninvasive, prolonged-release intranasal vehicle for the delivery of Ketamine as a treatment for PTSD.</p> <p>Photo-biomodulation for Pain Control (follow-on): As outlined above, the TTW program is providing additional funding for Dr. Anders's photo-biomodulation technology previously developed under TTW using Micro Needle Array (MNA) technology to build and validate a prototype battery-powered pain blocking device in an in-vivo large animal model.</p> <p>SC2i FY2023 Plans: WoundX Clinical Decision Support Tool (CDST): Improve clinical outcomes and cost savings by addressing unmet clinical needs for the timing of wound closure. This research will be completed through the processes of obtaining an Investigational Device Exemption and conducting an FDA clinical trial, demonstrating the safety and efficacy of the WoundX CDST. Elevate military readiness by returning wounded warriors to the battlefield, and reducing the cognitive burden of surgeons responding to multi-domain operations. Minimize loss of life and limb in deployed field hospitals and definitive care facilities; minimize battle casualty morbidity and mortality. This project supplements the SC2i mission of improved clinical outcomes at lower costs, through creating clinical decision support tools that focus clinicians on the best choices for each patient. Annual SC2i Core funding supports the initiation of this research; we are seeking funding to extend our research through an IDE/FDA trial, making our tool ready for use in both military and civilian institutions. Implementation will continue for our Sepsis prediction CDST (AISE/AIDEx) integration into one or two military health facilities. A pilot study will be initiated. Will continue to work with DHA to develop best clinical workflow and perform model retraining for specific MTFs involved in the pilot. Our Massive Transfusion protocol will continue to be tested in our Consortium partner hospitals (Duke and Emory), with the goal of deploying the tool into the military health system. Continue supporting education and research initiatives with USUHS UME and GME students, as well as clinical researchers across the DoD.</p> <p>CRSR FY2023 Plans:</p> <ul style="list-style-type: none"> • FY23 award executed with the Uniformed Services University of the Health Sciences (USUHS) and funds received September 2022 for additional POM funding to support the continuation of CRSR. • Anticipated completion and analysis of results from the Service Dog Training Program study, Big Dog, as well as from a study assessing transcranial magnetic stimulation for mild traumatic brain injury (mTBI) and post-traumatic stress disorder, among other multi-year studies in the CRSR portfolio. 					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 509 / <i>Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<ul style="list-style-type: none"> • SALTOS will continue data collection through the 2022/2023 academic year at three military service academies. • CSI will continue Tier 1 electronic survey recruitment, initiate Tier 2 in-person recruitment, and stand-up the Tier 3 data repository merging research data with military health records. • Commencement of at least seven new research protocols, which were in development and approval phases during FY22. • Development of publications and presentations resulting from the completion of various studies aforementioned. • Four additional proposals in development and/or submission stages, in which a number of CRSR personnel are Principal Investigators, to include: <ul style="list-style-type: none"> • (1) AMTI proposal in for \$150,000 for 1 year; a QI/PI project to evaluate the impact of 3D scanning and printing in reducing production time and patient satisfaction of prosthetics. • (2) Full proposal of \$250,000 over two years submitted to CPMRP to assess the efficacy of PRTMS treatment in reducing pain among MHS beneficiaries who are receiving standard of care therapy for chronic neck pain at WRNMMC. • (3,4) Collaborating with MN for multi-year studies via the MDO funding mechanism: “Oculomotor function as an early neurophysiologic marker in concussion and blast exposure” and “Biomarkers of neuropathic pain and neuroinflammation for individuals with spinal cord injury” <p>FY 2024 Base Plans: TTW FY24 Plans: Continue efforts as outlined in FY 2023.</p> <p>SC2i FY24 Plans: Build our TripleDx CDST to predict Venous Thromboembolism (VTE), Pneumonia, and Acute Kidney Injury (AKI) in the clinical setting to allow clinicians to intervene and fine tune treatment to benefit patient care. Continue with discovery work around the inflammatory processes involved in snake bite and envenomation and recovery. Complete statistical modeling, design software, and evaluate in a clinical trial setting. Continue WoundX clinical trial (from above).</p> <p>CRSR FY24 Plans: Continue efforts as outlined in FY 2023.</p> <p>FY 2024 OCO Plans:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 509 / <i>Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Price adjustments for inflation.					
Accomplishments/Planned Programs Subtotals	13.623	14.505	14.916	0.000	14.916

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 511 / Cancer Moonshot Initiatives
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
511: Cancer Moonshot Initiatives	0.000	0.000	12.300	12.500	0.000	12.500	12.800	13.100	13.400	13.668	Continuing	Continuing

Note

This Project overall is a new start in FY 2023 and all elements of this new Project are new and novel in support of the DoD aspect of the federal Cancer Moonshot 2 initiative mandated by the White House in February 2022.

A. Mission Description and Budget Item Justification

DoD Cancer Moonshot 2 (CM2) is a mission assigned by the DoD to USUHS Murtha Cancer Center Research Program (MCCRP) as a mandate from the White House's federal Cancer Moonshot part 2 (CM2) that was initiated in February 2022. CM2 is the next generation of the original federal cancer moonshot program initiated in 2016, for which the MCCRP is actively engaged in ongoing cancer studies. The DoD CM2 program is a new initiative with new translational research projects but can and will leverage the findings and capabilities that MCCRP has developed from the cancer moonshot 2016 program. In CM2, MCCRP will leverage DoD's unique and additional capabilities to contribute to advancement of the seven priority areas of CM2 as designated by the White House. The MCCRP's three new initiatives under the CM2 for DoD include: 1) Cancer Research and Clinical Trial Network; 2) Data Analytics (Integrated and pan-omic) and Molecular Cancer Epidemiology; and 3) DoD Serum Repository Projects surrounding environmental and toxin exposures in service members.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Cancer Moonshot Initiatives	0.000	12.300	12.500	0.000	12.500
Description: There are three new research areas developed for this new Project under the Cancer Moonshot 2 (CM2) for DoD through USUHS MCCRP: 1) Cancer Research and Clinical Trial Network; 2) Data Analytics and Molecular Cancer Epidemiology; and 3) Environmental Exposures and Toxins in Military / DoD Serum Repository Projects. These three new initiatives will address the federal government / White House's seven stated goals for Cancer Moonshot 2 which are: to diagnose cancer sooner; to prevent cancer; to address inequities; to target the right treatments to the right patients; to speed progress against the most deadly and rare cancers including childhood cancers; to support patients, caregivers, and survivors; and to learn from all patients. Under these seven new pillars for CM2, the two overall goals per the White House for Cancer Moonshot 2 is to decrease the cancer death rate from cancer by 50% over the next 25 years, and to improve the experience of people and their families living with and surviving cancer. Our DoD Cancer Moonshot 2 initiatives are specifically developed and precisely aligned to address the overall CM2 seven pillars and two goals within the DoD health care system along with our federal partners. MCCRP focus of these projects is for active duty, veterans, and beneficiaries at risk for or with cancer. However, the initiatives and findings will have impact for the nation as a whole as part of the larger national Cancer Moonshot 2.					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 511 / <i>Cancer Moonshot Initiatives</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p><i>FY 2023 Plans:</i></p> <p>There are three new research areas developed for this new Project under the Cancer Moonshot 2 (CM2) for DoD through USUHS MCCRCP: 1) Cancer Research and Clinical Trial Network; 2) Data Analytics (Integrated and pan-omic) and Molecular Cancer Epidemiology; and 3) DoD Serum Repository Projects surrounding environmental and toxin exposures in servicemembers. These three new initiatives will address the federal government / White House’s seven stated goals for Cancer Moonshot 2 which are: to diagnose cancer sooner; to prevent cancer; to address inequities; to target the right treatments to the right patients; to speed progress against the most deadly and rare cancers including childhood cancers; to support patients, caregivers, and survivors; and to learn from all patients. Under these seven new pillars for CM2, the two overall goals per the White House for Cancer Moonshot 2 is to decrease the cancer death rate from cancer by 50% over the next 25 years, and to improve the experience of people and their families living with and surviving cancer. Our DoD Cancer Moonshot 2 initiatives are specifically developed and precisely aligned to address the overall CM2 seven pillars and two goals within the DoD health care system along with our federal partners. MCCRCP focus of these projects is for active duty, veterans, and beneficiaries at risk for or with cancer. However, the initiatives and findings will have impact for the nation as part of the larger national Cancer Moonshot 2.</p> <p>There are three new projects under the Cancer Moonshot 2 (CM2) for DoD through USUHS MCCRCP: 1) Cancer Research and Clinical Trial Network; 2) Data Analytics (Integrated and pan-omic) and Molecular Cancer Epidemiology; and 3) DoD Serum Repository and Tissue/Data Projects surrounding environmental and toxin exposures in service members. The base plans for each of the three are as follows: 1) Cancer Research and Clinical Trial Network: Herein referred to as “the Network”, this is the foundational element of CM2 as it provides the link between the research protocols, studies, clinical trials, and the patients who need equitable access to them. It is axiomatic that the best treatment for cancer patients is a clinical trial. Despite knowing that, less than 10% of all cancer patients are enrolled in a clinical trial and there are known inequities with regards to lack of diversity in clinical trial enrollment across the nation. While MCCRCP has done some limited engagement in this area across the DoD and other federal hospitals for our active duty, retirees, veterans, and beneficiaries with cancer, this Task #1 will enable the full build-out, completed development, and actualization of the vast potential of the DoD health care system and its hospitals as well as partner federal facilities into a fully functional and integrated military / veterans cancer clinical trials and research network. MCCRCP will fully enable, staff, and support the network at DHA / DoD hospitals/medical centers and VHA facilities as well as partner sites and will enable and support the implementation and running of cancer research</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / <i>Medical Technology Development</i>	Project (Number/Name) 511 / <i>Cancer Moonshot Initiatives</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>and trials across the network that have significance and relevance to the specific needs of the active duty and veteran populations with a focus on Readiness preservation.</p> <p>2) Data Analytics (Integrated and pan-omic) and Molecular Cancer Epidemiology: Herein referred to as “Data”, this project element of CM2 is needed in order to maximize the existing and to-be-developed multiple and disparate data streams that have been or are being developed from both CM1 and CM2 research and translational studies. Additionally, the CM2 Data project will enable the storage (cloud-based; on-site servers; other requirements) of the huge data files that have been, are being, and will be developed as part of all CM activities past, present, and future. Furthermore, the CM2 Data project will develop through partnerships and in-house development, the capability to utilize Machine Learning and Artificial Intelligence and other types of novel “big data” analytic tools in order to maximize the knowledge gained from the large and disparate data sets that our DoD CM1 and CM2 research projects have created and are creating. These large “big data” sets are exemplified but not limited to complex proteogenomic data, other multi-omics (eg. lipidomics, metabolomics, methylation, circulating DNA, others), clinical data, outcomes data of all types, tumor registry data, DHA / DoD / MCCRCP datasets, radiomics data, patient reported outcomes data, and all other developed or existing data sets of any relevant type. Murtha DoD CM2 Data project will also ingest and incorporate for analysis any and all relevant intramural and extramural data sets of any and all types both existing and under development when available.</p> <p>3) DoD Serum Repository and Tissue/Data Projects surrounding environmental and toxin exposures in service members: Herein referred to and subsequently identified as “PROMETHEUS”, PROject for Military Exposures and Toxin History Evaluation in US servicemembers, is a unique first-in-class research project that takes any and all available relevant biospecimens, data, exposure history, and expertise both intramural and extramural to operationalize robust molecularly-based inquiries into the complex questions and issues surrounding the putative roles of environmental exposures, toxin exposures, and military-specific job requirements into the risk for and development of cancers or pre-cancerous conditions in active duty service members, retired service members, and veteran service members. PROMETHEUS will be intended to develop predictive capabilities, associations, and causality knowledge to allow for “Forethinker” predictive-in-advance abilities of what types of the above exposures and toxins may be mitigated, controlled, or avoided in order to better preserve the Readiness of the Total Force. This project will utilize and ingest any and all available DoD- and VA-level data sets (eg. ONCOLOG; ILER; MilCanEpi; M2; TRICARE; other), liquid and solid biospecimens and tumors to include from the AFHSD’s DoD Serum Repository, MCCRCP biobanks, and any other DoD-funded or available biospecimens and data sets. PROMETHEUS will partner with government and non-government experts in this field to ensure development of best-in-class research utilizing these unique, vast data and biospecimen sets across multiple molecular analytic labs and processes both governmental and non-governmental (to include</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / Medical Technology Development	Project (Number/Name) 511 / Cancer Moonshot Initiatives
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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
but not limited to civilian, university, and corporate molecular capabilities). The intake will include substrate on exposures, toxins, environment, blood, serum, tissues, and other data, and the outputs will include molecular and biologic pathways, correlations and causations, mechanisms, knowledge, and prevention opportunities. Clinical Practice Guidelines and Knowledge/Materiel Products will be additional expected deliverables. FY 2024 Base Plans: FY 2024 plans continue efforts outlined in FY 2023. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Price adjustments for inflation.					
Accomplishments/Planned Programs Subtotals	0.000	12.300	12.500	0.000	12.500

	FY 2022	FY 2023
Congressional Add: Cancer Moonshot Initiatives (USUHS) FY 2022 Accomplishments: N/A	0.000	-
Congressional Adds Subtotals	0.000	-

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	437.585	190.750	202.431	172.351	0.000	172.351	175.518	179.161	182.475	186.125	Continuing	Continuing
400Z: <i>CSI - Congressional Special Interests</i>	61.816	53.236	35.640	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
374: <i>GDF - Medical Products Support and Advanced Concept Development</i>	363.689	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
374A: <i>GDF - Medical Simulation and Training</i>	0.000	18.490	18.422	18.445	0.000	18.445	16.460	17.020	17.360	17.707	Continuing	Continuing
374B: <i>GDF - Medical Readiness</i>	0.000	49.534	69.087	71.227	0.000	71.227	74.568	77.893	79.452	81.041	Continuing	Continuing
374C: <i>GDF - Medical Combat Support</i>	0.000	43.453	27.150	27.917	0.000	27.917	22.919	18.078	18.418	18.786	Continuing	Continuing
374D: <i>GDF - Restoration & Healthcare Systems</i>	0.000	22.027	26.052	26.080	0.000	26.080	32.595	36.502	37.232	37.977	Continuing	Continuing
374E: <i>GDF - Medical Materiel/ Medical Biological Defense Equipment Development</i>	0.000	0.000	21.835	24.352	0.000	24.352	24.559	25.163	25.417	25.926	Continuing	Continuing
434A: <i>Air & Space Medical Readiness Advanced Concept Development (AF)</i>	12.080	4.010	4.245	4.330	0.000	4.330	4.417	4.505	4.596	4.688	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Medical Products Support and Advanced Concept Development: This program element (PE) provides funding to support: advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to military operational users; prototyping; risk reduction and product transition efforts for medical devices and/or information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record; and medical simulation and training system technologies.

Development, test, and evaluation in this PE is designed to address requirements identified through the Joint Capabilities Integration and Development System and other Department of Defense operational needs. Research Development Test and Evaluation priorities for the Defense Health Program (DHP) are guided by, and will support, the National Defense Strategy, the Joint Staff Surgeon's Joint Concept for Health Services, and other DoD strategic framework documents.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0604110DHA I <i>Medical Products Support and Advanced Concept Development</i>
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Program development and execution is coordinated with all of the Military Service Components and the Special Operations Command, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs, the Department of Health and Human Services, and the Department of Homeland Security. Coordination occurs through the planning and execution activities of the Defense Health Agency Component Acquisition Executive (DHA/CAE) as the Milestone Decision Authority for joint medical materiel development efforts and of Service Authorities for Service-specific capability requirements. As technologies mature, the most promising efforts will transition to medical products and support systems development funding, PE 0605145.

B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	142.252	166.960	172.351	0.000	172.351
Current President's Budget	190.750	202.431	172.351	0.000	172.351
Total Adjustments	48.498	35.471	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-0.169			
• Congressional Rescissions	-	-			
• Congressional Adds	55.108	35.640			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-6.610	-			

Congressional Add Details (\$ in Millions, and Includes General Reductions)

Project: 400Z: CSI - Congressional Special Interests

- Congressional Add: 374 - *Congressional Add - GDF - Medical Products Support and Advanced Concept Development*
- Congressional Add: 441A - *Joint Warfighter Medical Research Program*
- Congressional Add: 464 - *GDF - Restore Core Research Funding Reduction*
- Congressional Add: 464 - *USUHS - Restore Core Research Funding Reduction for National Disaster Medical System Pilot Study*
- Congressional Add: 554 - *Joint Civilian Medical Surge Facility*

Congressional Add Subtotals for Project: 400Z

Congressional Add Totals for all Projects

	FY 2022	FY 2023
	5.404	0.000
	15.466	16.000
	4.336	0.000
	14.486	0.000
	13.544	19.640
	53.236	35.640
	53.236	35.640

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>				Project (Number/Name) 400Z / <i>CSI - Congressional Special Interests</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
400Z: <i>CSI - Congressional Special Interests</i>	61.816	53.236	35.640	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Defense Health Program funded Congressional Special Interest (CSI) directed research. The strategy for the FY 2023 Congressionally-directed research program is to stimulate innovative research through a competitive, focused, peer-reviewed medical research at intramural and extramural research sites. Because of the CSI annual structure, out-year funding is not programmed.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023
Congressional Add: 374 - Congressional Add - GDF - Medical Products Support and Advanced Concept Development <i>FY 2022 Accomplishments:</i> FY22 Congressional Add <i>FY 2023 Plans:</i> N/A	5.404	0.000
Congressional Add: 441A - Joint Warfighter Medical Research Program <i>FY 2022 Accomplishments:</i> FY22 Congressional Add <i>FY 2023 Plans:</i> FY23 Congressional Add	15.466	16.000
Congressional Add: 464 - GDF - Restore Core Research Funding Reduction <i>FY 2022 Accomplishments:</i> This is a program increase due to GDF restoral in the FY22 enacted budget. <i>FY 2023 Plans:</i> N/A	4.336	0.000
Congressional Add: 464 - USUHS - Restore Core Research Funding Reduction for National Disaster Medical System Pilot Study <i>FY 2022 Accomplishments:</i> This is a program increase due to restoral in the FY22 enacted budget. <i>FY 2023 Plans:</i> N/A	14.486	0.000
Congressional Add: 554 - Joint Civilian Medical Surge Facility <i>FY 2022 Accomplishments:</i> FY22 Congressional Add <i>FY 2023 Plans:</i> FY23 Congressional Add	13.544	19.640
Congressional Adds Subtotals	53.236	35.640

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 400Z / <i>CSI - Congressional Special Interests</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Prior year CSI funded research will be assessed for developmental maturity and qualification for initial or continued advanced development funding. If advanced development criteria are met, follow-on development will be solicited through a peer-reviewed process.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0604110DHA / Medical Products Support and Advanced Concept Development				Project (Number/Name) 374 / GDF - Medical Products Support and Advanced Concept Development			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
374: GDF - Medical Products Support and Advanced Concept Development	363.689	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

Note
Starting in FY 2022, funding from Project 374 was realigned to Projects 374A, 374B, 374C, and 374D.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record; and medical simulation and training system technologies.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF – Medical Product Support and Advanced Concept Development	0.000	0.000	0.000	0.000	0.000
Description: This funding provides product support and advanced concept development of materiel products that meet the medical needs of the warfighter. Materiel development may include accelerated transition of US Food and Drug Administration (FDA)-licensed and unregulated products and medical practice guidelines to the military operational user through clinical and field validation studies, prototyping, risk reduction, and product transition efforts for medical information technology applications and medical training systems technologies.					
FY 2023 Plans: Starting in FY 2022, funding from Project 374 was realigned to Projects 374A, 374B, 374C, and 374D.					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 374 / <i>GDF - Medical Products Support and Advanced Concept Development</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Starting in FY 2022, funding from Project 374 was realigned to Projects 374A, 374B, 374C, and 374D.					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / Medical Products Support and Advanced Concept Development	Project (Number/Name) 374A / GDF - Medical Simulation and Training
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
374A: GDF - Medical Simulation and Training	0.000	18.490	18.422	18.445	0.000	18.445	16.460	17.020	17.360	17.707	Continuing	Continuing

Note
Starting in FY 2022, funding for Project 374A was realigned from Projects 374. This Project is not a new start.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Medical Simulation and Training: This funding supports materiel development of products that provide solutions for the most pressing simulation and training needs of the Warfighter through advanced concept development and prototyping of medical products and medical information technology applications in direct support of MHS Beneficiaries.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Simulation and Training	18.490	18.422	18.445	0.000	18.445
<p>Description: This funding provides product support and advanced concept development of materiel products that meet the medical simulation and training needs of the warfighter. Materiel development may include accelerated transition of simulation and training capabilities along with medical practice guidelines to the military operational user through clinical and field validation studies, prototyping, risk reduction, and product transition efforts for medical information technology applications and medical training systems technologies.</p> <p>FY 2023 Plans: Programs will focus on development and application of medical simulation and training capabilities for hospital care and operations. The Point-of-Injury and Trauma Simulation program will continue capability development tying together individual, collective, service and Joint training to Warfighters and Medical Professionals across the Department of Defense. The Virtual Education Center advances and addresses patient education shortfalls to increase patient experiences and knowledge. The Hospital Training Simulation Systems and Evacuation and Transportation Simulation Systems programs will continue to develop, standardize and baseline the Medical Treatment Facility, Theater Hospital training (care and procedures), and en-route patient care training for interoperability. The Learning, Tactics and Technology Systems program will continue to develop the training courses, hands-on training, and exercises to develop and maintain military medical skills that enhance and</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 374A / <i>GDF - Medical Simulation and Training</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>maximize the training simulations, manikins, and will unify patient and clinical education across the MHS and improving healthcare across the Department of Defense.</p> <p>FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023 and support advanced development, prototypes and evaluation of medical simulation and training.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation.</p>					
Accomplishments/Planned Programs Subtotals	18.490	18.422	18.445	0.000	18.445

C. Other Program Funding Summary (\$ in Millions)
N/A

Remarks

D. Acquisition Strategy
This program will test and evaluate medical support systems, medical information technologies, and simulation and training capabilities in operational and clinical user assessments to gather data required for military and regulatory requirements prior to production and fielding.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>				Project (Number/Name) 374B / <i>GDF - Medical Readiness</i>			
COST (\$ in Millions)	Prior Years (+)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
374B: <i>GDF - Medical Readiness</i>	0.000	49.534	69.087	71.227	0.000	71.227	74.568	77.893	79.452	81.041	Continuing	Continuing

(+) The sum of all Prior Years is \$0.000 million less than the represented total due to several projects ending

Note

Starting in FY 2022, funding for Project 374B was realigned from Projects 374. This Project is not a new start.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Readiness	49.534	69.087	71.227	0.000	71.227
Description: This funding provides product support and advanced concept development of materiel products that meet the medical needs of the warfighter. Materiel development may include accelerated transition of US Food and Drug Administration (FDA)-licensed and unregulated products and medical practice guidelines to the military operational user through clinical and field validation studies, prototyping, risk reduction, and product transition efforts for medical information technology applications.					
FY 2023 Plans: Programs will focus on prevention of illness and injury along with optimization of human performance. Significant FY23 Programs: Canine Thermal Model and Monitor (CTMM) plans to perform Cyber, IV&V, and Operational Assessment Tests for Increment 2; Health Readiness and Performance System (HRAPS) plans to transition wearable system programs under its integrated system; Transition to Joint Health Risk Management to HRAPS and inclusion of wearable noise; COVID-19 pilot study using algorithms developed to provide early warning of COVID-19 infection; and MASTR-E transition for Squad Performance Prediction algorithms and MOMRP/USARIEM for compression shirt technology. Completion of Broad-Spectrum Snake Bite Antidote First Phase 2 clinical trial and initiation of second Phase 2 clinical trial and registration batch manufacturing; and Pharmaceutical Intervention for Noise-Induced Hearing Loss - Acute Exposure Treatment (PINIHL-AET) will					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 374B / <i>GDF - Medical Readiness</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
continue ongoing Phase 2 clinical trials to test safety and efficacy of a promising pharmaceutical. Also, continue development efforts for Digital Radiography. FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023 and support advanced development, prototypes and evaluation of medical readiness capabilities. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	49.534	69.087	71.227	0.000	71.227

C. Other Program Funding Summary (\$ in Millions) N/A Remarks D. Acquisition Strategy This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0604110DHA / Medical Products Support and Advanced Concept Development				Project (Number/Name) 374C / GDF - Medical Combat Support			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
374C: GDF - Medical Combat Support	0.000	43.453	27.150	27.917	0.000	27.917	22.919	18.078	18.418	18.786	Continuing	Continuing

Note
Starting in FY 2022, funding for Project 374C was realigned from Projects 374. This Project is not a new start.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Combat Support	43.453	27.150	27.917	0.000	27.917
Description: This funding provides product support and advanced concept development of materiel products that meet the medical needs of the warfighter. Materiel development may include accelerated transition of US Food and Drug Administration (FDA)-licensed and unregulated products and medical practice guidelines to the military operational user through clinical and field validation studies, prototyping, risk reduction, and product transition efforts for medical information technology applications.					
FY 2023 Plans: Programs will focus on operational support. The Cold Stored Platelets program will continue ongoing Phase 3 clinical studies as well as ongoing in vitro platelet characterization studies. The Non-Compressible Hemorrhage Control program will continue to expand as a family of systems approach to identify potential solutions that would fulfill this gap. Efficacy of developmental items will be evaluated in clinical studies. Plans for a 510(k) FD submission for a product as well as the restart of a clinical trial for another product. Canine Blood Products program plans to continue manufacturing feasibility studies, canine trauma treatment clinical studies; and award a contract for restoration of Oxyglobin production. In addition, efforts will continue for the following programs:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 374C / <i>GDF - Medical Combat Support</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Advanced Medical Monitor (formerly integrated Hemorrhage Detection); TBI Assessment & Diagnosis – Mobile Applications; Autonomous Closed Loop Control/Mechanical Ventilation (ACLC/MV). FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023 and support advanced development, prototypes and evaluation of medical combat support capabilities. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation.					
Accomplishments/Planned Programs Subtotals	43.453	27.150	27.917	0.000	27.917

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / Medical Products Support and Advanced Concept Development	Project (Number/Name) 374D / GDF - Restoration & Healthcare Systems
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
374D: GDF - Restoration & Healthcare Systems	0.000	22.027	26.052	26.080	0.000	26.080	32.595	36.502	37.232	37.977	Continuing	Continuing

Note
Starting in FY 2022, funding for Project 374D was realigned from Projects 374. This Project is not a new start.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record.

