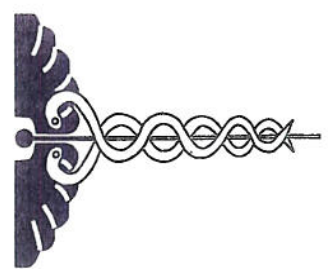
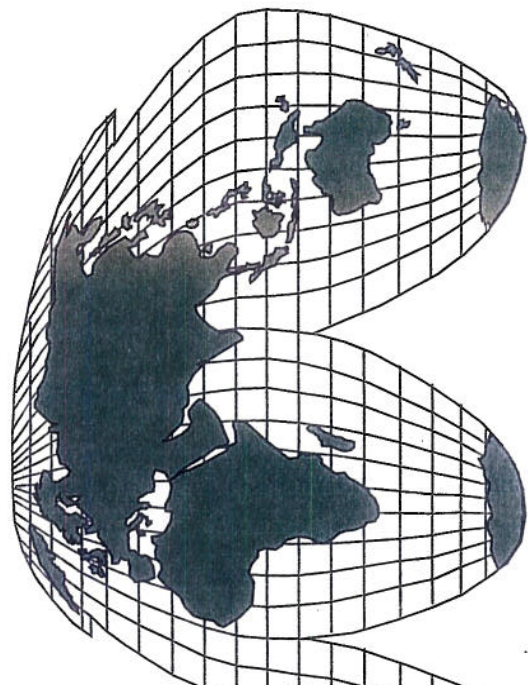
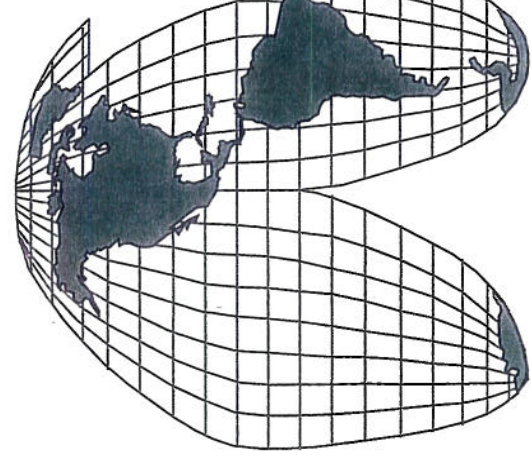
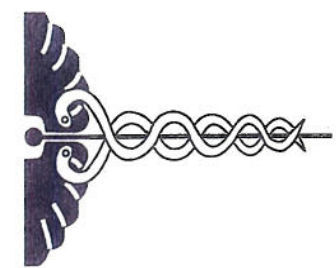


026-026

DEFENSE HEALTH PROGRAM



Fiscal Year (FY) 2013 Budget Estimates

OPERATION AND MAINTENANCE
PROCUREMENT
RESEARCH, DEVELOPMENT, TEST AND EVALUATION

Preparation of the Defense-Wide budget, excluding revolving funds, cost the Department of Defense a total of approximately \$1,384,980 in FY 2012.

Volume 1: Justification of Estimates
Volume 2: Data Book
February 2012

CLEARED
For Open Publication

JAN 24 2012 10

Office of Security Review
Department of Defense

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.

12-C-0239

**Defense Health Program
Fiscal Year (FY) FY 2013 Budget Estimates**

Table of Contents

Volume I - Justification of O&M Estimates for Fiscal Year (FY) 2013

	<u>Page No.</u>
<u>Section I</u> PBA-19 - Introductory Statement.....	1
<u>Section II</u> O-1 O&M Funding.....	10
<u>Section III</u> OP-32 Summary of Price and Program Growth - Summary.....	11
<u>Section IV</u> PB-31R Personnel Summary.....	12
Physicians Comparability Allowance Worksheet.....	14
<u>Section V</u> PB-31D - Summary of Funding Increases and Decreases	18
<u>Section VI</u> * OP-5 Part 2 In-House Care.....	22
OP-5 Part 2 Private Sector Care.....	34
OP-5 Part 2 Consolidated Health Support.....	46
OP-5 Part 2 Information Management.....	57
OP-5 Part 2 Management Activities.....	66
OP-5 Part 2 Education and Training.....	73
OP-5 Part 2 Base Operations/Communications.....	81

**Defense Health Program
Fiscal Year (FY) FY 2013 Budget Estimates**

Table of Contents

Volume I - Justification of O&M Estimates for Fiscal Year FY 2013 (Continued)

	<u>Page No.</u>
<u>Section VI</u> * (continued)	
OP-5 Part 2 Facilities Sustainment, Restoration, Modernization and Demolition.....	91
* OP-32s follow each OP-5	
 <u>Section VII</u>	
PB-11 - Cost of Medical Activities - DHP Summary.....	97
PB-11A - Personnel- DHP Summary.....	100
PB-11B - Medical Workload Data - DHP Summary.....	103

Volume II - Data Book

Section I - Special Analyses

PB-31Q	Manpower Changes in FTEs.....	107
PB-15	Advisory and Assistance Services.....	108
OP-34	Appropriated Fund Support for MWR Activities.....	109
PB-28	Summary of Budgeted Environmental Projects.....	111

Defense Health Program
Fiscal Year (FY) FY 2013 Budget Estimates

Table of Contents

Volume II - Data Book (Continued)

	<u>Page No.</u>
<u>Section II - Procurement</u>	
P-1 Procurement Program.....	116
P-40 Procurement Budget Item.....	117
<u>Section III - Research, Development, Test, and Evaluation (RDT&E)</u>	
R-1 RDT&E Programs.....	119
R-2 RDT&E Project Justification.....	120
<u>Section IV - Overseas Contingency Operations (OCO)</u>	
O-1 Overseas Contingency Operations (OCO) Funding.....	174
OP-32 Overseas Contingency Operations (OCO) Summary of Price and Program Growth.....	175
OP-5 Overseas Contingency Operations (OCO) Detail by SubActivity.....	176

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

(\$ in Millions)