B. Accomplishments/Planned Programs (\$ in Millions)

Title: GDF - Restoration & Healthcare Systems

Description: This funding provides product support and advanced concept development of materiel products that meet the medical needs of the warfighter. Materiel development may include accelerated transition of US Food and Drug Administration (FDA)-licensed and unregulated products and medical practice guidelines to the military operational user through clinical and field validation studies, prototyping, risk reduction, and product transition efforts for medical information technology applications.

FY 2023 Plans:

Programs will focus on treatments to be used to restore form and function to warfighters as well as improve healthcare. Joint Multi-Channel Infusion Pump program continue TMRR contract execution and plan for initial and final design review. The Post Traumatic Stress Disorder-Drug Treatment program will continue its CAPS-5 Adaptive Platform enabling study; rolling out its Adaptive Platform Trial; and solicit industry partners for Phase 3 clinical trials. The Traumatic Brain Injury-Drug Treatment program plans an adaptive platform master protocol for Phase 2 Clinical Trials on industry exempt on-market generic oral drugs for moderate TBI; plans to enroll first subjects in Q2 and rolling site initiations across 10 sites; continue development efforts and complete IPRs for

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
	22.027	26.052	26.080	0.000	26.080

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 374D / <i>GDF - Restoration & Healthcare Systems</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>pipeline novel TBI drug developers. Continue efforts for the Post Traumatic Stress Disorder-Screening Tool and Bacteriophage Treatment for Bacterial Infections programs.</p> <p>FY 2024 Base Plans: FY 2024 plans continue efforts as outlined in FY 2023 and support advanced development, prototypes and evaluation of medical restoration and healthcare system capabilities.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation.</p>					
Accomplishments/Planned Programs Subtotals	22.027	26.052	26.080	0.000	26.080

<p>C. Other Program Funding Summary (\$ in Millions) N/A</p> <p>Remarks</p> <p>D. Acquisition Strategy This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.</p>
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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / Medical Products Support and Advanced Concept Development	Project (Number/Name) 374E / GDF - Medical Materiel/Medical Biological Defense Equipment Development
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
374E: GDF - Medical Materiel/Medical Biological Defense Equipment Development	0.000	0.000	21.835	24.352	0.000	24.352	24.559	25.163	25.417	25.926	Continuing	Continuing

A. Mission Description and Budget Item Justification

Funding and mission realignment of US Army Medical Research and Development Command transfer to the Defense Health Agency in order to meet Congressional intent as outlined in NDAA 2019 (Section 711) and NDAA 2020 (Section 737) in support of Medical Materiel/Medical Biological Defense Equipment Development.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Materiel/Medical Biological Defense Equipment Development	0.000	21.835	24.352	0.000	24.352
Description: Programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Materiel/Medical Biological Defense Equipment Development from Army PE 0603807A. Funding is provided for engineering and manufacturing development of medical devices and blood products in support of enhanced combat casualty care and for the development of candidate medical countermeasures for military relevant infectious disease focusing on prevention and treatment to increase medical readiness. This project provides for the advanced product development and prototyping of Army lifesaving medical field systems.					
FY 2023 Plans: Programs will focus on advanced component development, test and evaluation in support of Medical Materiel/Medical Biological Defense Equipment Development.					
FY 2024 Base Plans: Programs will focus on advanced component development, test and evaluation in support of medical materiel/medical biological defense equipment and therapeutics development. Significant FY24 Programs: Temporary Corneal Repair, Burn Treatment Skin Repair, and Rapid Human Diagnostics.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Increase supports technology maturation in the area of wound prevention and treatments development.					
Accomplishments/Planned Programs Subtotals					24.352

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 374E / <i>GDF - Medical Materiel/Medical Biological Defense Equipment Development</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>				Project (Number/Name) 434A / <i>Air & Space Medical Readiness Advanced Concept Development (AF)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
434A: <i>Air & Space Medical Readiness Advanced Concept Development (AF)</i>	12.080	4.010	4.245	4.330	0.000	4.330	4.417	4.505	4.596	4.688	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project focuses on coordinating the activities to rapidly field advanced medical capabilities to meet the needs of warfighters while bridging the gap between science and technology (S&T) and advanced development, procurement, fielding, and sustainment. This project enables the fielding of advanced medical capabilities (Technology Readiness Level-TRL 5-8) to address the vital medical readiness needs of our Airmen. Development, modification, and modernization projects emphasize technologies supporting the Air Force (AF) Surgeon General’s aerospace & operational medicine and medical readiness priorities. This project ensures viability of S&T and translational research efforts with materiel components by providing programmed funding for logical progression and transition of those activities into the product development lifecycle and into the hands of AF operational end-users.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Air & Space Medical Readiness Advanced Concept Development (AF)	4.010	4.245	4.330	0.000	4.330
Description: This project ensures balance, rigor, and timely fielding of medical capabilities in the AF Advanced Development portfolio. This project focuses on the advancement of Technical Maturation and Risk Reduction (TMRR) and Engineering and Manufacturing Development (EMD) for prototypes and production representative units respectively that address AF capability gaps in aerospace and operational medicine and medical readiness.					
FY 2023 Plans: Two to three new materiel efforts are projected for FY23; additionally, three projects are continuing from previous fiscal years focused on restoring blood flow to extremities, hand-held diagnostics, and consolidation of vision testing into a single device. Incoming projects are geared towards closing capability gaps related to hemorrhage control which is the leading cause of mortality in operational environments and total exposure health to mitigate the exposure of our warfighters to hazardous particles and compounds.					
FY 2024 Base Plans: Approximately four new projects are expected to transition to materiel development in FY24 along with funding of follow-on requirements for current projects related to total exposure health. Continued engagement with industry partners to ascertain industry to government opportunities to rapidly facilitate medical products to our Manpower					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / <i>Medical Products Support and Advanced Concept Development</i>	Project (Number/Name) 434A / <i>Air & Space Medical Readiness Advanced Concept Development (AF)</i>
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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
and Force Equipment Packaging (MEPFAKs) and Major Commands (MAJCOMs) will continue to expand the portfolio. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Funding increase due to inflation.					
Accomplishments/Planned Programs Subtotals	4.010	4.245	4.330	0.000	4.330

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Partnerships with Defense Health Agency/Component Acquisition Executive (DHA/CAE), the U.S. Army Medical Research & Development Command (USAMRMC), U.S. Army Medical Research Acquisition Activity (USAMRAA), Navy Medical Research Center (NMRC), Air Force Research Laboratory (AFRL), Air Force Life Cycle Management Center (AFLCMC), Department of the Interior (interagency cooperative agreements and use award of delivery orders and task assignments) and medical technology consortiums to perform engineering, manufacturing, and prototype development Indefinite Delivery, Indefinite Quality (IDIQ) vehicles to include those awarded under Small Business Innovation Research (SBIR) phase III provisions. Utilization of SBIR program direct awards for Phase III transition efforts and a Cooperative Agreement structure through foundations supporting military medical research and development programs. Will utilize industry-standard project management processes and DoD Acquisition process managed by the AFLCMC, Wright-Patterson AFB.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	42.048	10.471	9.834	10.033	0.000	10.033	10.234	10.259	10.464	10.673	Continuing	Continuing
239H: <i>IM/IT Test Bed (Air Force) at DHA</i>	8.124	0.697	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
423C: <i>Defense Center of Excellence (T2T/PBH TERM) (DHA)</i>	3.285	0.466	0.411	0.411	0.000	0.411	0.411	0.000	0.000	0.000	Continuing	Continuing
480D: <i>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</i>	17.939	8.384	8.309	8.484	0.000	8.484	8.662	9.074	9.255	9.440	Continuing	Continuing
482A: <i>E-Commerce (DHA)</i>	12.700	0.924	1.114	1.138	0.000	1.138	1.161	1.185	1.209	1.233	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers. Programs include Army service level support for the Medical Operational Data System (MODS); Army Medicine CIO Management Operations; Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM); Pharmacovigilance Defense Application System (PVDAS); Mobile HealthCare Environment (MHCE); and the Defense Center of Excellence (DCoE).

For the Air Force, the funding in this program element provides for sustainment of the IM/IT Test Bed (IMIT-TB) capability, which is a dedicated OT location and staff encompassing the entire spectrum of healthcare services and products available in MTFs, to provide risk controlled testing of designated core and interim medical applications in a live environment.

Defense Health Agency (DHA) Health Information Technology (HIT) [previously known as Tri-Service IM/IT] - DHA HIT RDT&E activities includes funding for development/integration, modernization, test and evaluation for the Defense Health Agency initiatives, and any special interest that are shared within all centralized components of the Defense Health Program (DHP). HIT initiatives currently using RDT&E funding include: Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH) and Defense Center of Excellence (Telehealth and Technology Toolkit (T2T)).

The DHP RDT&E appropriation includes the following DHA initiatives: Electronic Commerce System (E-Commerce). E-Commerce was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce is composed of several major applications including: Contract Management (CM), utilizing Prism software to support contract action development and documentation; Resource Management (RM), employing Oracle

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>
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Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; Document Management, utilizing Document software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting, utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care and Contractor's Resource Center web sites that provide up-to-date financial information for both TMA and the Services concerning the military treatment facilities (MTFs), and expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes an infrastructure of over 60 servers supporting development, test, and production. E-Commerce is employed by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without influencing system performance or support to any individual user. Server configurations must remain current with respect to security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.

B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	10.866	9.834	10.033	-	10.033
Current President's Budget	10.471	9.834	10.033	-	10.033
Total Adjustments	-0.395	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.395	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 239H / <i>IM/IT Test Bed (Air Force) at DHA</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
239H: <i>IM/IT Test Bed (Air Force) at DHA</i>	8.124	0.697	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Continue to provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. Critical component of ongoing capability development & fielding efforts, ensuring that each is supported by an independent, unbiased assessment of effectiveness, suitability, security, and survivability in a realistic operational environment as required by the FAR 46.103, DoD 5000, and AFI 99-103. The AFMISTB is a complementary service to existing MHS developmental, integration, interoperability, and security testing facilities, forming a logical test process continuum leading to effective deployment decisions. Outcomes include decreasing life-cycle costs of IM/IT products by catching errors early in the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical information systems.

Previously reported under initiative IM/IT Test Bed (Air Force) Project Code 239F.

Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. However, functionality for operational testing will remain with Air Force Medical IT.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Operational Testing Service	0.697	0.000	0.000	0.000	0.000
Description: A dedicated operational testing service, Test Bed conduct tests on various Air Force Medical Systems (AFMS). It provides risk controlled testing for designated core & interim medical applications in an operationally realistic environment.					
FY 2023 Plans: Realignment of funding from RDT&E to O&M based on transitioning requirements.					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Decrease due to realignment of funding from RDT&E to O&M based on transitioning requirements.					
Accomplishments/Planned Programs Subtotals	0.697	0.000	0.000	0.000	0.000

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 239H / <i>IM/IT Test Bed (Air Force) at DHA</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. However, functionality for operational testing will remain with Air Force Medical IT.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 423C / Defense Center of Excellence (T2T/PBH TERM) (DHA)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
423C: Defense Center of Excellence (T2T/PBH TERM) (DHA)	3.285	0.466	0.411	0.411	0.000	0.411	0.411	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

T2T increases mobile access and continues the advancement of care through use of toolkit components in the areas of public health and telehealth that can be used both within and outside of the DoD.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Defense Center of Excellence (DHA) T2T and PBH TERM	0.466	0.411	0.411	0.000	0.411
<p>Description: Telehealth and Technology Toolkit (T2T): This project will organize a toolkit of components in the areas of PH and telehealth that can be used both within and outside DoD. The focus of the toolkit is NOT to develop duplicative components, but allow room for collaboration and remote access to tools. The T2 Toolkit consists of mobile applications, 3-Dimensional applications (apps) , and supporting websites. These applications will combine to create a system that covers many areas of Psychological Health (PH) for the Department of Defense, family members.</p> <p>FY 2023 Plans: Satisfy the requirements of the functional community and development and modernization support to DHA to include the development of mobile applications.</p> <p>FY 2024 Base Plans: Will continue software development and significant enhancements to existing software.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Will continue software development and significant enhancements to existing software.</p>					
Accomplishments/Planned Programs Subtotals	0.466	0.411	0.411	0.000	0.411

C. Other Program Funding Summary (\$ in Millions)

N/A

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 423C / <i>Defense Center of Excellence (T2T/PBH TERM) (DHA)</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

N/A

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 480D / Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	17.939	8.384	8.309	8.484	0.000	8.484	8.662	9.074	9.255	9.440	Continuing	Continuing

A. Mission Description and Budget Item Justification

Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) is a comprehensive, automated information system that provides a single point for assembling, comparing, using, evaluating, and storing occupational personnel exposure information, workplace environmental monitoring data, personnel protective equipment usage data, observation of work practices data, and employee health hazard educational data. DOEHRs-IH will provide for the definition, collection and analysis platform to generate and maintain a Service Member Longitudinal Exposure Record. DOEHRs-IH will describe the exposure assessment, identify similar exposure groups, establish a longitudinal exposure record baseline to facilitate post-deployment follow-up, and provide information to enable exposure-based medical surveillance and risk reduction.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</p> <p>Description: Configure, enhance, and interface DOEHRs-IH modules.</p> <p>FY 2023 Plans: Will continue software development and significant enhancements to existing software to include implementation of a DOEHRs-IH HAZMAT/SDS capability, DOEHRs-IH to DOEHRs-HC Interface, DOEHRs-IH Interface Design/Development to the Defense Medical Logistics – Enterprise Solution (DML-ES), Thermal Stress Design/Development, Confined Spaces Design/Development and Critical User Enhancements.</p> <p>FY 2024 Base Plans: Will continue software development and significant enhancements to existing software to include implementation of a DOEHRs-IH HAZMAT/SDS capability, DOEHRs-IH to DOEHRs-HC Interface, DOEHRs-IH Interface</p>	8.384	8.309	8.484	0.000	8.484

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 480D / <i>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Design/Development to the Defense Medical Logistics – Enterprise Solution (DML-ES), Thermal Stress Design/Development, Confined Spaces Design/Development and Critical User Enhancements. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: New budget year added for the FY24 budget cycle; Increase is to continue DOEHRS-IH software development and significant enhancements to existing software to include implementation of a DOEHRS-IH HAZMAT/SDS capability, DOEHRS-IH to DOEHRS-HC Interface, DOEHRS-IH Interface Design/Development to the Defense Medical Logistics – Enterprise Solution (DML-ES), Thermal Stress Design/Development, Confined Spaces Design/Development and Critical User Enhancements.					
Accomplishments/Planned Programs Subtotals	8.384	8.309	8.484	0.000	8.484

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 482A / <i>E-Commerce (DHA)</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
482A: <i>E-Commerce (DHA)</i>	12.700	0.924	1.114	1.138	0.000	1.138	1.161	1.185	1.209	1.233	Continuing	Continuing

A. Mission Description and Budget Item Justification

The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System(E-Commerce): This system was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce replaces multiple legacy systems. E-Commerce consists of several major subsystems including: CM subsystem utilizing Prism software to support contract action development and documentation; the RM subsystem utilizing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; the document management subsystem utilizing Documentum software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting subsystem utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care Web site that provides up-to-date financial information for both TMA and the Services concerning the military treatment facilities' (MTFs') expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes 5 major subsystems and over 60 servers supporting development, test, and production. The system will be utilized by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without impacting the system performance or support to any individual user. Server configurations must be kept current in terms of security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: E-Commerce (DHA)	0.924	1.114	1.138	0.000	1.138
Description: The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System(E-Commerce): This system was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce replaces multiple legacy systems. E-Commerce consists of several major subsystems including: CM subsystem utilizing Prism software to support contract action development and documentation; the RM subsystem utilizing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; the document management subsystem utilizing Documentum software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting subsystem utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care Web site that provides up-to-date financial information for both TMA and the Services concerning the military treatment facilities' (MTFs') expenditures for MTF enrollee purchased care and supplemental care. E-					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 482A / <i>E-Commerce (DHA)</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Commerce includes 5 major subsystems and over 60 servers supporting development, test, and production. The system will be utilized by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without impacting the system performance or support to any individual user. Server configurations must be kept current in terms of security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.</p> <p>FY 2023 Plans: Plans include more modernization to healthcare financial processing, contracts, and reporting as well as adapting to health care policy and guidance</p> <p>FY 2024 Base Plans: Will continue to modernize the Electronic Commerce System for contracts, and reporting as well as adapting to health care policy and guidance.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation growth.</p>					
Accomplishments/Planned Programs Subtotals	0.924	1.114	1.138	0.000	1.138

C. Other Program Funding Summary (\$ in Millions)

Line Item	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
• BA-1, 0807752HP:	0.135	0.138	-	-	-	-	-	-	-	Continuing	Continuing
<i>Miscellaneous Support Activities</i>											
• BA-3, 0807721HP:	0.583	0.595	-	-	-	-	-	-	-	Continuing	Continuing
<i>Replacement/Modernization</i>											

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605026DHA I <i>Information Technology Development - DoD Healthcare Management System Modernization (DHMSM)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	60.107	15.176	12.024	12.264	0.000	12.264	6.144	6.038	5.141	5.244	Continuing	Continuing
483A: <i>Information Technology Development - DoD Healthcare Management System Modernization (DHMSM) at DHA</i>	60.107	15.176	12.024	12.264	0.000	12.264	6.144	6.038	5.141	5.244	Continuing	Continuing

Program MDAP/MAIS Code:
Project MDAP/MAIS Code(s): 496

A. Mission Description and Budget Item Justification

DHMSM will replace the DoD legacy healthcare management systems with a commercial off-the-shelf capability that is open, modular, and standards-based with non-proprietary interfaces. DHMSM will support the Department's goals of net- centrality by providing a framework for full human and technical connectivity and interoperability that allows DoD users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it. Once fielded, the Electronic Health Record (EHR) will support the following healthcare activities for DoD's practitioners and beneficiaries:

- Clinical workflow and provider clinical decision support
- Capture, maintain, use, protect, preserve and share health data and information
- Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained
- Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research

B. Program Change Summary (\$ in Millions)

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024 Base</u>	<u>FY 2024 OCO</u>	<u>FY 2024 Total</u>
Previous President's Budget	15.751	12.024	12.264	0.000	12.264
Current President's Budget	15.176	12.024	12.264	0.000	12.264
Total Adjustments	-0.575	0.000	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.575	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605026DHA / <i>Information Technology Development - DoD Healthcare Management System Modernization (DHMSM)</i>	Project (Number/Name) 483A / <i>Information Technology Development - DoD Healthcare Management System Modernization (DHMSM) at DHA</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
483A: <i>Information Technology Development - DoD Healthcare Management System Modernization (DHMSM) at DHA</i>	60.107	15.176	12.024	12.264	0.000	12.264	6.144	6.038	5.141	5.244	Continuing	Continuing

Project MDAP/MAIS Code: 496

A. Mission Description and Budget Item Justification

The DHMSM program acquired an integrated inpatient/outpatient Best of Suite (BoS) electronic health record (EHR) solution, augmented by the Best of Breed (BoB) product(s). The overarching goal of the program is to enable healthcare teams to deliver high-quality, safe care and preventive services to patients through the use of easily accessible standards-based computerized patient records. The anticipated benefits include: improved accuracy of diagnoses and medication; improved impact on health outcomes; increased patient participation in the healthcare process; improved patient-centered care coordination; and increased practice efficiencies in all settings, including all DoD operational environments.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: DoD Healthcare Management System Modernization (DHMSM) Program</p> <p>Description: DHMSM will replace the DoD legacy healthcare management systems with a commercial off-the-shelf capability that is open, modular, and standards-based. DHMSM will support the Department's goals of net-centricity by providing a framework for full human and technical connectivity and interoperability that allows DoD users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it. Once fielded, the EHR will support the following healthcare activities for DoD's practitioners and beneficiaries:</p> <ul style="list-style-type: none"> • Clinical workflow and provider clinical decision support; • Capture, maintain, use, protect, preserve and share health data and information; • Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained; and • Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research. 	15.176	12.024	12.264	0.000	12.264

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605026DHA / <i>Information Technology Development - DoD Healthcare Management System Modernization (DHMSM)</i>	Project (Number/Name) 483A / <i>Information Technology Development - DoD Healthcare Management System Modernization (DHMSM) at DHA</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p><i>FY 2023 Plans:</i></p> <ul style="list-style-type: none"> • Conduct Test Planning of new interfaces, patches, and of semi-annual releases. • Support configuration efforts for approved enhancements. <p><i>FY 2024 Base Plans:</i></p> <ul style="list-style-type: none"> • Conduct Test Planning of new interfaces, patches, and of semi-annual releases. • Support configuration efforts for approved enhancements. <p><i>FY 2024 OCO Plans:</i> N/A</p> <p><i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Fact of life increase due to inflation.</p>					
Accomplishments/Planned Programs Subtotals	15.176	12.024	12.264	0.000	12.264

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A.