<u>Appropriation Summary:</u>	FY 2011 ¹ <u>Actuals</u>	Price <u>Growth</u>	Program <u>Growth</u>	FY 2012 ² <u>Estimate</u>	Price <u>Growth</u>	Program <u>Growth</u>	FY 2013 ³ <u>Estimate</u>
Operation & Maintenance ⁴	29,953.5	721.7	-89.0	30,586.2	859.6	-96.6	31,349.2
RDT&E	1,205.8	22.9	38.1	1,266.8	22.8	-616.6	673.0
Procurement	<u>546.7</u>	<u>12.4</u>	<u>73.4</u>	<u>632.5</u>	<u>14.2</u>	<u>-140.2</u>	<u>506.5</u>
Total, DHP	31,706.0	757.0	22.5	32,485.5	896.6	-853.4	32,528.7
MERHCF Receipts ⁵	<u>8,600.0</u>			<u>9,470.6</u>			<u>9,727.1</u>
Total Health Care Costs	40,306.0			41,956.1			42,255.8

^{1/} FY 2011 actuals include Operation and Maintenance (O&M) funding of \$1,394.0 million and Research and Development funding of \$24.0 million for Overseas Contingency Operations (OCO) under the FY 2011 Department of Defense Appropriations Act, Public Law 112-10.

^{2/} FY 2012 current estimate excludes \$1,215.3 million for OCO.

^{3/} FY 2013 request excludes \$993.9 million for OCO.

^{4/} The Department of Defense projects O&M funding of \$132.2 million in FY 2011, \$135.6 million in FY 2012, and \$139.2 million in FY 2013 should transfer to the Joint Department of Defense - Department of Veterans Affairs Medical Facility Demonstration Fund established by section 1704 of Public Law 111-84 (National Defense Authorization Act for FY 2010).

^{5/} Reflects DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) O&M Receipts for FY 2011, FY 2012, and FY 2013.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

Description of Operations Financed:

The medical mission of the Department of Defense (DoD) is to enhance DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care. The Defense Health Program (DHP) appropriation funding provides for worldwide medical and dental services to active forces and other eligible beneficiaries, veterinary services, medical command headquarters, specialized services for the training of medical personnel, and occupational and industrial health care. Included are costs associated with provisions of the TRICARE benefit which provides for the health care of eligible active duty family members, retired members and their family members, and the eligible surviving family members of deceased active duty and retired members. The FY 2013 Defense Health Program budget request of \$32,528.7 million includes realistic cost growth for pharmacy, managed care support contracts, and other health care services either provided in the Military Treatment Facility or purchased from the private sector. This budget includes funding for continued support of Traumatic Brain Injury and Psychological Health (TBI/PH) and Wounded, Ill and Injured (WII) requirements. It complies with Congressional mandate related to support of Centers of Excellence (COE) and Secretary of Defense's initiative for operations efficiencies, including assumed savings for proposed military healthcare reform initiatives. Operation and Maintenance (O&M) funding is divided into seven major areas: In-House Care, Private Sector Care, Information Management, Education and Training, Management Activities, Consolidated Health Support, and Base Operations. The DoD Medicare Eligible Retiree Health Care Fund (MERHCF) is an accrual fund to pay for DoD's share of health care costs for Medicare-eligible retirees, retiree family members and survivors. MERHCF receipts fund applicable In-House and Private Sector Care operation and maintenance health care costs.

The Defense Health Program appropriation also funds the Research, Development, Test and Evaluation (RDT&E) program for medical Information Management/Information Technology (IM/IT), medical research to reduce capability gaps, support to medical laboratory facilities, and the Armed Forces Radiobiological Research Institute (AFRRI). The Defense Health Program appropriation Procurement program funds acquisition of capital equipment

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights

in Military Treatment Facilities 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 worn-out, obsolete, or uneconomically repairable items; equipment supporting programs such as pollution control, clinical investigation, and occupational/environmental health; and Military Health System information technology (IT) requirements.

Narrative Explanation of FY 2012 and FY 2013 Operation and Maintenance (O&M) Changes:

The Defense Health Program O&M funding reflects an overall increase of \$763.0 million between FY 2012 and FY 2013, consisting of \$859.6 million in price growth and net program decrease of \$96.6 million. Program increases include: \$272.1 million for Private Sector Care net changes in benefits and utilization; \$263.7 million for increased healthcare provided in Military Treatment Facilities; \$104.4 million for initial outfitting in support of MILCON and Restoration and Modernization projects net of savings from better management and standardization; \$43.0 million for Non-Electronic Health Record (EHR) information systems support; \$34.1 million for Integrated Disability Evaluation System support; \$28.2 million for facilities operations and Sustainment, Restoration and Modernization (FSRM); \$25.5 million for Nurse Advice Line (NAL) implementation; \$25.1 million for Integrated Electronic Health Record; \$19.3 million for one additional civilian paid day in FY 2013; \$16.4 million for Defense Health Headquarters Anti-Terrorism and Force Protection compliance and lease transfer; \$13.4 million for DoD/VA Integrated Project Office (IPO) transfer from Defense Human Resource Activity; \$11.2 million for Joint Theater Trauma System (JTTS); and \$4.3 million for effectiveness tracking in support of Psychological Health. Program decreases include: \$452.0 million for Secretary of Defense FY 2013 Proposal for Military Healthcare Reform (*includes \$273.0 million for increased enrollment fees and \$179.0 million for increased pharmacy co-pays*); \$226.7 million for Federal Ceiling Pricing revised cost savings projections; \$123.6 million for incremental Secretary of Defense Efficiencies (*includes \$38.9 million for Medicare reimbursement rates for Critical Access Hospital services; \$33.8 million for Reducing Reliance on DoD Service Support Contractors; \$25.7 million for pharmacy co-pay; \$18.9 million for enrollment fees; \$6.1 million for Medical Supply Chain Sourcing*

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

Optimization; and \$.2 million for Civilian Senior Executive Staff reduction); \$61.6 million for incremental restoral of military to civilian conversions; \$56.0 million for facilities and base operations net one-time funding for Central Utility Plant for the National Interagency Bio-Defense Campus at Ft. Detrick; \$30.5 million for reversal of FY 2012 one-time Congressional program adds; and \$6.9 million for Computer/Electronics Accommodation Program (CAP) transfer from the Defense Human Resource Activity (DHRA).

Continuing in FY 2013, the Department projects \$139.2 million should transfer to the Joint Department of Defense (DoD) - Department of Veterans Affairs (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 Facility in the country by the total integration of the North Chicago VA Medical Center and the Navy Health Clinic Great Lakes.