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605045DHA I <i>Joint Operational Medicine Information System (JOMIS)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	137.200	51.016	18.082	18.731	0.000	18.731	21.984	23.014	24.273	24.758	Continuing	Continuing
477A: <i>Joint Operational Medicine Information System (JOMIS)</i>	137.200	51.016	18.082	18.731	0.000	18.731	21.984	23.014	24.273	24.758	Continuing	Continuing

Program MDAP/MAIS Code: 521

A. Mission Description and Budget Item Justification

The Joint Operational Medicine Information Systems (JOMIS) Portfolio Program will acquire solutions to modernize, deploy, and sustain the Department of Defense's (DoD) operational medicine (OpMed) information systems (IS) capabilities. OpMed systems provide commanders and medical professionals with integrated, timely, and accurate information to make critical command and control and medical decisions. These operational systems will function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data. The JOMIS Program is a declared Joint Interest for capability requirements executed under the Adaptive Acquisition Framework.

JOMIS will pursue efforts that allow it to sunset costly and difficult to maintain legacy systems in conjunction with functional Subject Matter Experts (SME), Service representatives, Combatant Commanders (CCMD), and the Defense Health Agency's (DHA) Joint Chiefs of Staff (J6) Solutions Delivery Division and Cyber Divisions. The Theater Medical Information Requirement Information Systems Capabilities Development Document (TMIR IS CDD) and the Joint Requirements Oversight Council Memorandum (JROCM) signed February 28, 2017 document the knowledge management capabilities required to enable the following health care functions: Health Care Delivery (HCD), Medical Logistics (MedLOG), Medical Command and Control (MedC2), Medical Situational Awareness (MedSA) and Patient Movement.

B. Program Change Summary (\$ in Millions)

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024 Base</u>	<u>FY 2024 OCO</u>	<u>FY 2024 Total</u>
Previous President's Budget	52.948	18.082	18.731	0.000	18.731
Current President's Budget	51.016	18.082	18.731	0.000	18.731
Total Adjustments	-1.932	0.000	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-1.932	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605045DHA / Joint Operational Medicine Information System (JOMIS)				Project (Number/Name) 477A / Joint Operational Medicine Information System (JOMIS)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
477A: Joint Operational Medicine Information System (JOMIS)	137.200	51.016	18.082	18.731	0.000	18.731	21.984	23.014	24.273	24.758	Continuing	Continuing

A. Mission Description and Budget Item Justification

The purpose of JOMIS is to modernize, deploy, and sustain the DoD’s OpMed IS capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. JOMIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.

There are technological and business challenges to the OpMed mission including aged technology, inefficient design standards, overreliance on obsolete code, lack of automation, different deployment methods by Services that impacts standard user adoption, inefficient and overly-bureaucratic acquisition methods, and the lack of unified functional user input. To mitigate these challenges, JOMIS has planned the following actions:

- Translate the TMIR IS CDD into a modern Portfolio Capability Roadmap that can be abstracted down to needs statements, personas, and user stories that can inform leading-edge design practices
- Construct program governance that can be achieved through external consultancy and resource investment into an Operational Medicine Functional Champion (OMFC) to create a high achieving team that envisions the future of OpMed capabilities as they are integrated with DoD and Federal medical data landscapes
- Leverage experiential learning on current innovative projects that provide ample opportunities to explore modern software delivery methods that can create and endure software delivery environments that evolve with the OpMed mission
- Take advantage of industry and DoD best practices to evolve and perfect development methods (e.g., Agile and Development Security Operations) which will facilitate the ability to “continuously integrate” and “continuously deliver” capability throughout the software development life cycle.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Joint Operational Medicine Information System (JOMIS)	51.016	18.082	18.731	0.000	18.731
Description: Specific contribution to mission delivery: The JOMIS Portfolio Program will acquire solutions to modernize, deploy, and sustain the DoD’s OpMed IS capabilities. OpMed systems provide commanders and medical professionals with integrated, timely, and accurate information to make critical command and control and medical decisions. These operational systems will function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.					
FY 2023 Plans:					
• Continue to execute OpMed Capability Roadmap					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605045DHA / Joint Operational Medicine Information System (JOMIS)	Project (Number/Name) 477A / Joint Operational Medicine Information System (JOMIS)
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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<ul style="list-style-type: none"> • Continue development of Operational Medicine Data Service (OMDS) and will deliver first Minimum Viable Capability Release (MVCR) • Continue new Healthcare Delivery (HCD) capability development, system integration and testing activities including development of MHS GENESIS-Theater and Theater Blood Management system • Complete development of MedCOP EUCOM dashboard in accordance with Operational Medicine Functional Champion priority • Conduct Test Planning of new interfaces, patches, and Minimum Viable Capability releases (MVCR) <p><i>FY 2024 Base Plans:</i></p> <ul style="list-style-type: none"> • Continue to execute OpMed Capability Roadmap • Continue development of Operational Medicine Data Service (OMDS) additional MVCR • Continue new Healthcare Delivery (HCD) capability development, system integration and testing activities including development of MHS GENESIS-Theater and Theater Blood Management system. • Conduct Test Planning of new interfaces, patches, and Minimum Viable Capability releases (MVCR). <p><i>FY 2024 OCO Plans:</i> N/A</p> <p><i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> No significant changes other than inflation adjustment.</p>					
Accomplishments/Planned Programs Subtotals	51.016	18.082	18.731	0.000	18.731

C. Other Program Funding Summary (\$ in Millions)
N/A

Remarks
n/a

D. Acquisition Strategy

In FY21 JOMIS received approval of a new Acquisition Strategy from its Milestone Decision Authority (MDA). The FY21 Overarching Portfolio Acquisition Strategy allows JOMIS to acquire solutions across all five Healthcare functions as described in the TMIR IS CDD. Further, the Portfolio Acquisition Strategy allows JOMIS to utilize the Adaptive Acquisition Framework and the Software Pathway of Acquisition to continuously enhance existing capabilities and deliver new capabilities prioritized by the OpMed Functional Community. The Portfolio Acquisition Strategy ensures that the JOMIS Program will evaluate and use the most appropriate business, technical, contract and support strategies, and acquisition approaches to minimize costs, reduce program risks, and remain within the schedule while meeting program objectives.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605145DHA I <i>Medical Products and Support Systems Development</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	65.786	20.775	64.030	58.712	0.000	58.712	58.102	62.395	63.256	64.523	Continuing	Continuing
500A: <i>CSI - Congressional Special Interests</i>	5.351	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
375: <i>GDF - Medical Products and Support System Development</i>	60.435	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
375A: <i>GDF - Medical Simulation and Training</i>	0.000	2.000	2.000	2.000	0.000	2.000	2.000	2.000	2.040	2.081	Continuing	Continuing
375B: <i>GDF - Medical Readiness</i>	0.000	10.000	5.125	5.674	0.000	5.674	5.967	7.490	7.641	7.794	Continuing	Continuing
375C: <i>GDF - Medical Combat Support</i>	0.000	8.775	13.871	14.683	0.000	14.683	14.838	13.770	14.045	14.326	Continuing	Continuing
375D: <i>GDF - Medical Products and Support System Development</i>	0.000	0.000	43.034	36.355	0.000	36.355	35.297	39.135	39.530	40.322	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force – Medical Products and Support Systems Development: This program element (PE) provides funding for system development and demonstration of medical commodities delivered from the various medical advanced development and prototyping Department of Defense (DoD) Components that are directed at meeting validated requirements prior to full-rate initial production and fielding, including initial operational test and evaluation and clinical trials for products that require US Food and Drug Administration approval.

Development, test, and evaluation in this PE is designed to address requirements identified through the Joint Capabilities Integration and Development System and other Department of Defense operational needs. Medical development, test, and evaluation priorities for the Defense Health Program (DHP) are guided by, and will support, the National Defense Strategy, the Joint Staff Surgeon’s Joint Concept for Health Services, and other overarching DoD strategic framework documents.

Coordination occurs through the planning and execution activities of the Defense Health Agency Component Acquisition Executive (DHA CAE) as the Milestone Decision Authority for medical materiel development efforts. As technologies mature, the most promising efforts will transition to production and deployment.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605145DHA I <i>Medical Products and Support Systems Development</i>
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B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	21.489	64.030	58.712	-	58.712
Current President's Budget	20.775	64.030	58.712	-	58.712
Total Adjustments	-0.714	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.714	-			

Congressional Add Details (\$ in Millions, and Includes General Reductions)

Project: 375D: *GDF - Medical Products and Support System Development*

Congressional Add: *GDF - Medical Products and Support System Development*

	FY 2022	FY 2023
Congressional Add Subtotals for Project: 375D	0.000	-
Congressional Add Totals for all Projects	0.000	-

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / <i>Medical Products and Support Systems Development</i>	Project (Number/Name) 500A / <i>CSI - Congressional Special Interests</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
500A: <i>CSI - Congressional Special Interests</i>	5.351	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

In FY 2019, the Defense Health Program funded Congressional Special Interest (CSI) directed research. The strategy for the FY 2018 Congressionally-directed research program is to stimulate innovative research through a competitive, focused, peer-reviewed medical research at intramural and extramural research sites. Because of the CSI annual structure, out-year funding is not programmed.

B. Accomplishments/Planned Programs (\$ in Millions)

N/A

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605145DHA / Medical Products and Support Systems Development				Project (Number/Name) 375 / GDF - Medical Products and Support System Development			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
375: GDF - Medical Products and Support System Development	60.435	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

Note

Starting in FY2022, Project 375 was realigned into Projects 375A, 375B, and 375C.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products and Support Systems Development: This funding supports materiel development activities that further system development and demonstration prior to initial full rate production and fielding of commodities.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Products and Support Systems Development (GDF-MPSSD)	0.000	0.000	0.000	0.000	0.000
Description: GDF-Medical Products and Support Systems Development: This funding supports activities to support system development and demonstration prior to initial full rate production and fielding of medical commodities delivered from 0604110HP (Medical Products Support and Advanced Concept Development). Materiel development may include accelerated transition of US Food and Drug Administration (FDA)-licensed and unregulated products through clinical and field validation studies, advanced prototyping, risk reduction, operational test and evaluation, manufacturing, and product transition efforts for medical information technology applications and medical training systems technologies.					
FY 2023 Plans: N/A					
FY 2024 Base Plans: N/A					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: N/A					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / <i>Medical Products and Support Systems Development</i>	Project (Number/Name) 375 / <i>GDF - Medical Products and Support System Development</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605145DHA / Medical Products and Support Systems Development				Project (Number/Name) 375A / GDF - Medical Simulation and Training			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
375A: GDF - Medical Simulation and Training	0.000	2.000	2.000	2.000	0.000	2.000	2.000	2.000	2.040	2.081	Continuing	Continuing

Note
Starting in FY 2022, Project 375A was realigned from Project 375. This Project is not a new start.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Simulation and Training: This funding supports material development activities that enhance system development and demonstration prior to initial full rate production and fielding of capabilities.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Simulation and Training	2.000	2.000	2.000	0.000	2.000
<p>Description: GDF-Medical Products and Support Systems Development: This funding enhances activities to support system development and demonstration prior to initial full rate production and fielding of medical simulation delivered from 0604110HP (Medical Simulation and Training, Advanced Concept Development). Materiel development may include accelerated transition of Medical Simulation products through clinical and field validation studies, advanced prototyping, risk reduction, operational test and evaluation, manufacturing, and product transition efforts for medical information technology applications and medical training systems technologies.</p> <p>FY 2023 Plans: Programs will focus on development and application of medical simulation and training capabilities for hospital care and operations. Medical Simulation Training Systems will begin to develop standardized training capabilities for point of injury, trauma simulation, hospital training, along with a common platform architecture that improves medical care across the DoD.</p> <p>FY 2024 Base Plans: FY2024 plans continue efforts as outlined in FY 2023 and support the development and demonstration of medical simulation capabilities.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / <i>Medical Products and Support Systems Development</i>	Project (Number/Name) 375A / <i>GDF - Medical Simulation and Training</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
No increase from FY23 to FY24.					
Accomplishments/Planned Programs Subtotals	2.000	2.000	2.000	0.000	2.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

This program will test and evaluate medical simulation products and platforms developed in order to review data for operational and clinical use prior to production and fielding.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / Medical Products and Support Systems Development	Project (Number/Name) 375B / GDF - Medical Readiness
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
375B: GDF - Medical Readiness	0.000	10.000	5.125	5.674	0.000	5.674	5.967	7.490	7.641	7.794	Continuing	Continuing

Note
Starting in FY 2022, Project 375B was realigned from Project 375. This Project is not a new start.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Readiness: This funding supports material development activities that enhance system development and demonstration prior to initial full rate production and fielding of capabilities.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Readiness	10.000	5.125	5.674	0.000	5.674
<p>Description: GDF-Medical Readiness: This funding enhances activities to support system development and demonstration prior to initial full rate production and fielding of medical readiness capability delivered from 0604110HP (Medical Readiness, Advanced Concept Development). Materiel development may include accelerated transition of Medical Readiness products through clinical and field validation studies, advanced prototyping, risk reduction, operational test and evaluation, manufacturing, and product transition efforts for medical information technology applications and medical readiness systems technologies.</p> <p>FY 2023 Plans: Programs will focus on prevention of illness and injury along with optimization of human performance. The Health Readiness and Performance System will continue to refine technologies including wearable sensors to monitor non-diagnostic physiologic data in real-time to improve Warfighter health, readiness and performance, reduce casualties, and increase situational awareness. The program will transition wearable system programs under its integrated system; COVID-19 pilot study using algorithms developed to provide early warning of COVID-19 infection. The Enterotoxigenic E. Coli Vaccine program plans to continue development on the only FDA-approved preventative vaccine providing protection from 90% of ETEC strains. In FY23, the program will hold an End of Phase 2 meeting with the FDA, award an EMD phase contract, initiate Phase 3 clinical study, and continue planning for a Controlled Human Infection Model. The Breath Test for Pulmonary Oxygen Toxicity program seeks to test for pulmonary oxygen toxicity in order to enhance oxygen supplementation, which is used</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / <i>Medical Products and Support Systems Development</i>	Project (Number/Name) 375B / <i>GDF - Medical Readiness</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
widely to support clinical and operational efforts within the DOD. In FY23, the program will continue integration and development testing and plans to increase its TRL level. FY 2024 Base Plans: FY2024 plans continue efforts as outlined in FY 2023 and support the development and demonstration of medical readiness capabilities. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: No increase from FY23 to FY24.					
Accomplishments/Planned Programs Subtotals	10.000	5.125	5.674	0.000	5.674

C. Other Program Funding Summary (\$ in Millions)
N/A

Remarks

D. Acquisition Strategy
This program will test and evaluate medical products in government-managed clinical trials in order to gather data to meet military and regulatory (e.g., FDA, Environmental Protection Agency) requirements for production and fielding.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / Medical Products and Support Systems Development	Project (Number/Name) 375C / GDF - Medical Combat Support
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
375C: GDF - Medical Combat Support	0.000	8.775	13.871	14.683	0.000	14.683	14.838	13.770	14.045	14.326	Continuing	Continuing

Note
Starting in FY 2022, Project 375C was realigned from Project 375. This Project is not a new start.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Combat Support: This funding supports material development activities that enhance system development and demonstration prior to initial full rate production and fielding of capabilities.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Combat Support	8.775	13.871	14.683	0.000	14.683
Description: GDF-Medical Combat Support: This funding enhances activities to support system development and demonstration prior to initial full rate production and fielding of medical readiness capability delivered from 0604110HP (Medical Combat Support, Advanced Concept Development). Materiel development may include accelerated transition of Medical Combat Support products through clinical and field validation studies, advanced prototyping, risk reduction, operational test and evaluation, manufacturing, and product transition efforts for medical information technology applications and medical combat support systems technologies.					
FY 2023 Plans: The Traumatic Brain Injury Assessment & Diagnosis – Mobile Applications program is being developed to offer a suite of applications on a mobile device to assess and monitor SMs after a suspected traumatic brain injury event, suspected psychological health event, and/or an event linked to cognitive impairment. In FY23, the program will continue platform development for the integration of mobile apps based on validated requirements and end user feedback. The Battlefield Pain Management – Ketamine Program seeks to continue development on a rapid-acting non-opioid treatment to combat battlefield pain during tactical field care and casualty evacuation with a superior safety profile compared to conventionally used opioid pain medications. In FY23, the program will submit its CDD into staffing, meet with the FDA for a Clinical Hold Type A meeting, and initiate non-clinical toxicology studies.					
FY 2024 Base Plans:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / <i>Medical Products and Support Systems Development</i>	Project (Number/Name) 375C / <i>GDF - Medical Combat Support</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
FY2024 plans continue efforts as outlined in FY 2023 and support the development and demonstration of medical combat support capabilities. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation program growth.					
Accomplishments/Planned Programs Subtotals	8.775	13.871	14.683	0.000	14.683

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

This program will test and evaluate medical products in government-managed clinical trials in order to gather data to meet military and regulatory (e.g., FDA, Environmental Protection Agency) requirements for production and fielding.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605145DHA / Medical Products and Support Systems Development				Project (Number/Name) 375D / GDF - Medical Products and Support System Development			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
375D: GDF - Medical Products and Support System Development	0.000	0.000	43.034	36.355	0.000	36.355	35.297	39.135	39.530	40.322	Continuing	Continuing

A. Mission Description and Budget Item Justification

Funding and mission realignment of US Army Medical Research and Development Command transfer to the Defense Health Agency in order to meet Congressional intent as outlined in NDAA 2019 (Section 711) and NDAA 2020 (Section 737) in support of Medical Products and Support System Development.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: GDF - Medical Products and Support System Development	0.000	43.034	36.355	0.000	36.355
Description: Programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Products and Support System Development from Army PEs 0604807A. Funding is provided for engineering and manufacturing development of diagnostic devices, medical products for enhanced combat casualty care and follow on products, including blood products and for the development of candidate medical countermeasures for military relevant infectious diseases focusing on prevention and treatment to increase medical readiness. Funding supports both technical evaluations and human clinical testing to assure the safety and effectiveness of vaccines, drugs and medical devices.					
FY 2023 Plans: Programs will focus on System Development and Demonstration in support of Medical Products and Support Systems.					
FY 2024 Base Plans: Programs will focus on system development and demonstration in support of medical solutions. Significant FY24 Programs: Freeze Dried Plasma, Ultrasound Field Portable, Cryopreserved Platelets, and Malaria Treatment Drug - Intravenous Artesunate.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / <i>Medical Products and Support Systems Development</i>	Project (Number/Name) 375D / <i>GDF - Medical Products and Support System Development</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Funding decrease for this Project was due to a realignment of the development mission.					
Accomplishments/Planned Programs Subtotals	0.000	43.034	36.355	0.000	36.355
	FY 2022	FY 2023			
Congressional Add: GDF - Medical Products and Support System Development	0.000	-			
FY 2022 Accomplishments: N/A					
Congressional Adds Subtotals	0.000	-			

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605039DHA / <i>DoD Medical Information Exchange and Interoperability</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	10.157	0.000	10.156	8.013	0.000	8.013	8.173	8.337	8.504	8.674	Continuing	Continuing
458A: <i>Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)</i>	10.157	0.000	10.156	8.013	-	8.013	8.173	8.337	8.504	8.674	Continuing	Continuing

Note

FY23 transfer from BA-08: Software and Digital Technology Pilot Programs.
 FY24-28 funding realigned from BA-08 to comply with congressional direction to refrain from starting any new Software Pilot Programs.

A. Mission Description and Budget Item Justification

DoD Medical Information Exchange (DMIX) –The Defense Medical Information Exchange (DMIX) Program supports the seamless exchange of standardized health data among Department of Defense, Department of Veterans Affairs, other federal agencies, private sector healthcare providers, and benefits administrators. DMIX provides the capability for healthcare providers to access and view comprehensive and current patient health records from a variety of data sources which enable healthcare providers to responsively make more informed patient care decisions.

Enterprise Intelligence & Data Solutions (EIDS) – The EIDS program supports MHS strategic goals and facilitates informed decision-making through the delivery of vital information services and data in a timely, relevant, and actionable manner. EIDS has become the nexus of all Military Health System (MHS) secondary data and the core data broker and provider for most clinical and operational medical systems across the enterprise. The EIDS PMO strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoD leadership to improve patient care through the MIP. EIDS Military Health System Information Platform (MIP) enclave integrates over 130 data sources, 50+ clinical registries and rationalized over 22 data warehouses, 18 applications over the last 4 years. In addition, it supports a set of DoD legacy systems and projects that aim to increase data interoperability and access to electronic health data via digital health hub serving up health care data to DoD and Federal partners. The MIP provides a core clinical research platform for self-service business intelligence and is building an artificial intelligence and machine learning workbench. Additionally, EIDS is building the first secure cloud-based genomics platform for the DoD. A fully funded EIDS initiative brings together data, information technology, and data science, delivering analytics-driven insights for customers driving towards prescriptive analytics, all while meeting the Congressional intent of a fully interoperable health record.