Narrative Explanation of FY 2012 and FY 2013 Research Development Test & Evaluation (RDT&E) Changes:

The Defense Health Program RDT&E Program reflects a net decrease of \$593.8 million between FY 2012 and FY 2013. This includes price growth of \$22.8 million and a net program decrease of \$616.6 million. Program increases include: \$35.5 million for medical/health research to reduce capability gap requirements; \$15.0 million associated with updates to the Medical Situational Awareness Tool (MSAT) to include information from the Defense Occupational and Environmental Health Readiness - Industrial Hygiene (DOEHRS-IH) system and continued integration development efforts including interfaces for: *enabling the use of Electronic Data Interchange Person Number vice the use of Social Security Number for identification; the inclusion of International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10); extended use of Public Key Infrastructure and Common Access Card; and increased use of virtualization technologies;* \$9.6 million clinical trial laboratory support at military treatment facilities (MTFs); \$4.2 million increase for laboratory operating costs for the Biological Defense Research Directorate (BDRD) relocation to the National Interagency

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

Biodefense Campus (NIBC) at Fort Detrick; \$3.9 million for Army medical overseas research laboratory support of existing OCONUS laboratories and the new laboratory in the Republic of Georgia; \$2.7 million increase associated with the realignment of funds from operation and maintenance (O&M) for proper execution of Army information management and information technology (IM/IT) projects; and \$2.9 million in miscellaneous enhancements/realignments (net of increases and decreases).

Program decreases include: \$603.6 million decrease related to one-time Congressional adds; \$23.2 million decrease in Electronic Health Record (EHR) funding due to revised planned development schedule to incorporate the needs of the Department of Defense (DoD) and the Department of Veterans Affairs (VA); \$11.2 million associated with FY 2012 Information Management/Information Technology (IM/IT) rebaselining efforts; \$7.1 million decrease in Hyperbaric Oxygen (HBO2) Therapy for Traumatic Brain Injury (TBI) clinical trial support; \$4.9 million related to Virtual Lifetime Electronic Record (VLER) start up to support the planned series of pilots at 4 separate sites with increasing functionality installed and tested sequentially per site before proceeding to next site, in preparation for a Go/No Go decision nationwide in FY 2012; \$4.2 million for initial outfitting and transition for the new US Army Medical Research Institute of Infectious Disease (USAMRIID), the US Army Medical Research Institute of Chemical Defense (USAMRICD); \$3.2 million related to the realignment of funding to operation and maintenance (O&M) for the proper execution of research support at the Armed Forces Radiobiology Research Institute (AFRRI); \$2.2 million for the development of new injury metrics related to Underbody Blast; \$0.7 for the Secretary of Defense Efficiency to reduce reliance on DoD Service Support Contractors; \$0.5 million Department directed reduction to support Federally Funded Research and Development Center (FFRDC) projects within the Department; \$0.2 million for improving testing protocols related to hard body armor; and \$29.4 million in miscellaneous enhancements/realignments (net of increases and decreases).

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

Narrative Explanation of FY 2012 and FY 2013 Procurement Changes:

The Defense Health Program Procurement Program has a net decrease of \$126.0 million between FY 2012 and FY 2013. This consists of \$14.2 million in price growth and decreased program growth of \$140.2 million. Program increases include: \$15.7 million increase associated with the realignment of funds from operation and maintenance (O&M) for proper execution of Army information management and information technology (IM/IT) projects; \$6.2 million for initial outfitting of accelerated military construction (MILCON) projects; \$3.3 million due to refresh of Healthcare Artifact and Image Management Solution (HAIMS) hardware; \$2.6 million increase for hardware upgrades to additional Service sites for the Clinical Information System (CIS); and \$2.4 million in miscellaneous enhancements/realignments (net of increases and decreases).

Program decreases include: \$133.0 million decrease associated with adjustments to the planned Electronic Health Record Way Ahead (EHRWA) implementation schedule; \$19.8 million decrease attributable infrastructure program replacement cycles, and to the infrastructure's departmentally directed efficiencies of End User Devices (EUDs) and Local Area Network (LAN) Upgrades; \$6.9 million associated with the one-time deployment of JXP interfaces to the Clinical Information System at 56 inpatient sites, planned to be accomplished with FY 2012; \$5.7 million due to one-time funding for Radio Frequency Identification (RFID) deployment at 200 sites for the Defense Medical Logistics Standard System (DMLSS) to be accomplished in FY 2012; \$2.6 million related to fact-of-life changes in Navy equipment purchases; \$1.4 million in military construction initial outfitting and transition (IO&T) due to the acceleration of the Medical/Dental Clinic at RAF Croughton into FY 2012; and \$1.0 million in miscellaneous enhancements/realignments (net of increases and decreases).

President's Management Plan - Performance Metrics Requirements:

The Defense Health Program continues to refine existing performance measures and develop specific criterion to determine and measure outputs/outcomes as compared with initial

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

goals. Over the past year the DHP has transitioned to the Quadruple Aim that is focused on a balanced approach to overall performance to include not only production but outcome measures related to medical readiness, a healthy population, positive patient experiences and responsible management of health care costs.

- **Individual Medical Readiness** - This measure provides operational commanders, Military Department leaders and primary care managers the ability 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 Components and Reserve Components prior to deployment.
- **TRICARE Prime Enrollee Preventive Health Quality Index** - The National Committee for Quality Assurance (NCQA) established the Healthcare Effectiveness Data and Information Set (HEDIS) to provide the health care system with regular statistical measurements to track the quality of care delivered by the nation's health plans with a goal of improving the overall health of the population. This composite index scores Prime enrollee population for compliance with HEDIS like measures on selected measures to support an evidence-based approach to population health and quality assessment. It also provides a direct comparison with civilian health plans and a means of tracking improvements in disease screening and treatment. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and reduced use of integrated health system resources.
- **Beneficiary Satisfaction with Health Plan** - An increase in the satisfaction with the Health Plan indicates that actions being taken are improving the overall functioning of the plan from the beneficiary perspective. Improvements represent positive patient experiences with the health care benefit and services they receive through the system. The goal is to improve overall satisfaction level to that of civilian plans using a standard survey instrument.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

- **Medical Cost Per Member Per Year** - Annual Cost Growth - The medical cost per member per year looks at the overall cost of the Prime enrollees for the DHP. This tracks all costs related to care delivered to enrollees. The objective is to keep the rate of cost growth for the treatment of TRICARE enrollees to a level at or below the civilian health care plans rate increases 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 Service, 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 enroll, the overall average would likely decrease. Through the use of adjustment factors, a comparison across Services and across time is made more meaningful.