Program transferred from program element 0308608DHA DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS) in Budget Activity 08.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605039DHA I <i>DoD Medical Information Exchange and Interoperability</i>
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B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	0.000	0.000	8.013	-	8.013
Current President's Budget	0.000	10.156	8.013	-	8.013
Total Adjustments	0.000	10.156	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	10.156			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-	-			

Change Summary Explanation

FY23 transfer from BA-08: Software and Digital Technology Pilot Programs.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605039DHA / DoD Medical Information Exchange and Interoperability	Project (Number/Name) 458A / Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
458A: Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	10.157	0.000	10.156	8.013	-	8.013	8.173	8.337	8.504	8.674	Continuing	Continuing

A. Mission Description and Budget Item Justification

DoD Medical Information Exchange and Enterprise Intelligence & Data Solutions (DMIX/EIDS) Program Management Office PMO will be spending FY24 allocations on development and sustainment of data sources for the Defense Health Agency. DMIX/EIDS supports MHS strategic goals and facilitate informed decision-making through the delivery of robust information services and data in a timely, relevant, and actionable manner. DMIX/EIDS PMO strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoD leadership to improve patient care. The PMO manages a vast array of data-related assets, including data warehouses, data virtualization tools, visualization solutions (e.g. CarePoint) and data exchange solutions that in combination makes up a system of systems - Military Health System Information Platform (MIP). DMIX/EIDS focuses on delivering, connecting, and curating data to facilitate informed decision-making across a diverse data ecosystem.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	0.000	10.156	8.013	0.000	8.013
Description: Comprised of the infrastructure and services needed to provide seamless integrated sharing of electronic health data between the DoD, VA, other Federal agencies, and private sector partners that is viewable to DoD and VA providers through a joint viewer.					
FY 2023 Plans: Manage the development of new capabilities to support DHAs Data Vision, examples include Biosurveillance and Genomics. New capability development also supports continued portfolio rationalization efforts, examples include Joint Trauma Systems and DoD Trauma Registry consolidation.					
FY 2024 Base Plans: For FY24, the EIDS PMO will leverage a consortium of industry partners with specific expertise in developing innovative solutions in Genomics and leveraging machine learning to achieve patient impacting outcomes. Ongoing development of the MIP platform will ensure integration of actionable, ethical Human Genomics research.					
FY 2024 OCO Plans:					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605039DHA / DoD Medical Information Exchange and Interoperability	Project (Number/Name) 458A / Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> The reduction from FY23 to FY24 is a result of the completion of the EIDS DEVSECOPS & CI/CD Pipeline and the shift to Genomics solution development.					
Accomplishments/Planned Programs Subtotals	0.000	10.156	8.013	0.000	8.013

C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
• BA-1: PE 0807788: DoD Medical Information Exchange and Interoperability (DMIX)	118.250	131.612	132.934	0.000	132.934	141.079	107.774	120.495	122.941	Continuing	Continuing

Remarks

D. Acquisition Strategy
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions. PEO DHMS is an acquisition organization, reporting to the Under Secretary of Defense for Acquisition and Sustainment.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0606105DHA / <i>Medical Program-Wide Activities</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	141.054	49.645	85.186	87.096	0.000	87.096	88.425	89.231	90.664	92.475	Continuing	Continuing
376B: <i>Medical Program-Wide Activity</i>	0.000	0.000	34.548	35.445	0.000	35.445	35.729	35.485	35.843	36.558	Continuing	Continuing
433A: <i>NMRC Biological Defense Research Directorate (BDRD) (Navy)</i>	11.373	3.371	3.479	3.589	0.000	3.589	3.798	3.872	3.949	4.028	Continuing	Continuing
494A: <i>Medical Development (Lab Support) (Navy)</i>	129.681	46.274	47.159	48.062	0.000	48.062	48.898	49.874	50.872	51.889	Continuing	Continuing

A. Mission Description and Budget Item Justification

The DHA receives funding for research infrastructure management support at select continental United States and outside the continental US laboratories and clinical trial sites; work is done in collaboration with DoD Military Treatment Facilities. This program element does not fund research. It funds the infrastructure support staff enabling research scientists to conduct bio-surveillance and early-to-late-stage clinical investigations into biologics, drugs, protectants, device technologies, and knowledge products. The funding provides for the sustainment of technical subject matter expertise, independent of the number of assigned projects, and the costs related to the initial outfitting and transition (IO&T) of research, development, test, and evaluation medical laboratories funded under multi-year military construction (MILCON) projects. These IO&T funds are designated as appropriations other than MILCON.

The DHA also receives funding for the Management Headquarters Activity (MHA) Research, Development, Test, and Evaluation (RDTE) functions incident to the local operation and management research activities.

For the Navy Bureau of Medicine and Surgery, this program element includes facility operational funding for the Medical Biological Defense research sub-function of the Naval Medical Research Center (NMRC) Biological Defense Research Directorate (BDRD). The program mission is mandated by the Joint Requirements Office for Chemical, Biological, Radiological, and Nuclear Defense (JRO-CBRND) baseline capabilities assessment of chemical and biological passive defense. The primary function is research on countermeasures to biological threat agents, development of assays to detect biological threat agents, and bio-forensic analysis of biological threat agents.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0606105DHA I <i>Medical Program-Wide Activities</i>
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B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	49.645	85.186	87.096	-	87.096
Current President's Budget	49.645	85.186	87.096	-	87.096
Total Adjustments	0.000	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0606105DHA / Medical Program-Wide Activities				Project (Number/Name) 376B / Medical Program-Wide Activity			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
376B: Medical Program-Wide Activity	0.000	0.000	34.548	35.445	0.000	35.445	35.729	35.485	35.843	36.558	Continuing	Continuing

A. Mission Description and Budget Item Justification

Funding and mission realignment of US Army Medical Research and Development Command transfer to the Defense Health Agency in order to meet Congressional intent as outlined in NDAA 2019 (Section 711) and NDAA 2020 (Section 737) in support of Medical Care Activities.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: GDF Medical Program-Wide Activity</p> <p>Description: Programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Care Activities from Army PEs 0603115A, 0605145A, 0605801A, 0606105A.</p> <p>Funding is provided for Medical Research Development Acquisition (RDA) Management and Oversight to include the payroll of civilians as well as nominal operating expense. CONUS Laboratory Infrastructure Support management for research infrastructure at select laboratories and research sites that conduct basic to late-stage clinical research and evaluation of investigational products. OCONUS Laboratory Infrastructure Support management for research infrastructure at selected overseas laboratories and research sites is integral to support the predicting, detecting, preventing, and treating infectious disease threats to the US military.</p> <p>FY 2023 Plans: Will fund civilian salaries and associated management and administrative expenses (support contracts, supplies, equipment, travel, etc.). Also, will provide regulatory, clinical monitoring and data support for the SIP as necessary. This program will provide non licensed vaccines under FDA oversight to personnel at risk of exposure to selected infectious diseases. Will fund the CONUS Laboratory Support Clinical Infrastructure project will support efforts for military medical research, as well as sustainment of the administration and infrastructure of CONUS medical research laboratories. Will fund The OCONUS Laboratory Support Clinical Infrastructure project will support sustainment of the administration and infrastructure support at DHA.</p> <p>FY 2024 Base Plans: Will fund civilian salaries and associated management and administrative expenses (support contracts, supplies, equipment, travel, etc.). Will fund the CONUS Laboratory Support Clinical Infrastructure project will support</p>	0.000	34.548	35.445	0.000	35.445

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0606105DHA / Medical Program-Wide Activities	Project (Number/Name) 376B / Medical Program-Wide Activity

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
efforts for military medical research, as well as sustainment of the administration and infrastructure of CONUS medical research laboratories. Will fund The OCONUS Laboratory Support Clinical Infrastructure project will support sustainment of the administration and infrastructure support at DHA.					
<i>FY 2024 OCO Plans:</i> N/A					
<i>FY 2023 to FY 2024 Increase/Decrease Statement:</i> Increase due to inflation program growth.					
Accomplishments/Planned Programs Subtotals	0.000	34.548	35.445	0.000	35.445

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Acquisition Strategy not required for BA 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0606105DHA / Medical Program-Wide Activities	Project (Number/Name) 433A / NMRC Biological Defense Research Directorate (BDRD) (Navy)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
433A: NMRC Biological Defense Research Directorate (BDRD) (Navy)	11.373	3.371	3.479	3.589	0.000	3.589	3.798	3.872	3.949	4.028	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Navy Bureau of Medicine and Surgery, this program element (PE) includes funds for the Medical Biological Defense research sub-function of the Naval Medical Research Center (NMRC) Biological Defense Research Directorate (BDRD) at Fort Detrick, Maryland. Operational costs are significant by virtue of being at Fort Detrick, a highly secure National Interagency Biodefense Campus (NIBC). Uninterrupted utilities to all buildings on NIBC are provided by a Central Utility Plant (CUP) whose capacity all partners on the NIBC are required to buy into. The annual projected costs are distributed amongst the partners based on square feet and number of occupants of the building. Further, the NIBC campus is a fenced physical location with Entry Control Points (ECP). The partners on the campus, therefore, are required to pay for the guard force manning their ECP.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: NMRC Biological Defense Research Directorate (BDRD) (Navy)</p> <p>Description: Funding for this project provides core funding for facility and security requirements in support of Biological Defense Research. The remainder of the program is sustained by the competitive acquisition of research funding.</p> <p>FY 2023 Plans: Continued support of the Biological Defense Research for Central Utility Plant, Entry Control Security Points Security Force and Operational costs necessary to achieve the mission critical functions of Biological Warfare (BW) agent detection, analysis, and deployable BW diagnostic lab service.</p> <p>FY 2024 Base Plans: Continued support of the Biological Defense Research for Central Utility Plant, Entry Control Security Points Security Force and Operational costs necessary to achieve the mission critical functions of Biological Warfare (BW) agent detection, analysis, and deployable BW diagnostic lab service.</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement:</p>	3.371	3.479	3.589	0.000	3.589

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0606105DHA / <i>Medical Program-Wide Activities</i>	Project (Number/Name) 433A / <i>NMRC Biological Defense Research Directorate (BDRD) (Navy)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Increase is due to inflation.					
Accomplishments/Planned Programs Subtotals	3.371	3.479	3.589	0.000	3.589

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for BA 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0606105DHA / Medical Program-Wide Activities				Project (Number/Name) 494A / Medical Development (Lab Support) (Navy)			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
494A: Medical Development (Lab Support) (Navy)	129.681	46.274	47.159	48.062	0.000	48.062	48.898	49.874	50.872	51.889	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Navy Bureau of Medicine and Surgery, this program element (PE) includes costs related to laboratory management and support salaries of government employees that are not paid from science/research competitively awarded funding. The Outside Continental United States (OCONUS) laboratories conduct focused medical research on vaccine development for Malaria, Diarrhea Diseases, and Dengue Fever. In addition to entomology, the labs focus on Human Immunodeficiency Syndrome (HIV) studies, surveillance and outbreak response under the Global Emerging Infections Surveillance (GEIS) program, and risk assessment studies on a number of other infectious diseases that are present in the geographical regions where the laboratories are located. The Continental United States (CONUS) laboratories conduct research on Military Operational Medicine, Combat Casualty Care, Diving and Submarine Medicine, Infectious Diseases, Environmental and Occupational Health, Directed Energy, and Aviation Medicine and Human Performance.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Medical Development (Lab Support) (Navy)	46.274	47.159	48.062	0.000	48.062
Description: Funding in this project covers operating and miscellaneous support costs at RDT&E laboratories, including facility, equipment and civilian personnel costs that are not directly chargeable to RDT&E projects. Excluded costs include military manpower and related costs, non-RDT&E base operating costs, and military construction costs, which are included in other appropriate programs.					
FY 2023 Plans: Continuing support of 8 medical RDT&E labs by covering operating and miscellaneous support costs including facility, equipment and civilian personnel costs that are not directly chargeable to RDT&E projects.					
FY 2024 Base Plans: Continuing support of 8 medical RDT&E labs by covering operating and miscellaneous support costs including facility, equipment and civilian personnel costs that are not directly chargeable to RDT&E projects.					
FY 2024 OCO Plans: N/A					
FY 2023 to FY 2024 Increase/Decrease Statement: Increase is due to inflation.					
Accomplishments/Planned Programs Subtotals	46.274	47.159	48.062	0.000	48.062

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0606105DHA / <i>Medical Program-Wide Activities</i>	Project (Number/Name) 494A / <i>Medical Development (Lab Support) (Navy)</i>

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Acquisition Strategy not required for BA 1, 2, 3, or 6 per DoD Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>					R-1 Program Element (Number/Name) PE 0607100DHA I <i>Medical Products and Capabilities Enhancement Activities</i>							
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	49.174	16.976	17.971	18.330	0.000	18.330	18.697	19.071	19.452	19.841	Continuing	Continuing
377A: <i>GDF-Medical Products and Capabilities Enhancement Activities</i>	49.174	16.976	17.971	18.330	0.000	18.330	18.697	19.071	19.452	19.841	Continuing	Continuing

Note

N/A

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products and Capabilities Enhancement Activities: Funds will support developmental upgrades to medical systems, training systems, and products that have been fielded, are routinely used in a fixed facility, or that have been approved for full-rate production and for which procurement funding is anticipated in the current fiscal year or subsequent fiscal years. These funds will support testing and evaluation for the enhancement of fielded or procured medical systems/products and medically-related information technology systems, assessment of fielded medical products or medical practices in order to identify the need/opportunity for changes, and analyses of clinical intervention outcomes to enhance and improve indications for pharmaceutical products. Efforts address the Military Health System Concept of Operations documents and follow-on Capabilities Based Assessments/Joint Capability Documents, appropriate Component requirements, legislative and Executive directives, and others as appropriate. Coordination occurs through the planning and execution activities of the Defense Health Agency Component Acquisition Executive (DHA CAE).

B. Program Change Summary (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	17.619	17.971	18.330	-	18.330
Current President's Budget	16.976	17.971	18.330	-	18.330
Total Adjustments	-0.643	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.643	-			

Change Summary Explanation

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0607100DHA / Medical Products and Capabilities Enhancement Activities	Project (Number/Name) 377A / GDF-Medical Products and Capabilities Enhancement Activities
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
<i>377A: GDF-Medical Products and Capabilities Enhancement Activities</i>	49.174	16.976	17.971	18.330	0.000	18.330	18.697	19.071	19.452	19.841	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Medical Products and Capabilities Enhancement Activity: This funding supports enhancement of existing medical products and medically related information technology systems to further fielding of joint medical materiel capabilities to meet Warfighter needs through support testing and evaluation for the enhancement of fielded or procured medical systems/products and medically-related information technology systems, assessment of fielded medical products or medical practices in order to identify the need/opportunity for changes, and analyses of clinical intervention outcomes to enhance and improve indications for pharmaceutical products.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>Title: 377A: GDF – Medical Products and Capabilities Enhancement Activities</p> <p>Description: This funding provides support for developmental efforts to upgrade medical products and capabilities that have been fielded or have received approval for full rate production and anticipate production funding in the current or subsequent fiscal year. These funds will support testing and evaluation for the enhancement of fielded or procured medical systems/products and medically-related information technology systems, assessment of fielded medical products or medical practices in order to identify the need/opportunity for changes, and analyses of clinical intervention outcomes to enhance and improve indications for pharmaceutical products.</p> <p>FY 2023 Plans: Funding will modernize and upgrade products through joint testing and evaluation to improve fielding of medical materiel products. The Adenovirus Vaccine – Modernized Production program seeks to continue to modernize manufacturing capability of the only FDA-approved febrile acute respiratory disease (ARD) preventative vaccine for military recruits. In FY23, the program will optimize a closed system for bulk virus manufacturing, establish a secondary source for manufacturing the bulk virus, develop equipment, and transfer test methods for drug product and cleaning validation. Brain Hemorrhage Detector Modernization program seeks to modernize a US FDA approved, brain hemorrhage detection capability. In FY23, the program will build, test, and produce 20 devices for first article test/military validation. Additionally, funding will support a number of other programs to</p>	16.976	17.971	18.330	0.000	18.330

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0607100DHA / <i>Medical Products and Capabilities Enhancement Activities</i>	Project (Number/Name) 377A / <i>GDF-Medical Products and Capabilities Enhancement Activities</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
include Wound Healing Combat Gauze, Environmental Sentinel Biomonitor (ESB) - Develop Integrated System, as well as others. FY 2024 Base Plans: FY 2024 plans continue efforts outlined in FY2023 and Implement the necessary improvements and modernization in current manufacturing operations to ensure sustainability and continuity of supply for Military use of the Adenovirus Vaccine. FY 2024 OCO Plans: N/A FY 2023 to FY 2024 Increase/Decrease Statement: Increase due to inflation program growth.					
Accomplishments/Planned Programs Subtotals	16.976	17.971	18.330	0.000	18.330

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

This program will integrate product improvements and enhancements resulting from post marketing studies and surveillance in existing medical products and medically related information technology systems to better meet Warfighter needs.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605502DHA I <i>Small Business Innovation Research</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	66.784	76.540	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
470: <i>Small Business Innovation Research</i>	58.549	67.106	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
471: <i>Small Business Technology Transfer</i>	8.235	9.434	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Small Business Innovation Research (SBIR) program was established in the Defense Health Program (DHP), Research, Development, Test and Evaluation (RDT&E) appropriation during FY 2001, and is funded in the year of execution. The objective of the DHA SBIR Program includes stimulating technological innovation, strengthening the role of small business in meeting DoD research and development needs, fostering and encouraging participation by minority and disadvantaged persons in technological innovation, and increasing the commercial application of DoD-supported research and development results. The program funds small business proposals chosen to enhance military medical research and information technology research.

The Small Business Technology Transfer (STTR) program was established in the Defense Health Program (DHP), Research, Development, Test and Evaluation (RDT&E) appropriation during FY 2015, and is funded in the year of execution. The STTR Program, although modeled substantially on the SBIR Program, is a separate program and is separately financed. Central to the program is expansion of the public/private sector partnership to include the joint venture opportunities for small businesses and nonprofit research institutions. The unique feature of the STTR program is the requirement for the small business to formally collaborate with a research institution in Phase I and Phase II. STTR's most important role is to bridge the gap between performance of basic science and commercialization of resulting innovations. The mission of the STTR program is to support scientific excellence and technological innovation through the investment of Federal research funds in critical American priorities to build a strong national economy. The program's goals are to stimulate technological innovation, foster technology transfer through cooperative research and development between small businesses and research institutions, and increase private sector commercialization of innovations derived from federal research and development.

B. Program Change Summary (\$ in Millions)	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024 Base</u>	<u>FY 2024 OCO</u>	<u>FY 2024 Total</u>
Previous President's Budget	0.000	0.000	0.000	0.000	0.000
Current President's Budget	76.540	0.000	0.000	0.000	0.000
Total Adjustments	76.540	0.000	0.000	0.000	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	76.540	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>				Project (Number/Name) 470 / <i>Small Business Innovation Research</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
470: <i>Small Business Innovation Research</i>	58.549	67.106	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Defense Health Agency (DHA) Small Business Innovation Research (SBIR) Program can participate in any of the three (FY.1, FY.2, and FY.3) Department of Defense (DoD) SBIR Broad Agency Announcements (BAA) as well as Out-of-Cycle BAAs (FY.4). The process begins with a call for topics to the Joint Program Committees (JPCs), multi-Service committees established to manage research, development, test and evaluation for DHA sponsored research. DHA SBIR topics are submitted directly to the US Army Medical Research and Development Command (USAMRDC) and then forwarded to the JPCs for review and internal ranking. Topic Authors brief their topics at a Topic Review Meeting attended by the DHA SBIR Program Director (PD) and personnel from the supporting USAMRDC offices. Approved DHA SBIR topics are published in DoD SBIR BAAs. Small businesses submit proposals against topics which are then evaluated by a Technical Evaluation Team (TET) made up of a Team Chief and Technical Evaluators. TETs recommend proposals for selection. All recommended proposals are reviewed by the JPCs and the DHA SBIR PD. Phase I proposal selections are announced and contract negotiations begin. Phase I contracts are awarded up to \$250K for 6 months. Follow-on Phase II projects can be awarded up to \$1.1M for 24 months. This process ensures the SBIR program addresses the multi-agency science and technology priorities.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Small Business Innovation Research (SBIR) Program	67.106	0.000	0.000	0.000	0.000
Description: The program funds small business proposals chosen to enhance military medical research and information technology research. The following reflects the FY 2022 research area topics sought for proposals.					
FY 2022 Accomplishments:					
For FY 2022, nine DHA SBIR topics were developed for the 2022.1, 2022.2, and 2022.4 DoD SBIR Broad Agency Announcement (BAA). Funding for each topic is based on the technical merits of the proposals submitted. Topics included:					
2022.1 DHA SBIR Topic DHA221-001 - Prolonged Care: To Demonstrate a Medicated Combat Tourniquet Capable of Wound Infection Treatment Delivery. This DHA SBIR initiative funded research to assemble a system of systems to prevent the development of infection in an austere environment when the provision of surgical intervention is delayed over 72 hours. This effort solicited a total of fifteen SBIR Phase I proposals. Proposals were accepted through the 2022.1 DoD SBIR BAA pre-released in December 2021. Proposals were received in February 2022 followed by Technical Evaluation Team evaluations in March 2022. Phase I proposal selections					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>	Project (Number/Name) 470 / <i>Small Business Innovation Research</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>were announced in April 2022. A total of three Phase I proposals were selected under this topic. Awards were made in June 2022.</p> <p>2022.1 DHA SBIR Topic DHA221-002 - Scalable Multi-person Hearing Protection Device Fit-testing System. This DHA SBIR initiative funded research to develop a system that can simultaneously fit-test multiple people with hearing protection devices (HPDs). This effort solicited a total of nine SBIR Phase I proposals. Proposals were accepted through the 2022.1 DoD SBIR BAA pre-released in December 2021. Proposals were received in February 2022 followed by Technical Evaluation Team evaluations in March 2022. Phase I proposal selections were announced in April 2022. A total of three Phase I proposals were selected under this topic. Awards were made in May and June 2022.</p> <p>2022.1 DHA SBIR Topic DHA221-003 - Olfactory Neuroepithelium Functional Diagnostic Tool. This DHA SBIR initiative funded research to develop a device to determine thickness of mucus on top of the mucosa and then be able characterize important properties of the cellular layers of the olfactory cleft mucosa as has been demonstrated with optical coherence tomography (OCT) and confocal laser endomicroscopy (CLE) in the pulmonary tract. This effort solicited a total of four SBIR Phase I proposals. Proposals were accepted through the 2022.1 DoD SBIR BAA pre-released in December 2021. Proposals were received in February 2022 followed by Technical Evaluation Team evaluations in March 2022. Phase I proposal selections were announced in April 2022. A total of two Phase I proposals were selected under this topic. Awards were made in May and June 2022.</p> <p>2022.1 DHA SBIR Topic DHA221-004 - Blind 3D Kinematic Measurement of High-Rate Complex Surface Deformation. This DHA SBIR initiative funded research to develop and demonstrate technologies capable of measuring complex surface response kinematics at the interface between the torso and body armor system. This effort solicited a total of eight SBIR Phase I proposals. Proposals were accepted through the 2022.1 DoD SBIR BAA pre-released in December 2021. Proposals were received in February 2022 followed by Technical Evaluation Team evaluations in March 2022. Phase I proposal selections were announced in April 2022. A total of three Phase I proposals were selected under this topic. Awards were made in July 2022.</p> <p>2022.2 DHA SBIR Topic DHA222-001 - Developing a Hardened Portable EEG System for Aircrew Physiological. This DHA SBIR initiative funded research to design, build, and demonstrate a portable, dry EEG system that is integrated into the HGU-68/P flight helmet and capable of producing reliable and interpretable data in the flight environment which presents considerable sources of noise such as electronic noise, vibration from mechanical components, acceleration forces, changes in temperature and pressure, and non- neurological signals (e.g.,</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>	Project (Number/Name) 470 / <i>Small Business Innovation Research</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>muscle activity). This effort solicited a total of thirty two SBIR Phase I proposals. Proposals were accepted through the 2022.2 DoD SBIR BAA pre-released in April 2022. Proposals were received in June 2022 followed by Technical Evaluation Team evaluations in July 2022. Phase I proposal selections were announced in July 2022. A total of three Phase I proposals were selected under this topic. Awards were made in August 2022.</p> <p>2022.2 DHA SBIR Topic DHA222-002 - To Demonstrate a Technology for Early Detection and Monitoring of Wound. This DHA SBIR initiative funded research to develop and validate a technology solution for the early detection and monitoring of wound infections in a prolonged care setting. This effort solicited a total of twenty five SBIR Phase I proposals. Proposals were accepted through the 2022.2 DoD SBIR BAA pre-released in April 2022. Proposals were received in June 2022 followed by Technical Evaluation Team evaluations in July 2022. Phase I proposal selections were announced in July 2022. A total of three Phase I proposals were selected under this topic. Awards were made in August 2022.</p> <p>2022.4 DHA SBIR Topic DHA224-D001 - Remote Frostbite Prevention System. This DHA SBIR initiative funded research to develop a wireless, readily-scalable, real-time skin temperature sensing system that end-users can use to identify cold stressed workers with hands, feet, and other extremities that are at risk of freezing cold injury. This effort solicited a total of fourteen SBIR Phase II proposals. Proposals were accepted through the 2022.4 DoD SBIR BAA pre-released in March 2022. Proposals were received in April 2022 followed by Technical Evaluation Team evaluations in May 2022. Phase II proposal selections were announced in June 2022. A total of three Phase II proposals were selected under this topic. Awards were made in September 2022.</p> <p>2022.4 DHA SBIR Topic DHA224-D002 - Therapeutic Modalities for the Mitigation of Neck/Back Pain during Flight Operations. This DHA SBIR initiative funded research to design, build, and demonstrate a portable, ergonomically appropriate, and powered device for the relief of neck/back pain during long-haul flight operations. This effort solicited a total of seven SBIR Phase II proposals. Proposals were accepted through the 2022.4 DoD SBIR BAA pre-released in March 2022. Proposals were received in April 2022 followed by Technical Evaluation Team evaluations in May 2022. Phase II proposal selections were announced in June 2022. A total of three Phase II proposals were selected under this topic. Awards were made in September 2022.</p> <p>2022.4 DHA SBIR Topic DHA224-D003 - Adaptive Technology to Optimize Rehabilitation of Lower Extremity Musculoskeletal Injuries throughout Recovery. This DHA SBIR initiative funded research to develop a technology (e.g. brace, exoskeleton) that adapts to facilitate recovery throughout rehabilitation of service members with lower extremity musculoskeletal injury to enable return to duty throughout rehabilitation of service members with</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>	Project (Number/Name) 470 / <i>Small Business Innovation Research</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>lower extremity musculoskeletal injury to enable return to duty. This effort solicited a total of twenty one SBIR Phase II proposals. Proposals were accepted through the 2022.4 DoD SBIR BAA pre-released in March 2022. Proposals were received in April 2022 followed by Technical Evaluation Team evaluations in May 2022. Phase II proposal selections were announced in June 2022. A total of three Phase II proposals were selected under this topic. Awards were made in August 2022.</p> <p>FY 2023 Plans: FY 2023 Plans:</p> <p>For FY 2023, four DHA SBIR topics are being developed for the 2023.1 DoD SBIR Broad Agency Announcement (BAA). Additional topics will be developed throughout FY 2023. Funding for each topic is based on the technical merits of the proposals submitted. Topics included:</p> <p>2023.1 DHA SBIR Topic DHA231-001 - Wireless Core Temperature Measurement during Extreme Environmental Exposure. This DHA SBIR initiative will fund research to develop a wireless technical solution and data logging system for measuring real-time core temperatures in humans during hot and cold exposure, to include water immersion, for up to 24 hours in resting and exercising individuals. This topic will be pre-released on 11 January 2023. The 2023.1 DoD BAA will open on 8 February 2023 and close on 8 March 2023. Proposals submitted against topic DHA231-001 will be evaluated in March 2023. Phase I proposal selections will be announced in April 2023. A total of 3 Phase I proposals are estimated to be awarded. Phase I contracts should be awarded by July 2023.</p> <p>2023.1 DHA SBIR Topic DHA231-002 - Portable Technology to Assess Ankle Instability. This DHA SBIR initiative will fund research to improve service member readiness by objectively assessing ankle instability with technology that is portable and can be used by minimally trained personnel in the area of lower limb movement and ankle injuries. This topic will be pre-released on 11 January 2023. The 2023.1 DoD BAA will open on 8 February 2023 and close on 8 March 2023. Proposals submitted against topic DHA231-001 will be evaluated in March 2023. Phase I proposal selections will be announced in April 2023. A total of 3 Phase I proposals are estimated to be awarded. Phase I contracts should be awarded by July 2023.</p> <p>2023.1 DHA SBIR Topic DHA231-003 - Development and Testing of Dual-lumen Femoral Cannula with Echogenic Material for Faster, Safer, and More Reliable Delivery of Extracorporeal Life Support during Prolonged Field Care. This DHA SBIR initiative will fund research to design, build, and demonstrate a femoral</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>	Project (Number/Name) 470 / <i>Small Business Innovation Research</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>dual-lumen cannula that will allow for the initiation of lifesaving extracorporeal life support (ECLS) treatment in a prolonged-field-care environment. The end goal is to save the lives of warfighters with severe lung failure. This will be accomplished by (1) limiting the risks associated with two separate cannula placements; (2) enabling confirmation of cannula placement by means of handheld ultrasound in the field; and (3) making cannulation easy to perform by non-subspecialist providers. This topic will be pre-released on 11 January 2023. The 2023.1 DoD BAA will open on 8 February 2023 and close on 8 March 2023. Proposals submitted against topic DHA231-001 will be evaluated in March 2023. Phase I proposal selections will be announced in April 2023. A total of 3 Phase I proposals are estimated to be awarded. Phase I contracts should be awarded by July 2023.</p> <p>2023.1 DHA SBIR Topic DHA231-004 - Minimally or Non-invasive Systemic Oxygen Delivery and Carbon Dioxide Removal. This DHA SBIR initiative will fund research to develop a drug, biologic, or device that is capable of facilitating transport of oxygen (O2) into the body and carbon dioxide (CO2) out of the body in a minimally-invasive or non-invasive manner without the need for oxygen generating systems. The proposed product must be usable in an austere environment with minimal clinical staff operation requirements. The ideal product will be usable by medical first responders such as combat medics (or equivalent). The final product will be low size, low weight, low power, stable at temperature extremes, with a prolonged shelf life. This topic will be pre-released on 11 January 2023. The 2023.1 DoD BAA will open on 8 February 2023 and close on 8 March 2023. Proposals submitted against topic DHA231-001 will be evaluated in March 2023. Phase I proposal selections will be announced in April 2023. A total of 4 Phase I proposals are estimated to be awarded. Phase I contracts should be awarded by July 2023.</p> <p>FY 2024 Base Plans: N/A</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: No funding programmed. The DHA SBIR program is funded in the year of execution.</p>					
Accomplishments/Planned Programs Subtotals	67.106	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>	Project (Number/Name) 470 / <i>Small Business Innovation Research</i>

C. Other Program Funding Summary (\$ in Millions)

Remarks

D. Acquisition Strategy

Test and evaluate commercially developed prototypes funded by the SBIR program to ensure military and regulatory requirements are met prior to production and fielding, to include FDA licensure and Environmental Protection Agency registration.

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency										Date: March 2023		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>				Project (Number/Name) 471 / <i>Small Business Technology Transfer</i>			
COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
471: <i>Small Business Technology Transfer</i>	8.235	9.434	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Small Business Technology Transfer (STTR) is a program that expands funding opportunities in the federal innovation research and development arena. Central to the program is expansion of the public/private sector partnership to include the joint venture opportunities for small businesses and nonprofit research institutions. The unique feature of the STTR program is the requirement for the small business to formally collaborate with a research institution in Phase I and Phase II. STTR's most important role is to bridge the gap between performance of basic science and commercialization of resulting innovations. The program funds small business proposals that partner with a research institution, are technically meritorious, and enhance Joint Program Committee (JPC) research and development efforts. The DHA STTR Program can participate in any of the three (FY.A, FY.B, and FY.C) Department of Defense (DoD) STTR BAAs as well as Out-of-Cycle BAAs (FY.D). The process begins with a call for topics to the JPCs. DHA STTR topics are submitted directly to US Army Medical Research and Development Command (USAMRDC) and then forwarded to the JPCs for review and internal ranking. Topic Authors brief their topics at a Topic Review Meeting attended by the DHA STTR Program Director (PD) and personnel from the supporting USAMRDC offices. Approved DHA STTR topics are published in the DoD STTR BAA. Small businesses submit proposals against topics which are then evaluated by a Technical Evaluation Team (TET) made up of a Team Chief and Technical Evaluators. TETs recommend proposals for selection. All recommended proposals are reviewed by the JPCs and the DHA STTR PD. Phase I proposal selections are announced and contract negotiations begin. Phase I contracts are awarded up to \$250K for 6 months. Follow-on Phase II projects can be awarded up to \$1.1M for 24 months. This process ensures the STTR program addresses the multi-agency science and technology priorities.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Small Business Technology Transfer (STTR) Program	9.434	0.000	0.000	0.000	0.000
<p>Description: STTR Program offers funding opportunities in federal research and development to small businesses. The program aims to stimulate technological innovation in DoD research and development, strengthen the role of small business in meeting DoD research and development needs, foster and encourage participation by minority and disadvantaged persons in technological innovation, and increase the commercial application of DoD-supported research or research and development results. The following reflects the FY 2022 research area topics sought for proposals.</p> <p>FY 2022 Accomplishments:</p> <p>For FY 2022, one DHA STTR topic was developed for the 2022.B DoD STTR Broad Agency Announcement (BAA). Funding for each topic is based on the technical merits of the proposals submitted. Topics included:</p>					

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Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / <i>Small Business Innovation Research</i>	Project (Number/Name) 471 / <i>Small Business Technology Transfer</i>

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<p>2022.B DHA STTR Topic DHA22B-001 - Integrated Blast Acquisition Test Surrogate. This DHA STTR initiative funded research to develop an anatomically accurate low cost blast surrogate to test and evaluate current and next-generation personal protective equipment (PPE). This effort solicited a total of twelve STTR Phase I proposals. Proposals were accepted through the 2022.B DoD STTR BAA pre-released in April 2022. Proposals were received in June 2022 followed by Technical Evaluation Team evaluations in July 2022. Phase I proposal selections were announced in July 2022. A total of three Phase I proposals were selected under this topic. Awards were made in September 2022.</p> <p>FY 2023 Plans: FY 2023 Plans:</p> <p>For FY 2023, DHA STTR topics will be solicited for the 2023.B DoD SBIR Broad Agency Announcement (BAA). 2023.B topics will be pre-released in April 2023.</p> <p>FY 2024 Base Plans: N/A</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: No funding programmed. The DHA STTR program is funded in the year of execution.</p>					
Accomplishments/Planned Programs Subtotals	9.434	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Test and evaluate commercially developed prototypes funded by the STTR program to ensure military and regulatory requirements are met prior to production and fielding, to include FDA licensure and Environmental Protection Agency registration.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 8: Software and Digital Technology Pilot Programs</i>	R-1 Program Element (Number/Name) PE 0308604DHA / <i>DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)</i>
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
Total Program Element	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
864: <i>DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

Note

FY23 transfer to O&M PE 0807788 and RDT&E PE 0605039.
 FY24-28 funding realigned to comply with congressional direction to refrain from starting any new Software Pilot Programs.

A. Mission Description and Budget Item Justification

The Defense Health Agency requires a fully rationalized, affordable, and modernized Military Health System Information Platform (MIP) program under the directorate and ownership of Enterprise Intelligence and Data Solutions Program Management Office (EIDS).

EIDS mission is to provide a comprehensive solution capable of supporting the evolving clinical and business data needs within DHA, spanning across DHHQ, clinical markets, Military Treatment Facilities, research communities, managed support contractors, combatant commands, and Health Information Exchange partners including Veterans Affairs (VA) and other Federal entities. To achieve better clinical outcomes, EIDS must transform into a Highly Reliable Organization (HRO). To serve as an effective HRO, EIDS must be a learning organization by using analytics and metrics to define and grow from lessons learned. Effective data analytics require data maturity goals and unwavering stakeholder support of the way forward.

DMIX Purpose: Comprised of infrastructure and services needed to provide seamless integrated sharing of electronic health data between the Department of Defense (DoD), Veteran’s Affairs (VA), other Federal agencies, and private sector partners viewable to DoD and VA providers.

DMIX/EIDS FY2023 O&M: Supporting program Civilian pay

DMIX/EIDS FY 2023 BA08: Continue sustainment and maintenance of EIDS including program management, configuration management, technical refresh, commercial software licenses, data maintenance, ad hoc report maintenance, product/help desk support, cybersecurity compliance, software maintenance, test and evaluation activities, and cost of operating site personnel.

Increase activities consistent with best practices for Data Management and Data Architecture in order to reduce costs and enhance productivity. Establish innovative center of excellence for configuration management, requirements management, and version control of data, source code, and procedural instructions. Adhere to a path to Software Engineering Institute (SEI) Capability Maturity Model (CMM) level 4 or 5 compliance, again with the focus on reducing cost and increasing productivity.

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2024 Defense Health Agency	Date: March 2023
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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 8: Software and Digital Technology Pilot Programs</i>	R-1 Program Element (Number/Name) PE 0308604DHA / <i>DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)</i>
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Funding will be used for continued development and sustainment activities for seamless integrated sharing of electronic health data between the Department of Defense (DoD), the Department of Veterans Affairs (VA), other Federal agencies, and private sector partners viewable to DoD and VA providers.

B. Program Change Summary (\$ in Millions)	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Previous President's Budget	0.000	137.356	0.000	-	0.000
Current President's Budget	0.000	0.000	0.000	-	0.000
Total Adjustments	0.000	-137.356	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-137.356			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-	-			

Change Summary Explanation

The recommendation transfers funds for programs requested as BA-08 new starts in FY23 to their historical appropriation accounts for execution. FY23 transfer to O&M PE 0807788 and RDT&E PE 0605039.

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency **Date:** March 2023

Appropriation/Budget Activity 0130 / 8	R-1 Program Element (Number/Name) PE 0308604DHA / DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	Project (Number/Name) 864 / DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)
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COST (\$ in Millions)	Prior Years	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total	FY 2025	FY 2026	FY 2027	FY 2028	Cost To Complete	Total Cost
864: DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
Quantity of RDT&E Articles	-	-	-	-	-	-	-	-	-	-		

A. Mission Description and Budget Item Justification

EIDS will be spending FY24 allocations on development and sustainment of data sources for the Defense Health Agency. Enterprise Intelligence & Data Solutions Program Management Office supports MHS strategic goals and facilitate informed decision-making through the delivery of robust information services and data in a timely, relevant, and actionable manner. The EIDS PMO strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoD leadership to improve patient care.

The PMO manages a vast array of data-related assets, including data warehouses, data virtualization tools, visualization solutions (e.g. CarePoint) and data exchange solutions that in combination makes up a system of systems - Military Health System Information Platform (MIP).

EIDS focuses on delivering, connecting, and curating data to facilitate informed decision-making across a diverse data ecosystem to include data capture from legacy systems in a Health Information Archive in support of Military Health, Readiness, Federal Health Data Integration and Innovation.

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
Title: Defense Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	0.000	0.000	0.000	0.000	0.000
Description: • EIDS will be spending FY23 allocations on development and sustainment of data sources for the Defense Health Agency. Enterprise Intelligence & Data Solutions Program Management Office supports MHS strategic goals and facilitate informed decision-making through the delivery of robust information services and data in a timely, relevant, and actionable manner. The EIDS PMO strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoD leadership to improve patient care.					

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: PB 2024 Defense Health Agency		Date: March 2023
Appropriation/Budget Activity 0130 / 8	R-1 Program Element (Number/Name) PE 0308604DHA / DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	Project (Number/Name) 864 / DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)

B. Accomplishments/Planned Programs (\$ in Millions)

	FY 2022	FY 2023	FY 2024 Base	FY 2024 OCO	FY 2024 Total
<ul style="list-style-type: none"> The PMO manages a vast array of data-related assets, including data warehouses, data virtualization tools, visualization solutions (e.g. CarePoint) and data exchange solutions that in combination makes up a system of systems - Military Health System Information Platform (MIP). Delivering, connecting, and curating data to facilitate informed decision-making across a diverse data ecosystem in support of Military Health, Readiness, Federal Health Data Integration and Innovation. <p>FY 2023 Plans: N/A</p> <p>FY 2024 Base Plans: N/A</p> <p>FY 2024 OCO Plans: N/A</p> <p>FY 2023 to FY 2024 Increase/Decrease Statement: N/A</p>					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

C. Other Program Funding Summary (\$ in Millions)

N/A

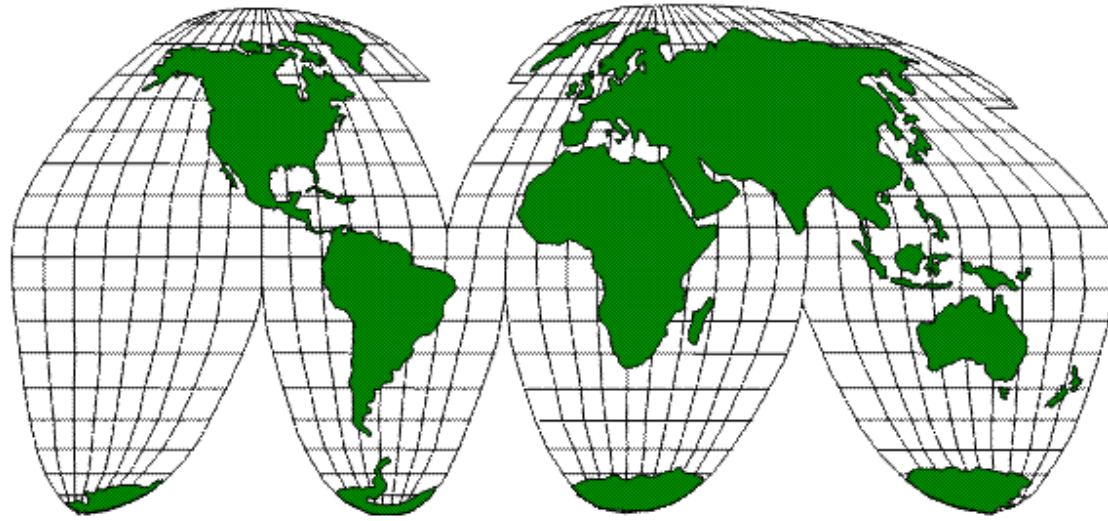
Remarks

N/A

D. Acquisition Strategy

N/A

DEFENSE HEALTH PROGRAM



Fiscal Year (FY) 2024 President's Budget

OPERATION AND MAINTENANCE

PROCUREMENT

RESEARCH, DEVELOPMENT, TEST AND EVALUATION

Volume 3: Services Medical Readiness Exhibits Activities

CLEARED
For Open Publication

Mar 16, 2023

Department of Defense
OFFICE OF PREPUBLICATION AND SECURITY REVIEW

March 2023

The Defense Health Program spans the globe in support of the Department of Defense's most important resource--active and retired military members and their families.

Preparation of the Defense-Wide budget excluding revolving funds, cost the Department of Defense a total of approximately \$1,177,233 in FY 2023

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Defense Health Program
Fiscal Year (FY) FY 2024 Budget Estimates

Table of Contents

Volume III- Combined Services Medical Readiness Exhibits

	<u>Page No.</u>
Medical Readiness Air Force	1
Medical Readiness Army	12
Medical Readiness Navy	21

U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Description of Operations Financed:

MEDICAL READINESS: Medical Readiness provides medical operational support tailored and designed to enhance operational mission performance and the performance of individual Airmen through targeted, evidence-based interventions in mitigating risks and stressors across the Military Departments. It provides resources for Global Health Engagement and medical readiness programs above the Military Treatment Facility, delivering critical support to the operational squadrons across the enterprise. Support includes En-Route Patient Staging, Human Performance Wing Aerospace Physiology & Centrifuge, and other operational medical requirements. Medical Operations also deliver aeromedical capabilities such as patient movement and necessary medical equipment requirements for the installation and mission with specific medical capabilities required to respond appropriately and identify casualties after an incident.

MEDICAL OPERATIONS SUPPORT: Medical preparedness supports operations with the capability to sustain requirements at the Major Commands, Operational Support Teams (OST), contingency operations, and wartime requirements through the provision and prepositioning of medical and war readiness materials, deployable contingency hospitals and clinics, and installation of Medical Counter-Chemical, Biological, Radiological, Nuclear (C-CBRN) Installation Response Program. OST provides mental and musculoskeletal health and resilience expertise to maximize squadron cohesiveness, readiness, agility, and capability through education, training, and airmen development. The Medical C-CBRN, Installation Response Program, increases an installation's ability to respond and generate the mission after an incident and provides the installation with specific medical capabilities necessary to respond appropriately, identify CBRN agents, and treat CBRN casualties after an incident. Funding supports the maintenance and repair of portable hospitals, clinics, and other medical war readiness materials, from critical care-in-the-air to man-portable medical care at the forward edge of the battle area.

MEDICAL RESEARCH AND DEVELOPMENT: N/A

MEDICAL FACILITIES AND INSTALLATION SUPPORT: N/A

MEDICAL ACQUISITION SUPPORT: N/A

MEDICAL EDUCATION AND TRAINING: Medical Education and Training provides support for education and training opportunities for personnel through the following categories: Medical Readiness Exercises, Human Performance Wing programs, Air Force Institute of Technology medical officer scholarships, and loans, Health Professions Scholarship Program, Uniformed Services University of the Health Sciences (USUHS), Professional Military Education, Continuing Medical Education, Functional Training, Long Term Health Education and Training, and Pre-Deployment Training.

**U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

Financial Summary:

*Provide applicable O1, R1, P1 level of detail as appropriate.

	FY 2022	FY 2023	FY 2024
	<u>Actual</u>	<u>Enacted</u>	<u>Request</u>
TOTAL , BA 01: Operating Forces	442,518	484,190	564,880
TOTAL , BA 02: Mobilization	0	0	0
TOTAL , BA 03: Training and Recruiting	0	0	0
TOTAL , BA 04: Admin & Srvwide Activities	0	0	0
Total Medical Readiness Activities:	442,518	484,190	564,880

Details:

BA 01: Operating Forces

Medical Operations Support

3400	SAG 12Q	Medical C-CBRNE* Programs	13,511	14,432	15,843
3400	SAG 12Q	Medical Readiness Platforms	44,911	36,093	42,391
3400	SAG 12Q	Medical Readiness Activities	71,975	51,761	15,395
3400	SAG 12Q	Military Public/Occupational Health	19,468	42,139	27,682
3400	SAG 12Q	Operational Support	164,970	184,752	290,113

Total Medical Operations Support			314,835	329,177	391,424
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Medical Research and Development

			0	0	0
			0	0	0
Total Medical Research and Development			0	0	0

**U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

Medical Facilities and Installation Support

	0	0	0
	0	0	0
Total Medical Facilities and Installation Support	0	0	0

Medical Acquisition Support

	0	0	0
	0	0	0
Total Medical Acquisition Support	0	0	0

Medical Education and Training

3400	SAG 12Q	Medical Education & Training	127,683	155,013	173,456
Total Medical Education and Training			127,683	155,013	173,456

Notes:

Medical Readiness previously reported under Subactivity Group 21D for FY22-FY23

*Counter-Chemical, Biological, Radiological, Nuclear & high-yield explosives

U.S. Air Force
Medical Readiness Activities
 Fiscal Year (FY) 2024 President's Budget

Reconciliation of Increases and Decreases:

FY 2023 Enacted.....	\$0
1. Price Change.....	\$0
2. Transfers.....	\$511,886
a) Transfers In.....	\$533,539
1) Medical Readiness Realignment.....	\$418,137
Increase reflects transfer to Medical Readiness (Subactivity Group 12Q +\$418,137) from Mobilization Preparedness (Subactivity Group 21D -\$418,137). A new Subactivity Group was created for FY 2024 in an effort to centralize medical resources and better delineate the medical activities transferred from the Defense Health Program in FY 2021.	
2) Civilian Pay - Medical Readiness Realignment.....	\$61,037
Increase transfers full-year funding and manpower from Mobilization Preparedness (Subactivity Group 21D, -\$62,771, 652 FTEs) to Medical Readiness (SubActivity Group 12Q +\$61,037, 652 FTEs) to centralize medical resources to meet Congressional intent of establishing a Medical Readiness Subactivity.	
3) Medical Readiness - Defense Health Agency to Air Force Adjustment for Centralized Requirements.....	\$45,436
Increase reflects transfer to U. S. Air Force Operation and Maintenance, Medical Readiness (Subactivity Group 12Q +\$45,436) , Administration (Subactivity Group 42A +\$551), and Other Servicewide Activities (Subactivity Group 42G +\$469) from Defense Health Agency Defense Health Program (\$-46,456) to fund Air Force Medical Readiness Agency (AFMRA) for centralized requirements related to Flight and Operational Medicine, Human Performance, Medical Readiness Training and Operations, Operational Consultations, Medical Readiness Headquarters, and the School of Aerospace Medicine.	
4) Medical Readiness - Early Development Intervention Services.....	\$4,222
Increase reflects transfer to U. S. Air Force Operation and Maintenance, Medical Readiness (Subactivity Group 12Q +\$4,222) from Defense Health Agency Defense Health Program (-\$4,222) for Early Development Intervention Services (EDIS) program. EDIS mission is to fulfill the requirements of Public Law 102-119, directing the Department of Defense (DoD) to implement the requirements of the Individuals with Disabilities Education Act (IDEA) to eligible children of DoD Families in certain locations.	
5) Medical Readiness - Defense Health Agency to Air Force Adjustment.....	\$2,045
Increase reflects transfer to U. S. Air Force Operation and Maintenance, Medical Readiness (Subactivity Group 12Q +\$2,045) from Defense Health Agency Defense Health Program (-\$2,045) to properly align programs related to Medical Readiness Education and Training and Force Development functions.	
6) X Overseas Operations Costs Increase Accounted for in the Budget.....	\$1,953
7) Civilian Pay - Medical Readiness Resources.....	\$679
Increase transfers full-year funding and manpower from Other Combat Operations Support Programs (Subactivity Group 12C - \$149, 1 FTE), Logistics Operations (Subactivity Group 41A -\$560, 4 FTEs) to Medical Readiness (Subactivity Group 12Q +\$679, 5 FTEs) in an effort to centralize medical resources to meet Congressional intent to consolidate medical readiness resources.	