Output related measures that influence Medical Cost Per Member Per Year:

- **Inpatient Production Target** (Relative Weighted Products, referred to as RWP) - Achieving the production targets ensures that the initial plan for allocation of personnel and resources are used appropriately in the production of inpatient workload.
- **Outpatient Production Target** (Relative Value Units, referred to as RVU) - Achieving the production targets ensures that the initial plans for allocation of personnel and resources are used appropriately in the production of outpatient workload.

Below is final reporting for FY 2011 related to the prior performance measure goals. The next reporting period will focus on the measures related to the Quadruple Aim, and two output measures related to production plan targets. The overall success of each area measured is discussed below along with information related to continuation of reporting in future documents:

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Defense Health Program
Appropriation Highlights**

- **Beneficiary Satisfaction with Health Plan** - Satisfaction with Health Care Plan performance for FY 2011 exceeded the goal of 56 percent during each quarter for the year, with an aggregate score of 65 percent for the year. Continuous increases in enrollment and improvement in the score demonstrates real progress for the program with respect to satisfying our beneficiaries. This measure will continue to be reported in support of the Quadruple Aim.
- **Inpatient Production Target** (Relative Weighted Products) - For the most recent reported monthly data for FY 2011, the MHS produced 216 thousand RWPs against a target of 217 thousand RWPs just slightly missing the target. These numbers are based on the records reported to date, and will increase slightly as all records are completed. With the focus on early ambulatory care to prevent inpatient admissions, there was a drop in the overall utilization from prior years that was not properly accounted for in the plan. This measure will continue to be reported as an output measure for the DHP.
- **Outpatient Production Target** (Relative Value Units) - With an increased emphasis on paying for performance, the system has seen a renewed focus on production of outpatient care. For FY 2011, the system produced 75.9 million relative value units versus a goal of 71.8 million relative value units. The MHS achieved the goal for the year. This measure will continue to be reported as an output measure for the DHP.
- **Medical Cost Per Member Per Year - Annual Cost Growth** - The Year to Date performance through the first three quarters of FY11 is 3.7% vs goal of 3.1%. While the system was not able to achieve the goal during the first three quarters, we continue to see improvements related to changes made with respect to the outpatient prospective payments in Purchased Care and Patient Centered Medical Home. Performance improved with each quarter, and should continue into FY 2012 where the measure will continue to be reported.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Total Obligational Authority
(Dollars in Thousands)

0130D Defense Health Program	FY 2011 ^{1/}				FY 2012 Enacted			FY 2013 Request		
	Base + OCO	Base	OCO	Total	Base	OCO	Total	Base	OCO	Total
<u>BUDGET ACTIVITY 01: OPERATION & MAINTENANCE</u>										
0130D 010 In-House Care	8,639,260	8,158,856	642,221	8,801,077	8,625,507	483,326	9,108,833			
0130D 020 Private Sector Care	14,802,421	16,047,272	451,846	16,499,118	16,148,263	376,982	16,525,245			
0130D 030 Consolidated Health Support	1,903,153	2,202,306	95,770	2,298,076	2,309,185	111,675	2,420,860			
0130D 040 Information Management	1,418,649	1,422,697	5,548	1,428,245	1,465,328	4,773	1,470,101			
0130D 050 Management Activities	305,222	311,102	751	311,853	332,121	660	332,781			
0130D 060 Education and Training	690,642	705,162	16,859	722,021	722,081	15,370	737,451			
0130D 070 Base Operations/Communications	2,194,184	1,738,840	2,271	1,741,111	1,746,794	1,112	1,747,906			
TOTAL, BA 01: OPERATION & MAINTENANCE	29,953,531	30,586,235	1,215,266	31,801,501	31,349,279	993,898	32,343,177			
<u>BUDGET ACTIVITY 02: RDT&E</u>										
0130D DEFENSE HEALTH PROGRAM	1,205,750	1,266,787	0	1,266,787	672,977	0	672,977			
TOTAL, BA 02: RDT&E	1,205,750	1,266,787	0	1,266,787	672,977	0	672,977			
<u>BUDGET ACTIVITY 03: PROCUREMENT</u>										
0130D DEFENSE HEALTH PROGRAM	546,700	632,518	0	632,518	506,462	0	506,462			
TOTAL, BA 03: PROCUREMENT	546,700	632,518	0	632,518	506,462	0	506,462			
Total Defense Health Program	31,705,981	32,485,540	1,215,266	33,700,806	32,528,718	993,898	33,522,616			

1/ FY 2011 actuals include Operation and Maintenance funding of \$1,393.993M and Research and Development funding of \$24M for Overseas Contingency Operations (OCO) under the Department of Defense Appropriations Act for FY 2011 Public Law 112-10

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit PB-31R, Personnel Summary**

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>Change</u> <u>FY 2012/2013</u>
<u>Active Military End Strength (E/S) (Total)</u>	<u>86,384</u>	<u>86,007</u>	<u>86,051</u>	<u>44</u>
Officer	33,121	31,843	31,804	-39
Enlisted	53,263	54,164	54,247	83
 <u>Reserve Drill Strength (E/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0
 <u>Reservists on Full Time Active Duty (E/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0
 <u>Civilian End Strength (Total)</u>	 <u>64,212</u>	 <u>61,980</u>	 <u>62,207</u>	 <u>227</u>
U.S. Direct Hire	61,475	59,466	59,693	227
Foreign National Direct Hire	820	766	766	0
Total Direct Hire	62,295	60,232	60,459	227
Foreign National Indirect Hire	1,917	1,748	1,748	0
(Reimbursable Civilians Included Above (Memo))	244	245	245	0
 <u>Active Military Average Strength (A/S) (Total)</u>	 <u>85,294</u>	 <u>86,196</u>	 <u>86,029</u>	 <u>-167</u>
Officer	31,591	32,482	31,824	-659
Enlisted	53,703	53,714	54,206	492
 <u>Reserve Drill Strength (A/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0
 <u>Reservists on Full Time Active Duty (A/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit PB-31R, Personnel Summary**