U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

8) Medical Readiness - Transfer from U.S. Space Force to U.S. Air Force for Installation Medical All Hazard Response..... \$30
 Increase reflects transfer to U.S. Air Force Operation and Maintenance Medical Readiness (Subactivity Group 12Q +\$30) from U.S. Space Force Operation and Maintenance Global C3I & Early Warning (Subactivity Group 12A -\$30) to realign funding for higher tiered Installation Medical All Hazard Response (IMAHR) execution requirements and to sustain, train, and modernize the IMAHR capability across the Department of the Air Force. Funding was previously sent to Space Force, but was over-estimated and is being returned to Air Force

b) Transfers Out..... -\$21,653

1) Medical Readiness - Phase II of Department of Defense Public Health -\$20,941
 Decrease reflects transfer from **U. S. Air Force Operation and Maintenance, Medical Readiness (Subactivity Group 12Q - \$20,941)** to Defense Health Agency Defense Health Program (+\$20,941) to complete Phase II of the Department of Defense Public Health consolidation as directed in section 711 of the FY 2019 National Defense Authorization Act.

2) Medical Readiness - Suicide Prevention.....-\$712
 Decrease reflects transfer from **Medical Readiness (Subactivity Group 12Q -\$712)** to Other Servicewide Activities (Subactivity Group 42G +\$712) to realign Suicide Prevention funding for proper execution. Funding will support Suicide Prevention multi-media efforts including developing new types of suicide prevention training, videos, awareness posters, and informational pamphlets/tri-folds.

3. Program Increases..... **\$60,985**

1) Civilian Pay - Air Force Medical Readiness..... \$5,430
 Increase provides full-year funding and manpower (**8 FTEs**) as Air Force adjust military manpower within existing resources. This increase pertains to programs related to Medical Readiness Education and Training, Aeromedical Evacuation/Patient Movement.

2) Civilian Pay - Full-Time Equivalents and Average Workyear Cost Adjustment..... \$32,356
 Increase in Civilian Personnel compensation adjusts full-time equivalents and average workyear costs. Each year, Air Force uses detailed execution and cost factor analysis to update civilian compensation costs for the purpose of accurately forecasting budget estimates for the civilian workforce. The Subactivity Group full-time equivalents and average cost adjustment is a result of these changes as well as updated pay raise, awards and benefit assumptions.

3) Civilian Pay - Medical Readiness Internal Realignment..... \$7,991
 Increase provides full-year funding and manpower (**32 FTEs**). This action realigns non-pay to pay to support Major Command Operational Support Team (OST) which are embedded medical teams designed to improve fitness routines, enhance workplace health and safety, and build relationships within the unit to make health more accessible.

4) Medical Readiness..... \$12,724
 Increase to support stand-up of new Subactivity group for programs related to medical readiness and operational support activities that occur outside of the Military Treatment Facility such as medical readiness Education and Training, Chemical, Biological, Radiological, Nuclear and high yield explosives (C-CBRNE) programs and medical War Reserve Material storage and maintenance.

5) Medical Readiness - Wastewater Surveillance..... \$1,250
 Increase to continue COVID-19 wastewater surveillance. Wastewater testing can reveal COVID-19 infection trends, serving as an indicator of potential increase in cases to inform future decisions regarding Public Health mitigation efforts and HPCON levels

4) X Overseas Operations Costs Increase Accounted for in the Budget..... \$1,234

**U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

4. Program Decreases.....	-\$7,991
1) Medical Readiness - Realign Medical Readiness funding from Non-Pay to Pay.....	-\$7,991
Decrease realigns funding from non-pay to pay within the Subactivity Group for Medical Readiness. This action supports major command Operational Support Teams (OST) which are embedded medical teams designed to improve fitness routines, enhance workplace health and safety, and build relationships within the unit to make health more accessible.	
FY 2024 Budget Request.....	\$564,880

**U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

Performance Criteria and Evaluation Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
1) Medical Readiness			
Medically Ready to Deploy ¹	235,696	249,271	249,271
Dentally Ready to Deploy ²	250,906	264,511	264,511
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
2) Medical Operations Support			
Operational Support Teams	74	74	74
Major Medical War Reserve Materiel (WRM) Warehouses:			
Continental United States (CONUS)	2	2	2
Pacific Air Forces (PACAF)	1	1	1
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
3) Medical Research and Development			
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
4) Medical Facilities and Installation Support			
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
5) Medical Acquisition Support			
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
6) Medical Education and Training			
Health Profession Scholarship Program	1,427	1,377	1,377
Officer/Enlisted Primary Training	0	0	0
Other Training - Medical Function Training ¹	9,142	10,256	11,165

Notes:

1) Readiness numbers do not include Service members who are unavailable to deploy because they have: not completed initial training, have not completed technical training for a military specialty, are currently cadets, are incarcerated, currently deployed, or have a retirement/separation within 180 days of reporting period.

U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

- 2) Medically Ready to Deploy includes all active duty military that are medically cleared to deploy (PHA, immunizations, labs, profiles).
- 3) Dentally Ready to Deploy includes all active duty military that are classified as Dental Class 1 or 2.
- 4) Other Training includes leadership and skills progression courses as well as professional development training.

**U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

Personnel Summary: Total

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2023/2024</u>
<u>Active Military End Strength (E/S) (Total)</u>	1,150	1,874	2,070	196
Officer	612	795	943	148
Enlisted	538	1079	1127	48
<u>Active Military Average Strength (A/S) (Total)</u>	1,073	1,509	2,150	641
Officer	446	639	1021	382
Enlisted	627	870	1129	259
<u>Civilian FTEs (Total)</u>	550	623	704	81
<u>DIRECT FUNDED (DOES NOT INCLUDE MILITARY TECHNICIANS)</u>	550	623	704	81
U.S. Direct Hire	543	623	703	80
Foreign National Direct Hire	7	0	1	1
Total Direct Hire	550	623	704	81
Foreign National Indirect Hire	0	0	0	0
<u>REIMBURSABLE FUNDED</u>	0	0	0	0
U.S. Direct Hire	0	0	0	0
Foreign National Direct Hire	0	0	0	0
Total Direct Hire	0	0	0	0
Foreign National Indirect Hire	0	0	0	0
<u>Annual Civilian Salary Cost</u>	152	141	153	12
<u>Contractor FTEs (Total)*</u>	0	0	268	268

Notes: *Medical Readiness Contractor FTEs previously combined with Subactivity Group 21D in FY22-FY23

U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

OP-32A Line Items: Total

	FY 2022	FC Rate	Price	Price	Program	FY 2023	FC Rate	Price	Price	Program	FY 2024	
	Program	Diff	Growth	Growth	Growth	Program	Diff	Growth	Growth	Growth	Program	
			Percent	Percent	Percent			Percent	Percent	Percent		
<u>CIVILIAN PERSONNEL COMPENSATION</u>												
0101	EXECUTIVE, GENERAL AND SPECIAL SCHEDULES	83,002	0	4.1%	3,403	-12,886	73,519	0	5%	3,676	30,286	107,481
0103	WAGE BOARD	700	0	4.1%	29	-729	0	0	0%	0	0	0
0104	FOREIGN NATIONAL DIRECT HIRE (FNDH)	110	0	4.1%	5	-115	0	0	0%	0	0	0
0110	UNEMPLOYMENT COMPENSATION	0	0	0%	0	14	14	0	5%	1	-3	12
	TOTAL CIVILIAN PERSONNEL COMPENSATION	83,812			3,436	-13,715	73,533			3,677	30,283	107,493
<u>TRAVEL</u>												
0308	TRAVEL OF PERSONS	25,657	0	2.1%	539	-25,168	1,028	0	2.2%	23	672	1,723
	TOTAL TRAVEL	25,657			539	-25,168	1,028			23	672	1,723
<u>DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS</u>												
0401	DLA EVERGY (FUEL PRODUCTS)	15	0	-7.5%	-1	-14	0	0	0%	0	0	0
0414	AF CONSOLIDATED SUSTAINMENT	32	0	5.7%	2	-34	0	0	0%	0	0	0
0418	AIR FORCE RETAIL SUPPLY (GSD)	25,326	0	7%	1,773	-20,838	6,261	0	9.9%	620	-852	6,029
	TOTAL SUPPLIES AND MATERIALS PURCHASES	25,373			1,774	-20,886	6,261			620	-852	6,029
<u>DEFENSE WORKING CAPITAL FUND EQUIPMENT PURCHASES</u>												
0505	AIR FORCE FUND EQUIPMENT	25,816	0	5.7%	1,472	-22,525	4,763	0	0%	0	374	5,137
	TOTAL EQUIPMENT PURCHASES	25,816			1,472	-22,525	4,763			0	374	5,137
<u>OTHER FUND PURCHASES</u>												
0633	DLA DOCUMENT SERVICES	0	0	0%	0	0	0	0	0%	0	57	57
0671	DISA DISN SUBSCRIPTION SER	109	0	3.2%	3	-112	0	0	0%	0	0	0
0679	COST REIMBURSABLE PURCHASES	0	0	0%	0	0	0	0	0%	0	0	0
	TOTAL OTHER FUND PURCHASES	109			3	-112	0			0	57	57
<u>TRANSPORTATION</u>												
0702	MAC SAAM	23,265	0	27.9%	6,491	-29,756	0	0	0%	0	0	0
0705	AMC CHANNEL CARGO	21	0	7.7%	2	-23	0	0	0%	0	0	0
0771	COMMERCIAL TRANSPORTATION	1,234	0	2.1%	26	-847	413	0	2%	8	16	437
	TOTAL TRANSPORTATION	24,520			6,518	-30,625	413			8	16	437
<u>OTHER PURCHASES</u>												
0912	RENTAL PAYMENTS TO GSA (SLUC)	3,164.00	0.00	2.1%	66.44	-3,230.44	0.00	0.00	0%	0.00	0.00	0.00
0913	PURCHASED UTILITIES (NON-DWCF)	0.00	0.00	0%	0.00	0.00	0.00	0.00	0%	0.00	0.00	0.00
0914	PURCHASED COMMUNICATIONS (NON-DWCF)	422.00	0.00	2.1%	8.86	-430.86	0.00	0.00	0%	0.00	0.00	0.00
0915	RENTS (NON-GSA)	758.00	0.00	2.1%	15.92	-773.92	0.00	0.00	0%	0.00	0.00	0.00
0917	POSTAL SERVICES (U.S.P.S)	212.00	0.00	2.1%	4.45	-216.45	0.00	0.00	0%	0.00	0.00	0.00
0920	SUPPLIES AND MATERIALS (NON-DWCF)	9,219.00	0.00	2.1%	193.60	-9,109.60	303.00	0.00	2.2%	6.67	5,907.33	6,217.00
0921	PRINTING AND REPRODUCTION	30.00	0.00	2.1%	0.63	-30.63	0.00	0.00	0%	0.00	0.00	0.00
0922	EQUIPMENT MAINTENANCE BY CONTRACT	25,624.00	0.00	2.1%	538.10	-22,608.10	3,554.00	0.00	2.2%	78.19	24,492.81	28,125.00
0923	FACILITY SUSTAIN RESTORE MOD BY CONTRACT	1,205.00	0.00	2.1%	25.31	-739.31	491.00	0.00	2.2%	10.80	2,821.20	3,323.00
0925	EQUIPMENT PURCHASES (NON-FUND)	4,756.00	0.00	2.1%	99.88	3,003.12	7,859.00	0.00	2.2%	172.90	-7,870.90	161.00
0932	MANAGEMENT AND PROFESSIONAL SUPPORT SERVICES	1,522.00	0.00	2.1%	31.96	-1,553.96	0.00	0.00	0%	0.00	3,107.00	3,107.00
0933	STUDIES ANALYSIS AND EVALUATION	10,972.00	0.00	2.1%	230.41	-11,202.41	0.00	0.00	0%	0.00	0.00	0.00
0934	ENGINEERING AND TECHNICAL SERVICES	1,182.00	0.00	2.1%	24.82	-1,206.82	0.00	0.00	0%	0.00	0.00	0.00
0935	TRAINING AND LEADERSHIP DEVELOPMENT	90,361.00	0.00	2.1%	1,897.58	289,691.42	381,950.00	0.00	2.2%	8,402.90	-8,062.90	382,290.00
0955	OTHER COSTS-MEDICAL CARE	84,519.00	0.00	5%	4,225.95	-87,560.95	1,184.00	0.00	4.1%	48.54	16,565.46	17,798.00
0957	OTHER COSTS-LAND AND STRUCTURES	1,262.00	0.00	2.1%	26.50	-1,288.50	0.00	0.00	0%	0.00	0.00	0.00
0964	OTHE COSTS-SUBSIST SUPT OF PERS	1,624.00	0.00	2.1%	34.10	-1,658.10	0.00	0.00	0%	0.00	0.00	0.00
0985	RESEARCH AND DEVELOPMENT CONTRACTS	0.00	0.00	0%	0.00	0.00	0.00	0.00	0%	0.00	0.00	0.00

U.S. Air Force
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

0987	OTHER INTRA-GOVERNMENTAL PURCHASES	20.00	0.00	2.1%	0.42	1,546.58	1,567.00	0.00	2.2%	34.47	80.53	1,682.00
0989	OTHER SERVICES	20,379.00	0.00	2.1%	427.96	-19,522.96	1,284.00	0.00	2.2%	28.25	-11.25	1,301.00
	TOTAL OTHER PURCHASES	257,231			7,853	133,108	398,192			8,783	37,029	444,004
9999	GRAND TOTAL	442,518	0		21,595	20,077	484,190	0		13,110	67,580	564,880

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President' Budget

Description of Operations Financed:

MEDICAL READINESS: provides manpower and operational support to Medical organizations and capabilities to include education and training opportunities for health care professionals, medical logistic support, basic municipal services to operate facilities, medical research, and acquisition of capital equipment.

MEDICAL OPERATIONS SUPPORT: provides resources for (1) integrated, automated medical information addressing the functional areas including service members' entry exams, medical logistics, medical threat/intelligence, and optical fabrication; (2) Medical Operation Data System (MODS), medical readiness information management; and (3) manpower for Office of Soldier Council and information requirements.

MEDICAL RESEARCH AND DEVELOPMENT: Provides resources to the U.S. Army Aeromedical Research Laboratory (USAARL) and the U.S. Army Medical Research Institute of Environmental Medicine (USARIEM) to resource efforts related to medical readiness research programs.

MEDICAL INSTALLATION SUPPORT: provides resources for engineering services, security functions, food protection/veterinary, and pre-hospital emergency medical services.

MEDICAL ACQUISITION SUPPORT: Provides resources to the US Army Health Contracting Activity (USAHCA) to resource authorized civilian workforce executing medical readiness contracting requirements such as awarding and administering contracts across Army Service Component Commands for medical supplies and

MEDICAL EDUCATION AND TRAINING: provides support for education and training opportunities for personnel through the following categories: Health Professions Scholarship Program, Uniformed Services University of the Health Sciences (USUHS), Professional Development Programs for Officers, Advanced Individual Training, Post Professional Short Course Program (Continuing Medical Education (CME)), Functional Training (Skill Progression), Long Term Health Education and Training (LTHET) and Pre-deployment Training.

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President' Budget

Financial Summary:

*Provide applicable O1, R1, P1 level of detail as appropriate.

	FY 2022	FY 2023	FY 2024
	<u>Actual</u>	<u>Enacted</u>	<u>Request</u>
TOTAL , BA 01: Operating Forces	530,596	884,961	951,499
TOTAL , BA 02: Mobilization	0	0	0
TOTAL , BA 03: Training and Recruiting	0	0	0
TOTAL , BA 04: Admin & Srwide Activities	0	0	0
Total Medical Readiness Activities:	529,516	884,961	951,499

Details:

BA 01: Operating Forces

Medical Operations Support

2020A	SAG 124	Operational Support	7,694	20,431	16,467
2020A	SAG 124	Examining Services - Health Care	31,710	34,484	33,459
2020A	SAG 124	Army Service Component Commands (ASCC)	123	247	8
2020A	SAG 124	Veterinary Services	46,137	99,119	109,991
		Medical Information Management/Information			
2020A	SAG 124	Technology (IM/IT)		386	415
2020A	SAG 124	Base Operating Support	76,378	262,877	297,394
2020A	SAG 124	Veterinary Services	16,706	35,316	1,084
Total Medical Operations Support			178,748	452,860	458,818

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President' Budget

Medical Research and Development

2020A	SAG 124	Base Operating Support			1,068
2020A	SAG 124	Operational Support	24,022	300	2,201
2020A	SAG 124	Medical IM/IT	70,820	6,468	14,368
Total Medical Research and Development			94,842	6,768	17,637

Medical Installation Support

2020A	SAG 124	Medical IM/IT			170
2020A	SAG 124	ASCC Headquarters			165
2020A	SAG 124	Base Operations	22,621	63,107	65,835
2020A	SAG 124	Facilities Restoration & Modernization	36,710		
2020A	SAG 124	Facilities Sustainment	24,796		
2020A	SAG 124	Military Public/Occupational Health	32,951	11,708	15,812
2020A	SAG 124	Operational Support		5,360	6,706
2020A	SAG 124	Veterinary Services			36,900
Total Medical Installation Support			117,078	80,175	125,588

Medical Acquisition Support

2020A	SAG 124	Medical IM/IT	1,928	302	361
2020A	SAG 124	Operational Support	5,495	14,446	14,696
Total Medical Acquisition Support			7,423	14,748	15,057

Medical Education and Training

2020A	SAG 124	Medical IM/IT	2,887	11,317	12,405
2020A	SAG 124	Base Operations	2,877	7,269	8,733
2020A	SAG 124	Education and Training	64,413	176,154	174,821
		Health Care Precommissioning Professional			
2020A	SAG 124	Scholarship Programs	61,248	135,670	138,440
Total Medical Education and Training			131,425	330,410	334,399

**U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

Reconciliation of Increases and Decreases:

FY 2023 Enacted.....	\$884,961
1. Price Change.....	\$31,682
2. Transfers.....	\$4,609
a) Transfers In.....	\$8,314
1) Medical Installation Support.....	\$199
Transfers funding and 1 FTE from SAG 431, Administration to SAG 124, Medical Readiness to realign Medical resources into the appropriate SAG.	
2) Medical Operational Support.....	\$2,616
Transfers funding and 30 FTEs from the Defense Health Agency (DHA) to Operation and Maintenance, Army SAG 124, Medical Readiness for In-Dental Treatment Facilities Commander's Support Staff in support of Medical Installation support (7 FTEs) and Medical Operational Support (23 FTEs).	
3) Medical Research and Development.....	\$5499
Transfers funding and 37 FTEs from the DHA to Operation and Maintenance, Army SAG 124, Medical Readiness to realign the Capabilities Development Integration Directorate (CDID) to Army Futures Command.	
b) Transfers Out.....	-\$3,705
1) Medical Education and Training Support.....	-3,606
Transfers funding and 18 FTEs from Operation and Maintenance, Army SAG 124, Medical Readiness to the Defense Health Program for Initial Entry Training (IET) Reception Battalion Medical Support.	
2) SHARP* Activities	\$-99
3. Program Increases.....	\$81,323
1) Civilian Average Salary Adjustments.....	\$16,787
Adjusts funding due to changes to civilian compensation rates and civilian type composition within this SAG. The Army uses detailed execution and cost factor analysis to develop civilian rates.	
2) Civilian Compensable Day.....	\$1,452
Increases funding for civilian pay due to one additional compensable day in FY 2024. FY 2024 has 261 compensable days compared to 260 compensable days in FY 2023.	
3) Medical Installation Support - Internal Realignment	\$35,121
Increases funding and 177 FTEs due to an internal realignment from Medical Operational Support to Medical Installation Support to properly align Veterinary Medical support.	

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

<p>4) Medical Operational Support \$16,490 Increases funding for contracts to support Military Entrance Processing Station (MEPS) medical providers performing medical evaluations and inspections in direct support of recruiting partners in all six of the uniformed services (\$9,453). In addition, Increases funding for contracts to support the Army Records Processing Center (ARPC). The ARPC maintains a repository of medical treatment records for retired and out-processed Soldiers (\$7,037).</p> <p>5) Medical Operational Support - Office of Soldier Council \$6,435 Increases funding for the Office of Soldier Council, providing legal representation to Soldiers enrolled in the Army's Integrated Disability Evaluation System.</p> <p>6) Medical Research and Development \$5,038 Increases funding for contract support for the Medical Capability Development Integration Directorate (MED CDID) to assist with design, develop, evaluate, and integrate medical force and modernization concepts, requirements, and solutions for Army operational forces across the Doctrine, Organization and Materiel, domains in support of the Top-Down Futures Development Process (TDFDP) led by Futures & Concepts Center.</p>	<p>\$16,490</p> <p>\$6,435</p> <p>\$5,038</p>
<p>4. Program Decreases..... -\$51,076</p>	
<p>1) Medical Acquisition Support.....-\$415 Decreases funding for mission-related travel.</p> <p>2) Medical Education and Training Support.....-\$2,648 Decreases funding for training, logistics, legal, and administrative support to instructors at the U.S. Army Medical Center of Excellence.</p> <p>3) Medical Education and Training Support - Scholarships -\$531 Reduces funding for 15 Health Professional scholarships due to tuition costs increasing at a faster rate than inflation.</p> <p>4) Medical Installation Support.....-\$12,361 Decreases funding for COVID Testing commensurate with publicly available testing capabilities (\$1,490). In addition, decreases contracts due to efficiencies found in the public health lab, preventive medicine, clinical preventive services, toxicology, health physics, and the hearing program (\$10,871).</p> <p>5) Medical Operational Support - Internal Realignment-\$35,151 Decreases funding and 177 FTEs due to an internal realignment from Medical Operational Support to Medical Installation Support to properly align Veterinary Medical support.</p>	<p>-\$415</p> <p>-\$2,648</p> <p>-\$531</p> <p>-\$12,361</p> <p>-\$35,151</p>
<p>FY 2024 Budget Request..... \$951,499</p>	

Notes:
* Sexual Harassment/Assault Response and Prevention Program

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Performance Criteria and Evaluation Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
1) Medical Readiness			
Medically Ready to Deploy ¹	425,566	436,180	419,004
Dentally Ready to Deploy ²	458,732	452,000	452,000
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
2) Medical Operations Support			
% Semi-annual Working Dog Physical Exams 180 Days or less	≥ 90.0%	≥ 90.0%	≥ 90.0%
% Consolidated Commercial Audit Food Program Performance	≥ 90.0%	≥ 90.0%	≥ 90.0%
Optical Fabrication	700,000	700,000	700,000
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
3) Medical Research and Development Laboratories			
Army Medical Research Labs	6	2	2
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
4) Medical Education and Training			
Health Profession Scholarship	1,638	1,702	1,687
Officer/Enlisted Primary Training	4,468	7,130	6,382
Other Training - Medical Function Training	13,501	17,053	16,949

Notes:

1) Medical Deployability includes all active duty military that meets all Medical Readiness requirements and Dental Class 1 or Dental Class 2 in addition to Soldiers with Temporary Profiles <30 days, Soldiers in Dental Class 3 or Dental Class 4, and those requiring a PHA. Dentally Ready to Deploy includes all active duty military classified as Dental Class I or II and Soldiers in Dental Readiness Class III and Class IV. Current as of 15 Feb 2023.

2.) This metric tracks the percentage of Military Working Dogs (MWDs) whose most recent semiannual physical examination (SAPE) occurred within the last 180 days (as of the end of the specified month). Statutory Requirements/Guidance: Army Regulation 40-905 SECNAVINST 6401.1B AFI 48-131. Optical Fabrication counts are 250,000 inserts and 450,000 pairs of glasses. Frame production numbers are taken in DOFEMS (Defense Optical Fabrication Enterprise Management System).

3) Medical Research and Development includes funding for two (2) Medical Research Labs starting in FY23: the U.S. Army Aeromedical Research Lab (USAARL) and the U.S. Army Research Institute of Environmental Medicine (USARIEM). Medical Research and Development before FY23 included funding for the DoD Congressionally directed medical research programs and MRDC, made up of eight (8) subordinate commands of which there were six (6) Medical Research Labs: USAARL, USARIEM, U.S. Army Institute of Surgical Research (USAISR), U.S. Army Medical Research Institute of Chemical Defense (USAMRICD), U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), and U.S. Army Walter Reed Institute of Research (WRAIR).

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

4) Other Training includes leadership and skills progression courses and professional development training.

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Personnel Summary: Total

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change</u> <u>FY 2023/2024</u>
<u>Active Military End Strength (E/S) (Total)</u>	483	3,727	3,787	60
Officer	364	1242	1269	27
Enlisted	119	2485	2518	33
<u>Active Military Average Strength (A/S) (Total)</u>	242	2,105	3,758	1,653
Officer	182	803	1,256	453
Enlisted	60	1,302	2,502	1,200
<u>Civilian FTEs (Total)</u>	1,682	4,312	4,361	49
<u>DIRECT FUNDED (DOES NOT INCLUDE MILITARY TECHNICIANS)</u>	1,638	4,273	4,361	49
U.S. Direct Hire	1,531	3,948	3,997	49
Foreign National Direct Hire	29	74	74	0
Total Direct Hire	1,560	4,022	4,071	49
Foreign National Indirect Hire	78	251	251	0
<u>REIMBURSABLE FUNDED</u>	44	39	39	0
U.S. Direct Hire	0	0	0	0
Foreign National Direct Hire	0	0	0	0
Total Direct Hire	0	0	0	0
Foreign National Indirect Hire	44	39	39	0
<u>Annual Civilian Salary Cost</u>	124	119	126	7
<u>Contractor FTEs (Total)</u>	749	519	572	53

U.S. Army
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

OP-32A Line Items: Total

	FY 2022	FC Rate	Price	Price	Program	FY 2023	FC Rate	Price	Price	Program	FY 2024	
	Program	Diff	Growth	Growth	Growth	Program	Diff	Growth	Growth	Growth	Program	
			Percent					Percent				
<u>CIVILIAN PERSONNEL COMPENSATION</u>												
0101	EXECUTIVE, GENERAL AND SPECIAL SCHEDULES	195,101	0	9.38%	18,295	263,271	476,667	0	5.23%	24,949	17,243	518,859
0103	WAGE BOARD	1,772	0	14.67%	260	5,401	7,433	0	4.88%	363	-74	7,722
0104	FOREIGN NATIONAL DIRECT HIRE (FNDH)	556	59	6.02%	37	997	1,649	-277	5.03%	69	3	1,444
0106	BENEFITS FOR FORMER EMPLOYEES	75	0	0	0	-75	0	0	0	0	0	0
0199	TOTAL CIVILIAN PERSONNEL COMPENSATION	197,504	59	30.07%	18,592	269,594	485,749	-277	15.14%	25,381	17,172	528,025
<u>TRAVEL</u>												
0308	TRAVEL OF PERSONS	17,173	0	2.1%	361	1,241	18,775	0	2.2%	413	-4,020	15,168
0399	TOTAL TRAVEL	17,173	0		361	1,241	18,775	0		413	-4,020	15,168
<u>DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS</u>												
0401	DLA ENERGY (FUEL PRODUCTS)	21	0	-7.47%	-2	69	88	0	-11.5%	-10	0	78
0411	ARMY SUPPLY	20,544	0	-0.28%	-58	514	21,000	0	-2.36%	-496	0	20,504
0416	GSA MANAGED SUPPLIES AND MATERIALS	0	0	2.1%	0	0	0	0	2%	0	1,807	1,807
0422	DLA MATERIEL SUPPLY CHAIN (MEDICAL)	11,469	0	0.66%	76	268	11,813	0	6.21%	734	0	12,547
0424	DLA MATERIEL SUPPLY CHAIN (WEAPON SYSTEM)	57	0	11.72%	7	0	64	0	-6.52%	-4	-60	0
0499	TOTAL SUPPLIES AND MATERIALS PURCHASES	32,091	0		23	851	32,965	0		224	1,747	34,936
<u>DEFENSE WORKING CAPITAL FUND EQUIPMENT PURCHASES</u>												
0506	DLA MATERIEL SUPPLY CHAIN (CONSTRUCTION AND EQUIP)	10,440	0	0.66%	69	14,631	25,140	0	5.62%	1,413	0	26,553
0507	GSA MANAGED EQUIPMENT	543	0	2.1%	11	2	556	0	2.2%	12	0	568
0599	TOTAL STOCK FUND EQUIPMENT PURCHASES	10,983	0		80	14,633	25,696	0		1,425	0	27,121
0771	COMMERCIAL TRANSPORTATION	463	0	2.1%	10	0	473	0	2%	9	0	482
<u>OTHER PURCHASES</u>												
0901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	5,812	703	12.37%	806	13,581	20,902	-3,546	5.3%	920	-1	18,275
0913	PURCHASED UTILITIES (NON-FUND)	6,482	0	2.1%	136	0	6,618	0	2.2%	146	0	6,764
0914	PURCHASED COMMUNICATIONS (NON-FUND)	983	0	2.1%	21	0	1,004	0	2.2%	22	0	1,026
0915	RENTS (NON-GSA)	37	0	2.1%	1	0	38	0	2.2%	1	0	39
0917	POSTAL SERVICES (U.S.P.S)	19	0	2.1%	0	0	19	0	2.2%	0	0	19
0920	SUPPLIES AND MATERIALS (NON-FUND)	4,033	0	2.1%	85	2,700	6,818	0	2.2%	150	-504	6,464
0921	PRINTING AND REPRODUCTION	1,034	0	2.1%	22	582	1,638	0	2.2%	36	0	1,674
0922	EQUIPMENT MAINTENANCE BY CONTRACT	2,845	0	2.1%	60	2,766	5,671	0	2.2%	125	0	5,796
0923	OPERATION AND MAINTENANCE OF FACILITIES	67,010	0	2.1%	1,407	-68,417	0	0	2.2%	0	0	0
0924	PHARMACEUTICAL DRUGS	0	0	4%	0	0	0	0	4.1%	0	16,590	16,590
0925	EQUIPMENT PURCHASES (NON-FUND)	2,839	0	2.1%	60	1,735	4,634	0	2.2%	102	0	4,736
0930	OTHER DEPOT MAINTENANCE (NON-FUND)	0	0	2.1%	0	178	178	0	2.2%	4	0	182
0932	MANAGEMENT AND PROFESSIONAL SUPPORT SERVICES	14,134	0	2.1%	297	5,683	20,114	0	2.2%	442	-3,000	17,556
0933	STUDIES, ANALYSIS, AND EVALUATION	7,658	0	2.1%	161	-2,268	5,551	0	2.2%	122	0	5,673
0934	ENGINEERING AND TECHNICAL SERVICES	510	0	2.1%	11	0	521	0	2.2%	11	0	532
0936	TRAINING AND LEADERSHIP DEVELOPMENT (OTHER CONTR)	11,905	0	2.1%	250	8,039	20,194	0	2.2%	444	-5,658	14,980
0955	MEDICAL CARE	22,038	0	4%	882	4,722	27,642	0	4.1%	1,133	-1,560	27,215
0957	LAND AND STRUCTURES	13,971	0	2.1%	293	-12,639	1,625	0	2.2%	36	0	1,661
0960	INTEREST AND DIVIDENDS	1	0	2.1%	0	0	1	0	2.2%	0	0	1
0964	SUBSISTENCE AND SUPPORT OF PERSONS	8	0	2.1%	0	0	8	0	2.2%	0	0	8
0987	OTHER INTRA-GOVERNMENT PURCHASES	17,839	0	2.1%	375	8,157	26,371	0	2.2%	580	0	26,951
0988	GRANTS, SUBSIDIES AND CONTRIBUTIONS	9	0	2.1%	0	0	9	0	2.2%	0	0	9
0989	OTHER SERVICES	25,461	0	2.1%	534	277	26,272	0	2.2%	578	3,754	30,604
0990	IT CONTRACT SUPPORT SERVICES	7,056	0	2.1%	148	10,654	17,858	0	2.2%	393	10,867	29,118
0993	OTHER SERVICES - SCHOLARSHIPS	60,698	0	2.1%	1,275	65,644	127,617	0	2.2%	2,808	-531	129,894
0999	TOTAL OTHER PURCHASES	272,382	703		6,824	41,394	321,303	-3,546		8,053	19,957	345,767
9999	GRAND TOTAL	530,596	762	32.17%	25,890	327,713	884,961	-3,823	17.14%	35,505	34,856	951,499

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Description of Operations Financed:

MEDICAL READINESS: Provides human resources and operational support to Medical organizations and capabilities, including education and training opportunities for healthcare professionals, medical logistic support, essential municipal services to operate facilities, medical research, and capital equipment acquisition.

MEDICAL OPERATIONS SUPPORT: Provides resources for (1) integrated, automated medical information addressing the functional areas, including service member's entry exams, medical logistics, patient regulation and evacuation, medical threat/intelligence, health care delivery, food protection/veterinary, optical fabrication, and administrative efforts; (2) deployment health, medical readiness data systems/information management, medical simulation training; (3) manpower for public affairs and information requirements; and (4) other medical operations activities.

MEDICAL RESEARCH AND DEVELOPMENT: Provides resources for medical research and innovative product development to prevent and mitigate injuries to service members in the deployed environment. Provides resources to support Congressionally Directed Medical Research Programs and several Centers of Excellence that support enhanced operational performance, mission readiness, and quality of life through collaborative leadership and advocacy for healing.

MEDICAL FACILITIES AND INSTALLATION SUPPORT: Provides resources necessary for sustainment, restoration, and modernization of facilities supporting medical readiness, as well as operation of installation public health centers, pre-hospital emergency services, and facility engineering.

MEDICAL ACQUISITION SUPPORT: Provides resources for efforts related to medical readiness such as Tri-Service IM/IT programs, authorized civilian workforce performing medical research, laboratory infrastructure, and management support for selected US and overseas laboratories.

MEDICAL EDUCATION AND TRAINING: Provides support for education and training opportunities for personnel through the following categories: Health Professions Scholarship Program, Uniformed Services University of the Health Sciences (USUHS), Professional Military Education, Continuing Medical Education, Functional Training, Long Term Health Education and Training, and Pre-Deployment Training.

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Financial Summary:

*Provide applicable O1, R1, P1 level of detail as appropriate.

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
TOTAL , BA 01: Operating Forces	18,972	4,017	14,803
TOTAL , BA 02: Mobilization	27,074	25,667	24,643
TOTAL , BA 03: Training and Recruiting	111,860	119,568	131,747
TOTAL , BA 04: Admin & Srvwide Activities	296,392	344,392	323,978
Total Medical Readiness Activities:	454,298	493,644	495,171

Details:

BA 01: Operating Forces

Medical Operations Support

2021A	1B1B	Mission and Other Ship Operations	7,658	0	0
2021A	1B2B	Submarine Support	152	0	0
2021A	1C6C	Operational HQ (Fleet)	18	0	0
2021A	BSIT	Enterprise Information Technology	1,956	2,732	2,815
2021A	BSS1	Base Operating Support	4,887	0	1,372

Total Medical Operations Support	14,671	2,732	4,187
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Medical Research and Development

	0	0	0
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Total Medical Research and Development	0	0	0
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U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Medical Facilities and Installation Support

18	2021A	BSM1	Sustainment, Restoration and Modernization	3,368	0	9,292
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Total Medical Facilities and Installation Support				3,368	0	9,292
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Medical Acquisition Support

2021A	BSS1	Base Operating Support		0	0	0
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2021A	BSIT	Enterprise Information Technology		933	1,285	1,324
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Total Medical Acquisition Support				933	1,285	1,324
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Medical Education and Training

	0	0	0
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Total Medical Education and Training				0	0	0
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Notes:

FY 2021 all BSS1 & BSM1 (Facilities funding) was transferred to CNIC, \$16,185 was returned back to BUMED for Labor funding that was erroneously transferred to CNIC as part of the PB21 DWR

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Financial Summary:

*Provide applicable O1, R1, P1 level of detail as appropriate.

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
TOTAL , BA 01: Operating Forces	18,972	4,017	14,803
TOTAL , BA 02: Mobilization	27,074	25,667	24,643
TOTAL , BA 03: Training and Recruiting	111,860	119,568	131,747
TOTAL , BA 04: Admin & Srvwide Activities	296,392	344,392	323,978
Total Medical Readiness Activities:	454,298	493,644	495,171

Details:

BA 02: Mobilization

Medical Operations Support

2021A 2C1H Expeditionary Health Services Systems	27,074	25,667	24,643
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Total Medical Operations Support	27,074	25,667	24,643
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Medical Research and Development

0	0	0
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Total Medical Research and Development	0	0	0
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Medical Facilities and Installation Support

0	0	0
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Total Medical Facilities and Installation Support	0	0	0
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U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Medical Acquisition Support

0 0 0

Total Medical Acquisition Support

0 0 0

Medical Education and Training

0 0 0

Total Medical Education and Training

0 0 0

Notes:

Includes Over the Horizon/Enduring OMN funding

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Financial Summary:

*Provide applicable O1, R1, P1 level of detail as appropriate.

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
TOTAL , BA 01: Operating Forces	18,972	4,017	14,803
TOTAL , BA 02: Mobilization	27,074	25,667	24,643
TOTAL , BA 03: Training and Recruiting	111,860	119,568	131,747
TOTAL , BA 04: Admin & Srvwide Activities	296,392	344,392	323,978
Total Medical Readiness Activities:	454,298	493,644	495,171

Details:

BA 03: Training and Recruiting

Medical Operations Support

2021A 3B3K Health Care Pre-Commissioning Professional School	0	0	9,224
2021A 3B3K Education and Training - Health Care	0	0	0
2021A 3B3K Education and Training - Medical Readiness	0	0	0
Total Medical Operations Support	0	0	9,224

Medical Research and Development

	0	0	0
Total Medical Research and Development	0	0	0

Medical Facilities and Installation Support

	0	0	0
Total Medical Facilities and Installation Support	0	0	0

Medical Acquisition Support

	0	0	0
Total Medical Acquisition Support	0	0	0

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Medical Education and Training

2021A	3B3K	Health Care Pre-Commissioning Professional School	77,280	82,010	90,172
2021A	3B3K	Education and Training - Medical Readiness	34,580	37,558	32,351
Total Medical Education and Training			111,860	119,568	131,747

Notes:

FY23 Increase is attributed to an increase in Travel of Persons due to additional travel to training and exercises that support meeting the mission requirement of a medically trained force within the Health Professions Scholarship Program (HPSP).

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Financial Summary:

*Provide applicable O1, R1, P1 level of detail as appropriate.

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
TOTAL , BA 01: Operating Forces	18,972	4,017	14,803
TOTAL , BA 02: Mobilization	27,074	25,667	24,643
TOTAL , BA 03: Training and Recruiting	111,860	119,568	131,747
TOTAL , BA 04: Admin & Srvwide Activities	296,392	344,392	323,978
Total Medical Readiness Activities:	454,298	493,644	495,171

Details:

BA 04: Admin & Srvwide Activities

Medical Operations Support

2021A 4A1M Administration	40,520	53,413	0
2021A 4A8M Medical Activities	190,662	229,266	262,723
2021A 4B2E Environmental Programs	811	0	0
Total Medical Operations Support	231,993	282,679	262,723

Medical Research and Development

	0	0	0
Total Medical Research and Development	0	0	0

Medical Facilities and Installation Support

	0	0	0
Total Medical Facilities and Installation Support	0	0	0

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Medical Acquisition Support

2021A	4A8M	Medical Activities	38,800	35,592	40,729
Total Medical Acquisition Support			38,800	35,592	40,729

Medical Education and Training

2021A	4A1M	Administration	5,897	6,017	0
2021A	4A8M	Medical Activities	19,702	20,104	20,526
Total Medical Education and Training			25,599	26,121	20,526

296,392 344,392 323,978

Database Totals

4A1M	46,417	59,430	0
4A8M	249,164	284,962	323,978
4B2E	811	0	0

Delta to BUMED

4A1M	0	0	0
4A8M	0	0	0
4B2E	0	0	0

Notes:

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Reconciliation of Increases and Decreases - BSM1:

FY 2023 Enacted	\$0
1. Price Change.....	\$0
2. Transfers.....	\$9,237
a) Transfers In.....	\$9,237
i)4A8M to BSM1 Realignment.....	\$9,237
Transfer from BA 4, Medical Activities (4A8M) to BA 1, Sustainment, Restoration and Modernization (BSM1) to properly align funding for Virtual Maintenance Trainer and Anti-Submarine Warfare (ASW) Tactical Employment Trainer (ATET). (Baseline \$0; +2 civilian FTE)	
b) Transfers Out.....	\$0
3. Program Increases.....	\$55
i) Program increase supports facility repairs and accreditation requirements. (Baseline: \$0)	
FY 2024 Budget Estimate	\$9,292

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Reconciliation of Increases and Decreases - BSS1:

FY 2023 Enacted.....	\$0
1. Price Change.....	\$0
2. Transfers.....	\$1,372
a) Transfers In.....	\$1,372
1)4A8M to BSS1 Realignment.....	\$1,372
Transfer from BA 4, Medical Activities (4A8M) to BA 1, Base Operating Support (BSS1) to properly align funding for Virtual Maintenance Trainer and Anti- Submarine Warfare (ASW) Tactical Employment Trainer (ATET). (Baseline \$0)	
b) Transfers Out.....	\$0
FY 2024 Budget Estimate.....	\$1,372

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Reconciliation of Increases and Decreases - BSIT:

FY 2023 Enacted.....	\$4,017
1. Price Change.....	\$147
2. Transfers.....	\$0
a) Transfers In.....	\$0
b) Transfers Out.....	\$0
3. Program Increases.....	\$241
1) One-Time FY 2024 Costs.....	\$241
Increase in civilian personnel funding due to one additional workday in FY 2024. (Baseline: \$4,017)	
4. Program Decreases.....	-\$266
1) Program Decreases in FY 2024.....	-\$266
Decrease reduces SIPR support tied to NMCI infrastructure requirements to end user service delivery. (Baseline: \$4,017)	
FY 2024 Budget Estimate.....	\$4,139

**U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

Reconciliation of Increases and Decreases - 3B3K:

FY 2023 Enacted	\$119,568
1. Price Change.....	\$2,955
2. ICC Realignment	
a) ICC Realignment to 936 and 984 from 935.....	-\$81,375
ICC Realignment to 936 and 984 from 935 is a result of aligning costs to the correct category of purchase order type. (Baseline: \$89,795)	
b) ICC Realignment to 936 from 935.....	\$81,104
ICC Realignment to 936 from 935 is a result of aligning costs to the correct category of purchase order type. (Baseline: \$0)	
b) ICC Realignment to 984 from 935.....	\$271
ICC Realignment to 984 from 935 is a result of aligning costs to the correct category of purchase order type. (Baseline: \$0)	
3. Program Increases.....	\$20,867
a) Health Professional Scholarship Program.....	\$20,867
Program increase provides a restoral of Health Professions Scholarship Program capabilities in Fiscal Year 2024 to sustain tuition costs of public to private institutions, in state/out of state gains and associated fees for Medical, Dental and Medical Service Corps. (Baseline: \$82,010)	
4. Program Decreases.....	\$11,643
a) Workforce Reshaping.....	-\$2,955
Program decrease attributed to workforce shaping as a result of identified Medical efficiencies. (Baseline: \$11,478; -20 civilian FTE)	
b) Travel Decrease.....	-\$8,688
ii) Program decrease to travel in FY24 is tied to reduce the surge in FY23 travel increases that were intended to close the education gap caused by the COVID-19 pandemic and to place travel-related obligations in line with historical obligation levels. (Baseline: \$82,010)	
FY 2024 Budget Estimate	\$131,747

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Reconciliation of Increases and Decreases - 2C1H:

FY 2023 Enacted	\$25,667
1. Price Change.....	\$711
2. Transfers.....	\$0
3. Program Increases.....	\$120
1) Program Increase in FY2024.....	\$120
A budgetary increase of \$1,059K is required to ensure rapid requirement task orders are funded and thus, executed. Moreover, the Fiscal Year 2023 increase is required to re-stock materiel associated with FDP MU, JMPAB, EMF-144A, EMF-144G, EMF-CP1, EMF-CP2, and ERSS. Overall, the budgetary increase facilitates operational requirements and time sensitive tasks via high fill-rates of deployed push blocks.	
3. Program Decreases.....	-\$1,855
1) Program Decrease in FY2024.....	-\$1,855
Decrease supports a reduced Procurement Operations footprint associated with the budget shift from Overseas Contingency Operations (OCO) to the base budget in support of Over the Horizon (OTH).	
FY 2024 Budget Estimate	\$24,643