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	Change <u>FY 2012/2013</u>
<u>Civilian FTEs (Total)</u>	63,229	60,162	60,389	227
U.S. Direct Hire	60,869	57,717	57,944	227
Foreign National Direct Hire	804	739	739	0
Total Direct Hire	61,673	58,456	58,683	227
Foreign National Indirect Hire	1,556	1,706	1,706	0
(Reimbursable Civilians Included Above (Memo))	464	436	436	0
Contractor FTE's (Total)	21,778	17,271	16,836	-435

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Department of Defense Physicians' Comparability Allowance (PCA) Worksheet**

		FY 2011 (Actual)	FY 2012 (Estimate)	FY 2013 (Estimate)
1) Number of Physicians Receiving PCAs		821	178	182
2) Number of Physicians with One-Year PCA Agreements		419	82	93
3) Number of Physicians with Multi-Year PCA Agreements		402	96	89
4) Average Annual PCA Physician Pay (without PCA payment)		\$156,370	\$165,147	\$168,829
5) Average Annual PCA Payment		\$10,556	\$12,434	\$13,411
6) Number of Physicians Receiving PCAs by Category (non-add)	Category I Clinical Position	774	169	173
	Category II Research Position	23	4	5
	Category III Occupational Health	9	0	0
	Category IV-A Disability Evaluation	4	0	0
	Category IV-B Health and Medical Admin.	11	5	4

7) If applicable, list and explain the necessity of any additional physician categories designated by your agency (for categories other than I through IV-B).

N/A

8) Provide the maximum annual PCA amount paid to each category of physician in your agency and explain the reasoning for these amounts by category.

Navy
I: \$26,000 (recruit board certified physicians with experience; 20 employees are teaching/mentoring in the graduate medical education programs) \$14,000 (utilized to meet private sector salaries); \$24,000 (under a multi-year agreement); \$28,000 (need to use PCA to be

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Department of Defense Physicians' Comparability Allowance (PCA) Worksheet

competitive against the local market pay).

III: \$11,000 Occupational Health physicians historically have been difficult to recruit and this amount of PCA has enabled the Navy to maintain current staff for 5 years

IV-B: \$20,000 (a historically difficult position to fill which has been occupied now for 5 years); \$14,000 (paid to one physician and one dentist due to board certification)

Air Force

\$30,000 - Approved by Commander as allowed by 5 U.S.C. 5948 and 5 CFR part 595

Army

Maximum amount paid in all categories is \$30K. Average PCA is well below the maximum amount allowed. Amount will be reduced in the future due to the new PDPP DoD Title 38 hybrid pay system.

- 9) Explain the recruitment and retention problem(s) for each category of physician in your agency (this should demonstrate that a current need continues to persist).

Navy

I: 2 losses, 1 gain, 1 vacancy unfilled for 16 months; Recruitment/retention issues with physicians pay/pay setting; Needed to use PCA as a total compensation tool to close the gap between Navy salary and local market pay.

III, IV: No turnover

IV-B: Lack of candidates who will relocate to 'geographically remote' area

Current salary scale does not compete and match other civilian rates. There are numerous sources for physician and dentist compensation information, including BLS labor statistics and Veterans' Affairs (VA) pay schedules. These are a benchmark, as VA conducts salary surveys on a regular basis. Salary data was also made available by the Health Professions Civilian Compensation Standing Committee, which included survey data from the Medical Group Management Association, American Medical Group Association, Sullivan-Cotter, Watson-Wyatt, and the American Dental Association.

Air Force

The current salary scale does not compete with or match other civilian rates. These positions are identified as hard to fill; salary scales are not competitive with private sector and high cost of living areas. There is a critical hiring need due to conversion of Active Duty (AD) slots to civilian and high operations tempo because of AD deployments and care of wounded

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Department of Defense Physicians' Comparability Allowance (PCA) Worksheet

warriors.

Army

There are various compensation websites that provide this information and ensure that the Army is remaining competitive with local market points and other federal agencies. The Army's primary source for comparing salaries with the local market point is the BLS labor statistics. VA salary tables by occupational specialty are also used as benchmarks to ensure that the Army remains competitive. Most recently, with the conversion of physicians and dentists to the Department of Defense Physicians and Dentists Pay Plan (PDPP), a Market Analysis tool was developed to provide various national averages by occupation and compare the GS salaries with salaries under the former National Security Personnel System (NSPS). The PDPP has incorporated PCA into market pay and will allow for greater flexibility in establishing competitive compensation packages across all categories. Recruiting and retaining physicians in temporary specialty positions requires the use of PCA.

The Army has historically added a 7 to 10 percent increase to requirements projections to account for growth due to new or expanded mission requirements. Missions that have increased requirements include Overseas Contingency Operations, Warrior Transition Units, the Army Substance Abuse Program, the Integrated Disability Evaluation System, and others. With the implementation of PDPP, the majority of physicians and dentists are no longer eligible for PCA, but there is still an inventory of physicians and dentists that did not convert to PDPP.

10) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

Navy

Without PCA and without the recruitment, relocation, and retention incentives (3Rs), the Navy would only be able to hire General Medical Officers (GMOs); it would not have been able to fill any specialty positions. There has been exponential growth in the average salaries of physicians and dentists over the last 30 years, and PCA has allowed the Navy to keep up.

Air Force

PCA allows the Air Force to continue to employ physicians who would be difficult to recruit and retain without this authority. Due to PCA, the Air Force is able to retain 11 essential physicians.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Department of Defense Physicians' Comparability Allowance (PCA) Worksheet

Army

In conjunction with the 3Rs, PCA allowed the Army to close the gap between GS and NSPS physicians and dentists, be competitive in recruiting highly specialized occupational specialties (Cardiology, Radiology, Neurosurgery, etc.), and reduce contracting. PCA has also helped recruit and retain physicians in temporary specialty positions. With the implementation of PDPP, usage of PCA after FY 2011 will be greatly reduced.

11) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

Air Force

The number of physicians shown in Table 1 above converted from GS to GP pay plan effective 5 June 2011, with the exception of one who is scheduled for conversion in April 2012.

Army

Most of our Physicians and Dentists will transition or have transitioned out of GS to PDPP. The Army anticipates minimal use of PCA in the future.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Summary of Increases and Decreases
(\$ in Thousands)**

	<u>O&M</u>	<u>RDT&E</u>	<u>Procurement</u>	<u>DHP Total</u>
FY 2012 President's Budget Request	30,902,546	663,706	632,518	32,198,770
In-House Care	8,148,856			8,148,856
Private Sector Care	16,377,272			16,377,272
Consolidated Health Support	2,193,821			2,193,821
Information Management	1,422,697			1,422,697
Management Activities	312,102			312,102
Education and Training	705,347			705,347
Base Operations/Communications	1,742,451			1,742,451
RDT&E		663,706		663,706
Procurement			632,518	632,518
 1. Congressional Adjustments	 -316,311	 603,081	 0	 286,770
a) Distributed Adjustments	-320,311	0	0	-320,311
b) Undistributed Adjustments	0	0	0	0
c) Adjustments to Meet Congressional Intent	0	-519	0	-519
d) General Provisions	4,000	603,600	0	607,600
 FY 2012 Appropriated Amount	 30,586,235	 1,266,787	 632,518	 32,485,540
In-House Care	8,158,856			8,158,856
Private Sector Care	16,047,272			16,047,272
Consolidated Health Support	2,213,821			2,213,821
Information Management	1,422,697			1,422,697
Management Activities	311,102			311,102
Education and Training	693,647			693,647
Base Operations/Communications	1,738,840			1,738,840
RDT&E		1,266,787		1,266,787
Procurement			632,518	632,518
 2. OCO and Other Supplemental Enacted	 1,215,266	 0	 0	 1,215,266
Section 9014 Congressional Directed Reduction	-13,022			-13,022
OCO and Other Supplemental Requested	1,228,288			1,228,288

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Summary of Increases and Decreases
(\$ in Thousands)

	<u>O&M</u>	<u>RDT&E</u>	<u>Procurement</u>	<u>DHP Total</u>
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
b) Technical Adjustments	0	0	0	0
1) Increases	0	0	0	0
2) Decreases	0	0	0	0
c) Emergent Requirements	0	0	0	0
1) One-Time Costs	0	0	0	0
2) Program Growth	0	0	0	0
3) Program Reductions	0	0	0	0
FY 2012 Baseline Funding	31,801,501	1,266,787	632,518	33,700,806
In-House Care	8,801,077			8,801,077
Private Sector Care	16,499,118			16,499,118
Consolidated Health Support	2,298,076			2,298,076
Information Management	1,428,245			1,428,245
Management Activities	311,853			311,853
Education and Training	722,021			722,021
Base Operations/Communications	1,741,111			1,741,111
RDT&E		1,266,787		1,266,787
Procurement			632,518	632,518
4. Reprogrammings	0	0	0	0
a) Increases	0	0	0	
b) Decreases	0	0	0	

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Summary of Increases and Decreases
(\$ in Thousands)**

	<u>O&M</u>	<u>RDT&E</u>	<u>Procurement</u>	<u>DHP Total</u>
Revised FY 2012 Estimate	31,801,501	1,266,787	632,518	33,700,806
In-House Care	8,801,077			8,801,077
Private Sector Care	16,499,118			16,499,118
Consolidated Health Support	2,298,076			2,298,076
Information Management	1,428,245			1,428,245
Management Activities	311,853			311,853
Education and Training	722,021			722,021
Base Operations/Communications	1,741,111			1,741,111
RDT&E		1,266,787		1,266,787
Procurement			632,518	632,518
5. Less: OCO and Other Supplemental Appropriations Appropriations and Reprogrammings (Items 2 and 4)	-1,215,266	0	0	-1,215,266
Current Estimate for FY 2012	30,586,235	1,266,787	632,518	32,485,540
In-House Care	8,158,856			8,158,856
Private Sector Care	16,047,272			16,047,272
Consolidated Health Support	2,202,306			2,202,306
Information Management	1,422,697			1,422,697
Management Activities	311,102			311,102
Education and Training	705,162			705,162
Base Operations/Communications	1,738,840			1,738,840
RDT&E		1,266,787		1,266,787
Procurement			632,518	632,518
6. Price Change	859,619	22,802	14,160	896,581
7. Transfers	8,579	0	0	8,579
a) Transfers In	17,510	0	0	17,510
b) Transfers Out	-8,931	0	0	-8,931

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Summary of Increases and Decreases
(\$ in Thousands)**

	<u>O&M</u>	<u>RDT&E</u>	<u>Procurement</u>	<u>DHP Total</u>
8. Program Increases	1,807,032	0	0	1,807,032
a) Annualization of New FY 2012 Program	0	0	0	0
b) One-Time FY 2013 Costs	136,690	0	0	136,690
c) Program Growth in FY 2013	1,670,342	0	0	1,670,342
9. Program Decreases	-1,912,186	-616,612	-140,216	-2,669,014
a) One-Time FY 2012 Costs	-113,206	0	0	-113,206
b) Annualization of FY 2012 Program Decreases	0	0	0	0
c) Program Decreases in FY 2013	-1,798,980	-616,612	-140,216	-2,555,808
FY 2013 Budget Request	31,349,279	672,977	506,462	32,528,718
In-House Care	8,625,507			8,625,507
Private Sector Care	16,148,263			16,148,263
Consolidated Health Support	2,309,185			2,309,185
Information Management	1,465,328			1,465,328
Management Activities	332,121			332,121
Education and Training	722,081			722,081
Base Operations/Communications	1,746,794			1,746,794
RDT&E		672,977		672,977
Procurement			506,462	506,462

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
In-House Care**

I. Description of Operations Financed: This Budget Activity Group provides for the delivery of patient care 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 - Resources medical care in CONUS and OCONUS facilities which are staffed and equipped to provide inpatient and outpatient care for both surgical and non-surgical conditions for Military Health System beneficiaries.

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

Pharmaceuticals - Resources pharmaceuticals specifically identified and measurable to the provision of pharmacy services in CONUS and OCONUS facilities.