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Reconciliation of Increases and Decreases - 4A1M:

FY 2023 Enacted.....	\$59,430
1. Price Change.....	\$2,970
2. Transfers.....	-\$42,872
a) Transfers Out.....	-\$42,872
4A1M to 4A8M Transfer.....	-\$42,872
Transfer to BA 4, Medical Activities (4A8M) from BA 4, Administration to consolidate Medical Headquarters Labor and provide alignment to the program resources and requirements that the civilian staff is supporting. Consolidating Medical Readiness Line Items within BA04 streamlines programming and oversight and provides flexibility to meet the operational requirements of the DON.. (Baseline: \$42,872; -243 civilian FTE)	
4. Program Decreases.....	-\$19,528
a) Workforce Reshaping.....	-\$19,528
Program decrease attributed to workforce shaping as a result of identified Medical Headquarters efficiencies. (Baseline \$59,430; -104 civilian FTE)	
FY 2024 Budget Estimate.....	\$0

**U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

Reconciliation of Increases and Decreases - 4A8M:

FY 2023 Enacted	\$284,962
1. Price Change.....	\$9,321
2. Transfers.....	\$43,868
a) Transfers In.....	\$54,477
1) 4A1M to 4A8M Transfer.....	\$42,872
Transfer from BA 4, Administration (4A1M) to BA 4, Medical Activities (4A8M) to consolidate Medical Headquarters Labor and provide alignment to the program resources and requirements the civilian staff is supporting. Consolidating Medical Readiness Line Items streamlines programming and oversight and provides flexibility to meet the operational requirements of the DON. (Baseline: \$0; +243 civilian FTE)	
2) BSM1 /BSS1 to 48AM Transfer.....	\$7,463
Transfer from BA 1, Sustainment, Restoration and Modernization (BSM1), and BA 1, Base Operating Support (BSSI) to BA 4, Medical Activities (4A8M) to properly align funding for Restoration & Modernization, Sustainment, and Utilities. (Baseline: \$0)	
3)BSM1/BSSI to 48AM Transfer.....	\$2,770
Transfer from BA 1, Sustainment, Restoration and Modernization (BSM1), and BA 1, Base Operating Support (BSSI) to BA 4, Medical Activities (4A8M) to properly align funding for Restoration & Modernization, Sustainment, and Utilities. (Baseline: \$0)	
4) BSSI to 48AM Transfer.....	\$1,372
Transfer from BA 1, Base Operating Support (BSS1) Commander, Navy Installations, to BA 4, Medical Activities (4A8M) to properly fund Environmental Compliance resources associated with the Non-Medical Treatment Facilities. (Baseline: \$0)	
b) Transfers Out.....	-\$10,609
1) Transfer to BA 1 from BA 4 4A8M.....	-\$10,609
Transfer to BA 1, Sustainment, Restoration and Modernization (BSM1), and BA 1, Base Operating Support (BSS1) from BA 4, Medical Activities (4A8M) to properly align funding for Virtual Maintenance Trainer and Anti-Submarine Warfare (ASW) Tactical Employment Trainer (ATET). (Baseline: \$10,609; -2 civilian FTE)	

**U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget**

3. Program Increases.....	\$1,380
a) Testing and Vaccines.....	\$1,000
One time increase to Medical Readiness to support testing and vaccine requirements. (Baseline: \$284,962)	
b) Civilian Personnel Funding.....	\$380
Increase in civilian personnel funding due to one additional work day in FY 2024. (Baseline: \$58,097)	
4. Program Decreases.....	-\$15,553
a) Public/Occupational Health.....	-\$2,408
Decrease to Military Public/Occupational Health tied to operational efficiencies gained by consolidation of occupational health clinics. (Baseline: \$284,962)	
b) Operational Support Medical Readiness.....	-\$4,921
Decrease to Operational Support Medical Readiness supports workforce shaping initiatives to Medical Headquarters. (Baseline: \$284,962; -37 civilian FTE)	
c) Operational Support Medical Readiness.....	-\$8,224
Decrease to Operational Support Medical Readiness supports efficiencies gained via medical acquisition and logistics programs. (Baseline: \$284,962)	
FY 2024 Budget Estimate.....	\$323,978

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - 1B1B:

	FY 2022	FY 2023	FY 2024
Shipboard Equipment Replacement Program (SERP) Medical Equipment – PACFLT and USFLTFORCOM	7,658	0	0
Total	7,658	0	0

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - 1B2B:

	FY 2022	FY 2023	FY 2024
Submarine Atmospheric Assessment Program - Naval Submarine Medical Research Laboratory (NSMRL)	152	0	0
Total	152	0	0

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - BSM1:

	FY 2022	FY 2023	FY 2024
Facilities Restoration and Modernization	2,458	0	2,362
Facilities Sustainment	910	0	6,930
Total	3,368	0	9,292

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - BSS1:

	FY 2022	FY 2023	FY 2024
Environmental Compliance	562	0	1,372
Facilities Services	1134	0	0
Facilities Sustainment	3,191	0	0
Total	4,887	0	1,372

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - 2C1H:

Fleet Hospital Inventory	FY 2022	FY 2023	FY 2024
Expeditionary Medical Support Facilities:			
Dollars (\$K)	\$15,184	\$13,866	\$14,702
150-bed units	8	8	8
Expeditionary Medical Units:			
Dollars (\$K)	\$5,043	\$4,508	\$4,906
10-bed units	4	4	4
Total Number of Beds	1,395	1,247	1,409
Forward Deployable Preventive Medicine Units (FDPMU):			
Dollars (\$K)	\$715	\$561	\$634
Units	4	4	4
SUBTOTAL	\$20,942	\$18,935	\$20,242
USNS MERCY/COMFORT			
Medical Equipment Replacement - Dollars (\$K)	\$3,712	\$3,785	\$4,109
SUBTOTAL	\$3,712	\$3,785	\$4,109
Below Threshold Reprogramming and Realignment Reporting System Action from other BSOs			
Shipboard Equipment Replacement Program (SERP) - Dollars (\$K)	\$0	\$0	\$0
Expeditionary Resuscitative Surgical System-Pacific (ERSS-P) - Dollars (\$K)	\$0	\$481	\$292
SUBTOTAL	\$0	\$481	\$292
Additional Navy Medical Support			
Navy Medicine Response in support of Coronavirus Disease 2019 (COVID-19) - Dollars (\$K)	\$0	\$0	\$0
Overseas Contingency Operations (OCO) supporting the Expeditionary Medical Unit (EMU) - Dollars (\$K)	\$0	\$0	\$0
Over the Horizon (OTH) supporting the Expeditionary Medical Unit (EMU) – Dollars (\$K)	\$2,420	\$2,466	\$0
SUBTOTAL	\$2,420	\$2,466	\$0
GRAND TOTAL	\$27,074	\$25,667	\$24,643

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - 4A1M:

	(\$K)	FY 2022	FY 2023	FY 2024
International Cooperative Administrative Support (ICASS)		717	732	0
Financial Improvement and Audit Readiness (FIAR)		923	953	0
Medical Headquarters		46,082	57,417	0
DOD Workforce Rationalization Plan Personnel		317	328	0
TOTAL		48,039	59,430	0

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - 4A8M:

Drug Demand Reduction Program – Navy Military Drug Testing	FY 2022	FY 2023	FY 2024
Navy Specimens Tested	1,032,729	1,021,731	1,100,000
Navy Recruit Specimens Tested	35,604	22,278	35,000
Marine Corps Specimens Tested	495,064	496,677	500,000
Marine Corps Recruit Specimens Tested	3,055	2,502	3,000
Army Specimens Tested	46,333	134,274	100,000
Army Reserves Specimens Tested	103,836	46,572	100,000
Army National Guard Specimens Tested	67,508	64,371	70,000
Air Force Specimens Tested	0	1	0
Air Force Reserve Specimens Tested	0	0	0
Air National Guard Specimens Tested	0	0	0
Military Entrance Processing Station Specimens Tested	226,775	231,318	250,000
Non DOD Specimens Tested	0	0	0
US Coast Guard Specimens Tested	47	54	55
Total Specimens Tested	2,010,951	2,019,778	2,158,055
Drug Demand Reduction Program Funding (\$K)	FY 2022	FY 2023	FY 2024
Drug Demand Reduction Program (DDRP) Funding	27,010	17,322	18,289
Total	27,010	17,322	18,289
Operational Readiness Programs (\$K)	FY 2022	FY 2023	FY 2024
ENTERPRISE OPERATIONS	460	27,260	101,030
FACILITIES OPERATIONS	16,093	1,575	4,165
MEDICAL READINESS	213,940	228,564	173,039
MENTAL HEALTH	18,171	19,773	21,288
OPERATIONAL MEDICINE	0	2,190	15,781
SAPR PROGRAM	500	30	31
EDUCATION & TRAINING	0	5,570	8,644
Total	249,164	284,962	323,978

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - BSIT:

	(\$K)	FY 2022	FY 2023	FY 2024
Medical Readiness				
Dollars		2,889	4,017	4,139
Personnel		16	16	16

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

IV. Performance Criteria and Evaluation Summary - 3B3K:

STUDENT WORKLOAD	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
HPSP – Health Professions Scholarship Program	1,217	1,256	1,260	1,256	1,276	1,275	1,275
FAP – Financial Assistance Program	18	25	27	29	29	29	29
HPLRP – Health Professionals Loan Repayment Program	10	12	18	23	20	20	20
GME – Graduate Medical Education	1,109	1,109	1,109	1,109	1,109	1,109	1,109
Other Professional Development	639	639	697	697	697	697	697
Service Specific Training	10,881	14,181	14,181	14,181	14,181	14,181	14,181
TOTAL ESTIMATED STUDENTS	13,874	17,222	17,292	17,295	17,312	17,311	17,311

Performance Criteria (\$K)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
HPSP- Health Professions Scholarship Program	76,867	81,063	97,932	84,951	98,228	100,272	102,295
FAP- Financial Assistance Program	181	479	756	669	844	866	881
HPLRP- Health Professionals Loan Repayment Program	232	468	708	908	788	788	788
GME- Graduate Medical Education	1,200	1,800	1,804	1,842	1,880	1,920	1,960
Other Professional Development	2,500	3,850	3,931	4,013	4,098	4,184	4,271
Service Specific Training	30,880	31,908	26,616	27,922	46,136	47,110	48,058
TOTAL	111,860	119,568	131,747	120,305	151,974	155,140	158,253

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Performance Criteria and Evaluation Summary:

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
1) Medical Readiness			
Medically Ready to Deploy ¹ (Goal = 90%)	82%	84.5%	90%
Dentally Ready to Deploy ² (Goal = 95%)	87.2%	89.6%	95%
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
2) Medical Operations Support			
Expeditionary Medical Support Facilities (EMF), 150 bed	8	8	8
Expeditionary Medical Units (EMU), 10 Bed	4	4	4
Total Number of Expeditionary Beds:	1395	1247	1409
Forward Deployable Preventive Medicine Units (FDPMU)	4	4	4
USNS MERCY – exercises per year	2	2	2
USNS COMFORT – exercises per year	2	2	2
Drug Demand Reduction Program (DDRP) – Navy Military Drug Testing (Total Specimens Tested)	2011	2020	2158
DDRP – Navy Military Drug Testing Funding (\$K)	27010	17322	18289
International Cooperative Administrative Support (ICASS)	732	739	746
Financial Improvement and Audit Readiness (FIAR)	923	953	983
Medical Headquarters	56082	56082	57417
DOD Workforce Rationalization Plan Personnel	317	328	339
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
3) Medical Research and Development			
Mental Health	18171	19773	21288
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
4) Medical Facilities and Installation Support			
Facilities Sustainment Funding ¹	\$910	\$0	\$6,930
Facilities Restoration and Modernization ¹	\$2,458	\$0	\$2,362
Total Medical Facilities and Installation Support Funding	\$3,368	\$0	\$9,292

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
5) Medical Acquisition Support			
Total Medical Acquisition Support Funding	\$36,525	\$36,525	\$41,705
USNS MERCY/COMFORT Medical Equipment Replacement (\$K)	\$3,712	\$3,712	\$3,785
Shipboard Equipment Replacement Program (SERP), (\$K)	\$0	\$0	\$0
Expeditionary Resuscitative Surgical System-Pacific (ERSS-P), (\$K)	0	\$481	\$292
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
6) Medical Education and Training			
Total Medical Education and Training Funding	\$111,860	\$119,568	\$131,747
HPSP – Health Professions Scholarship Program (# Candidates)	1217	1256	1260
FAP – Financial Assistance Program (# Candidates)	18	25	27
HPLRP – Health Professionals Loan Repayment Program (# Candidates)	10	12	18
GME – Graduate Medical Education (# Candidates)	1109	1109	1109
Other Professional Development (# Candidates)	639	639	697
Service Specific Training (# Candidates)	10881	14181	14181

Notes:

1) ¹Medically Ready to Deploy includes all active duty military that are medically available to deploy (Total Force Medical Readiness (TFMR) = Fully Medically Ready (FMR) + Partially Medically Ready (PMR). Status for FY22 is as of 1 OCT 2022, FY23 as of 1 JAN 2023, FY24 is goal of 90%, updated 15 MAR 2023. Total AD Denominator FY22: 280,195; FY21: 284,715.

2) ²Dentally Ready to Deploy includes all active duty military that are classified as Dental Class I or 2. Status for FY22 is as of 1 OCT 2022, FY23 as of 1 JAN 2023, FY24 is goal of 90%, updated 15 MAR 2023. Total AD Denominator FY22: 280,195; FY21: 284,715.

3) Medical Research and Development includes currently funded DoD Congressionally directed medical research programs.

4) ¹Facilities Sustainment includes major repairs such as the replacement of roofs, heating and cooling systems, tile surfaces and carpeting, and wall surface refinishing. It also resources regularly scheduled adjustments and inspections, preventive maintenance tasks, and emergency response and service calls for minor repairs. It does not resource environmental compliance costs, facility leases, custodial and grounds services, waste disposal, and utilities. FY22 & FY23 Funding is transferred from CNIC and is not reported in BUMED Base funding.

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

5) ² Facilities Restoration and Modernization resources the restoration of real property to such a condition that it may be used for its' designated purpose. Restoration includes repair or replacement work to restore facilities damaged by inadequate sustainment, excessive age, natural disaster, fire, accident, or other causes.

6) ¹Other Training includes leadership and skills progression courses as well as professional development training.

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Personnel Summary: Total

	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change</u> <u>FY 2023/2024</u>
<u>BSO-18 DHP</u>				
<u>Active Military End Strength (E/S) (Total)</u>	26,085	25,953	25,699	-254
Officer	8,056	7,966	7,876	-90
Enlisted	18,029	17,987	17,823	-164
<u>Active Military Average Strength (A/S) (Total)</u>	26,535	26,019	25,826	-193
Officer	8,182	8,011	7,921	-90
Enlisted	18,353	18,008	17,905	-103
<u>BSO-18 NON DHP</u>				
<u>Active Military End Strength (E/S) (Total)</u>	537	548	637	89
Officer	352	357	429	72
Enlisted	185	191	208	17
<u>Active Military Average Strength (A/S) (Total)</u>	531	543	593	50
Officer	351.5	354.5	393.0	38.5
Enlisted	179.5	188.0	199.5	11.5
<u>BSO-18 CIVLABOR</u>				
<u>Civilian FTEs (Total)</u>	0	0	0	0
<u>DIRECT FUNDED (DOES NOT INCLUDE MILITARY TECHNICIANS)</u>				
U.S. Direct Hire	1,157	1,043	882	-161
Foreign National Direct Hire	2	2	2	0
Total Direct Hire	0	0	0	0
Foreign National Indirect Hire	0	0	0	0
<u>REIMBURSABLE FUNDED</u>				
U.S. Direct Hire	76	173	173	0
Foreign National Direct Hire	0	0	0	0
Total Direct Hire	0	0	0	0
Foreign National Indirect Hire	0	0	0	0
<u>Annual Civilian Salary Cost</u>	114	129	132	3
<u>Contractor FTEs (Total)</u>	0	0	0	0

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

Notes:

- 1) The FY21 Reimbursable FTE represent Direct Support Cell Staff that due to complications of the ongoing COVID-19 pandemic, delayed transfer over to the Defense Health Agency (DHA). The personnel officially realigned from being Department of Navy (DoN) civilians to the DHA in FY2022.
- 2) The FY22 and FY23 Reimbursable FTE represent the Navy Medicine Counter Drug program that is budgeted as a Reimbursable in the out years and executed as direct during the year of execution.
- 3) Net changes in overall end strength do not reflect reductions in MILPERS, but are due to realignment of resources within Budget Submitting Office (BSO) 18 from the Defense Health Program (DHP) to Navy Line as well as realignments from BSO 18 to other BSOs as part of the FY23 Program Decision Memorandum II Manpower MOA adjustments

U.S. Navy
Medical Readiness Activities
Fiscal Year (FY) 2024 President's Budget

OP-32A Line Items: Total

	FY 2022 Program	FC Rate Diff	Price Growth Percent	Price Growth	Program Growth	FY 2023 Program	FC Rate Diff	Price Growth Percent	Price Growth	Program Growth	FY 2024 Program
<u>CIVILIAN PERSONNEL COMPENSATION</u>											
0101	EXECUTIVE, GENERAL AND SPECIAL SCHEDULES			5,392	-1,244	134,709	0		6,779	-25,343	116,145
0104	FOREIGN NATIONAL DIRECT HIRE (FNDH)			0	0	0			0	0	0
0105	SEPARATION LIABILITY (FNDH)	10	0	-10	0	0			0	0	0
0199	TOTAL CIVILIAN PERSONNEL COMPENSATION	131,382	0	0	5,382	-1,244	134,709	0	0	6,779	-25,343
<u>TRAVEL</u>											
0308	TRAVEL OF PERSONS			143	11,373	21,925			402	-8,038	15,276
0399	TOTAL TRAVEL	14,409	0	0	143	11,373	0	0	402	-8,038	15,276
<u>DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS</u>											
0416	GSA MANAGED SUPPLIES AND MATERIALS	0	0	0	100	100	0	0	2	73	175
0417	LOCAL PURCHASE MANAGED SUPPLIES & MATERIALS	0	0	0	13,813	13,813	0	0	276	-64	14,025
0422	DLA MATERIEL SUPPLY CHAIN (MEDICAL)	0	0	0	317	317	0	0	19	20	356
0499	TOTAL SUPPLIES AND MATERIALS PURCHASES	0	0	0	14,230	14,230	0	0	297	29	14,556
<u>DEFENSE WORKING CAPITAL FUND EQUIPMENT PURCHASES</u>											
0506	DLA MATERIEL SUPPLY CHAIN (CONSTRUCTION AND EQUIP)			0	0	0					
0507	GSA MANAGED EQUIPMENT	0	0	0	100	100	0	0	2	-102	0
0599	TOTAL STOCK FUND EQUIPMENT PURCHASES	0	0	0	100	100	0	0	2	-102	0
<u>OTHER WORKING CAPITAL FUND PURCHASES (EXCL TRANSPORTATION)</u>											
0671	DISN SUBSCRIPTION SERVICES (DSS)	0	0	0	12	12	0	0	1	72	85
0675	DLA DISPOSITION SERVICES	0		0	0	0			0	0	0
0679	COST REIMBURSABLE PURCHASES			0	0	0			0	0	0
0699	TOTAL OTHER WORKING CAPITAL FUND PURCHASES (EXCL TRANSPORTATION)	0	0	0	12	12	0	0	1	72	85
<u>TRANSPORTATION</u>											
0706	AMC CHANNEL PASSENGER	0	0	0	317	317	0	0	7	41	365
0771	COMMERCIAL TRANSPORTATION	1,726	0	0	36	1,777	0	0	77	136	3,752
0799	TOTAL TRANSPORTATION PURCHASES	1,726	0	0	36	2,094	0	0	84	177	4,117
<u>OTHER PURCHASES</u>											
0901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	0	0	0	50	50	0	0	3	-2	51
0913	PURCHASED UTILITIES (NON-FUND)	0	0	0	479	479	0	0	10	-65	424
0914	PURCHASED COMMUNICATIONS (NON-FUND)	0	0	0	12	12	0	0	0	0	12
0915	RENTS (NON-GSA)	375	0	0	8	266	0	0	14	11	674
0917	POSTAL SERVICES (U.S.P.S.)	1,403	0	0	29	-1,432	0	0	0	0	0
0920	SUPPLIES AND MATERIALS (NON-FUND)	41,989	0	0	883	-32,726	0	0	223	7,229	17,480
0921	PRINTING AND REPRODUCTION	210	0	0	4	94	0	0	7	-182	133
0922	EQUIPMENT MAINTENANCE BY CONTRACT	0	0	0	0	8,095	0	0	178	-45	9,551
0923	OPERATION AND MAINTENANCE OF FACILITIES	9,555	0	0	201	-4,462	0	0	117	18,185	23,596
0924	PHARMACEUTICAL DRUGS	0	0	0	0	641	0	0	26	-1	666
0925	EQUIPMENT PURCHASES (NON-FUND)	18,081	0	0	380	62,527	0	0	1,782	-10,557	72,213
0932	MANAGEMENT AND PROFESSIONAL SUPPORT SERVICES	0	0	0	0	2,070	0	0	46	7,203	9,319
0933	STUDIES, ANALYSIS, & EVALUATIONS	0	0	0	0	18,824	0	0	414	96	19,334
0935	TRAINING AND LEADERSHIP DEVELOPMENT	72,785	0	0	1,529	15,779	0	0	1,981	-81,347	10,727
0936	TRAINING AND LEADERSHIP DEVELOPMENT (OTHER CONTRACTS)	0	0	0	0	0	0	0	0	81,104	81,104
0955	MEDICAL CARE	0	0	0	0	55,955	0	0	2,294	-8,388	49,861
0957	LAND AND STRUCTURES	1,780	0	0	37	-1,817	0	0	0	0	0
0960	OTHER COSTS (INTERESTS AND DIVIDENDS)	41	0	0	1	-42	0	0	0	0	0
0964	SUBSISTENCE AND SUPPORT OF PERSONS	25	0	0	1	-26	0	0	0	0	0
0984	EQUIPMENT CONTRACTS	0	0	0	0	0	0	0	0	6,591	6,591
0985	RESEARCH AND DEVELOPMENT CONTRACTS	21,562	0	0	0	-21,562	0	0	0	0	0
0986	MEDICAL CARE CONTRACTS	6,475	0	0	325	12,637	0	0	797	-673	19,561
0987	OTHER INTRA-GOVERNMENT PURCHASES	33,741	0	0	708	-30,958	0	0	77	-614	2,954
0989	OTHER SERVICES	0	0	0	0	20,368	0	0	448	-443	20,373

U.S. Navy
 Medical Readiness Activities
 Fiscal Year (FY) 2024 President's Budget

0990	IT CONTRACT SUPPORT SERVICES	10,020	0	0	211	-8,301	1,930	0	0	42	-103	368
0993	OTHER SERVICES - SCHOLARSHIPS	88,739	0	0	1,863	-90,602	0	0	0	0	0	0
0999	TOTAL OTHER PURCHASES	306,781	0	0	6,180	5,869	318,812	0	0	8,459	17,999	344,992
9999	GRAND TOTAL	454,298	0	0	11,741	32,434	493,644	0	0	16,024	-15,206	495,171