II. Force Structure Summary: The In-House Care Budget Activity Group (BAG) includes staffing to provide medical and dental care in military facilities which provide the full range of inpatient and ambulatory medical and dental care services. In addition to medical and dental care this BAG also includes medical center laboratories, alcohol treatment facilities, clinical investigation activities, facility on-the-job training/education programs and federal health care sharing agreements. This BAG excludes operation of management headquarters for TRICARE Regional Offices, deployable medical and dental units and health care resources devoted exclusively to teaching.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Private Sector Care**

I. Description of Operations Financed: This Budget Activity Group provides for all medical and dental care plus pharmaceuticals received by DoD-eligible beneficiaries in the private sector. This includes the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Program, the TRICARE Managed Care Support Contracts (MCSC), the Uniformed Services Family Health Program (USFHP), the TRICARE Overseas Program, the Supplemental Care Program, TRICARE Mail Order Pharmacy, the National Retail Pharmacy, TRICARE Reserve Select (TRS) which is a premium based program for Reserves and their family members, and various support activities:

Pharmaceuticals - Purchased Health Care: Includes pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Mail Order Pharmacy Program (TMOP).

National Retail Pharmacy - Includes Pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Retail Pharmacy program (TTRx). TRRx provides network pharmaceutical prescription benefits for medications from local economy establishments.

TRICARE Managed Care Support Contracts (MCSC) - The TRICARE Managed Care Support Contracts provide a managed care program which integrates a standardized health benefits package with military medical treatment facilities and civilian network providers on a regional basis. With the full deployment of TRICARE, all but a small portion of the standard Civilian Health and Medical Program of the Uniformed Services benefits have been absorbed into the MCSC. Includes health care costs provided in civilian facilities and by private practitioners to retired military personnel and authorized family members of Active Duty, retired, or deceased military service members.

Military Treatment Facility (MTF) Enrollees Purchased Care - Includes underwritten costs for providing health care benefits to the Military Treatment Facility Prime enrollees in the private sector as authorized under the Civilian Health and Medical Program of the Uniformed Services.

Dental Purchased Care - Includes the government paid portion of insurance premiums which provides dental benefits in civilian facilities and by private practitioners for the beneficiaries who are enrolled in the Dental Program. Beneficiaries eligible for enrollment are: (a) Active Duty family members and (b) select reservists or individual ready reservist (IRR) and family members.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Private Sector Care**

Uniformed Services Family Health Program (USFHP) - Provides TRICARE-like benefits authorized through contracts with designated civilian hospitals in selected geographic markets to beneficiaries that reside in one of these markets and who are enrolled in the program.

Supplemental Care - Health Care - This program provides the TRICARE Prime benefit to Active Duty Service Members and other designated eligible patients who receive health care services in the civilian sector and non-DoD facilities either referred or non-referred from the MTF including emergency care. This program also covers health care sought in the civilian sector or non-DoD facilities due to Active Duty assignments in remote locations under TRICARE Prime Remote. Care to Active Duty members stationed overseas who receive health care in the private sector paid under this program will appear in the Overseas program element.

Supplemental Care - Dental - Provides for uniform dental care and administrative cost for Active Duty members receiving dental care services in the civilian sector to include Veteran Administration facilities. All dental claims are managed, paid and reported by the Military Medical Support Office (MMSO) or through contractual services.

Continuing Health Education/Capitalization of Assets (CHE/CAP) - Provides for support of graduate medical education and capital investment within civilian facilities that provides services to the Military Health Care System and Medicare.

Overseas Purchased Health Care - Includes coverage for delivery of TRICARE Prime benefits in civilian facilities by private practitioners to eligible Active Duty and Active Duty Family Members through the TRICARE Overseas and Global Remote Overseas Programs. The program also includes health care provided to retiree and retiree family members residing overseas who are eligible under the TRICARE Standard option and Medicare programs. The Supplemental Care program which funds health care provided in the private sector to Active Duty members and other designated eligible patients records costs for the overseas beneficiaries in this program element.

Miscellaneous Purchased Health Care - Provides for payments of health care services in civilian facilities by private practitioners not captured in other specifically defined elements. Includes administrative, management, and health care costs for Alaska claims, Custodial Care, Continuing Health Care Benefits Program, Dual-Eligible Beneficiaries Program, TMA managed demonstrations and congressionally directed health care programs, and the TRICARE Reserve Select program which is a premium based option available to Selected Reservists and their family members. The qualifying Dual-Eligible Beneficiaries claims are paid by the Medicare Eligible Retiree Health Care Fund (MERHCF).

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Private Sector Care**

Miscellaneous Support Activities - Provides for payments of costs for functions or services in support of health care delivery not actual health care. Contracts for marketing and education functions, claims auditing, e-Commerce and the National Quality Monitoring Service are reflected in this program element.

II. Force Structure Summary: Approximately 9.6 million DoD beneficiaries are eligible to receive care under private sector care programs, including approximately 2.2 million Medicare eligible beneficiaries. Excluded from the budget figures presented are health care costs for Military Retirees, Retiree Family Members and Survivors who qualify and receive benefits through the Medicare program. These costs are paid from the Medicare Eligible Retiree Health Care Fund (MERHCF). The MCSCs provide a uniform, triple-option health care plan to eligible beneficiaries, allowing them to enroll in the health maintenance organization (HMO) type plan known as TRICARE Prime, or utilize a civilian preferred provider network (TRICARE Extra), or remain with the Standard Civilian Health and Medical Program of the Uniformed Services benefit (TRICARE Standard).

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Private Sector Care

III. Financial Summary (\$ in Thousands):

	FY 2012							FY 2013
	FY 2011	Budget	Congressional Action				Current	
			Actuals	Request	Amount	Percent		
A. Subactivities								
1. Pharmaceuticals Purchased Health Care	366,686	391,514	0	0%	391,514	391,514	492,783	
2. National Retail Pharmacy	1,449,165	1,984,627	0	0%	1,984,627	1,984,627	1,599,512	
3. Managed Care Support Contracts	6,932,629	7,203,021	-330,000	-5%	6,873,021	6,873,021	6,893,201	
4. MTF Enrollee Purchased Care	2,425,014	2,947,481	0	0%	2,947,481	2,947,481	2,978,107	
5. Dental Purchased Care	364,795	403,540	0	0%	403,540	403,540	337,368	
6. Uniformed Services Family Health Program	387,256	455,714	0	0%	455,714	455,714	459,518	
7. Supplemental Care - Health Care	1,498,510	1,642,260	0	0%	1,642,260	1,642,260	1,686,782	
8. Supplemental Care - Dental	209,408	207,082	0	0%	207,082	207,082	260,605	
9. Continuing Health Education/Capitalization	330,385	341,764	0	0%	341,764	341,764	395,002	
10. Overseas Purchased Healthcare	308,586	313,650	0	0%	313,650	313,650	320,404	
11. Miscellaneous Purchased Health Care	447,314	404,609	0	0%	404,609	404,609	568,350	
12. Miscellaneous Support Activities	<u>82,673</u>	<u>82,010</u>	<u>0</u>	<u>0%</u>	<u>82,010</u>	<u>82,010</u>	<u>156,631</u>	
Total	14,802,421	16,377,272	-330,000	-2%	16,047,272	16,047,272	16,148,263	

Notes:

1. FY 2011 actuals includes \$538.376M for Overseas Contingency Operations (OCO) under the Department of Defense Appropriation Act, FY 2011, Public Law 112-10.
2. FY 2012 current estimate excludes \$451.847M for OCO under the Consolidated Appropriations Act, 2012 (Division A), Public Law 112-74.
3. FY 2013 estimate excludes \$468.791M for OCO.
4. Does not reflect Department of Defense Medicare-Eligible Retiree Health Care Fund (MERHCF) for FY 2011 of \$6,740.4M, FY 2012 of \$7,661.3M and FY 2013 of \$7,850.8M.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Private Sector Care

	Change	Change
B. <u>Reconciliation Summary:</u>	<u>FY 2012/2012</u>	<u>FY 2012/2013</u>
Baseline Funding	16,377,272	16,047,272
Congressional Adjustments (Distributed)	-330,000	n/a
Congressional Adjustments (Undistributed)	0	n/a
Adjustments to Meet Congressional Intent	0	n/a
Congressional Adjustments (General Provisions)	0	n/a
Subtotal Appropriated Amount	16,047,272	n/a
OCO and Other Supplemental Appropriations	451,846	n/a
Fact-of-Life Changes	0	n/a
Subtotal Baseline Funding	16,499,118	n/a
Anticipated Supplemental	0	n/a
Reprogrammings	0	n/a
Less: OCO and Other Supplemental Appropriations	-451,846	n/a
Revised Current Estimate	16,047,272	16,047,272
Price Change	n/a	576,876
Functional Transfers	n/a	0
Program Changes	<u>n/a</u>	<u>-475,885</u>
Current Estimate	16,047,272	16,148,263

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	FY2011 Program	Foreign			Program Growth	FY2012 Program	Line	Summary	FY2012 Program	Foreign			Program Growth	FY2013 Program
			Currency Adjust	Percent	Price Growth Amount						Currency Adjust	Percent	Price Growth Amount		
308	Travel of Persons	483	0	1.80%	9	-78	414	308 Travel of Persons	414	0	1.70%	7	-421	0	
399	Total Travel	483	0		9	-78	414	399 Total Travel	414	0		7	-421	0	
401	DFSC Fuel	0	0	15.30%	0	0	0	401 DFSC Fuel	0	0	19.60%	0	0	0	
402	Service Fund Fuel	0	0	15.30%	0	0	0	402 Service Fund Fuel	0	0	19.60%	0	0	0	
411	Army Sup & Mat	0	0	1.34%	0	0	0	411 Army Sup & Mat	0	0	-1.10%	0	0	0	
412	Navy Sup & Mat	0	0	0.64%	0	0	0	412 Navy Sup & Mat	0	0	2.47%	0	0	0	
414	AF Sup & Mat	0	0	-0.97%	0	0	0	414 AF Sup & Mat	0	0	4.01%	0	0	0	
415	DLA Sup & Mat	0	0	1.46%	0	0	0	415 DLA Sup & Mat	0	0	1.73%	0	0	0	
416	GSA Sup & Mat	0	0	1.80%	0	0	0	416 GSA Sup & Mat	0	0	1.70%	0	0	0	
417	Local Proc Sup & Mat	0	0	1.80%	0	0	0	417 Local Proc Sup & Mat	0	0	1.70%	0	0	0	
418	Air Force Retail Supply	0	0	5.43%	0	0	0	418 Air Force Retail Supply	0	0	-0.19%	0	0	0	
499	Total Sup & Mat	0	0		0	0	0	499 Total Sup & Mat	0	0		0	0	0	
502	Army Fund Equipt	0	0	1.34%	0	0	0	502 Army Fund Equipt	0	0	-1.10%	0	0	0	
503	Navy Fund Equipt	0	0	0.64%	0	0	0	503 Navy Fund Equipt	0	0	2.47%	0	0	0	
505	AF Fund Equipt	0	0	-0.97%	0	0	0	505 AF Fund Equipt	0	0	4.01%	0	0	0	
506	DLA Fund Equipt	0	0	1.46%	0	0	0	506 DLA Fund Equipt	0	0	1.73%	0	0	0	
507	GSA Fund Equipt	0	0	1.80%	0	0	0	507 GSA Fund Equipt	0	0	1.70%	0	0	0	
599	Total Fund Equipt	0	0		0	0	0	599 Total Fund Equipt	0	0		0	0	0	
602	Army Depot Cmd Maint	0	0	-11.65%	0	0	0	602 Army Depot Cmd Maint	0	0	4.98%	0	0	0	
611	Naval Surface War Ctr	0	0	-3.63%	0	0	0	611 Naval Surface War Ctr	0	0	2.77%	0	0	0	
631	Naval Civil Engrn Ctr	0	0	-0.34%	0	0	0	631 Naval Civil Engrn Ctr	0	0	1.25%	0	0	0	
633	Naval Pub & Prnt Svc	0	0	5.93%	0	0	0	633 Naval Pub & Prnt Svc	0	0	6.26%	0	0	0	
634	Nav Pub Wrks Ctr: Utilit	0	0	0.50%	0	0	0	634 Nav Pub Wrks Ctr: Utilit	0	0	12.10%	0	0	0	
635	Nav Pub Wrks Ctr: Pub Wr	0	0	1.80%	0	0	0	635 Nav Pub Wrks Ctr: Pub Wr	0	0	1.80%	0	0	0	
647	DISA Enterprise Computer	6,467	0	-12.99%	-840	-5,627	0	647 DISA Enterprise Computer	0	0	1.70%	0	0	0	
671	Communications Svc	0	0	12.64%	0	0	0	671 Communications Svc	0	0	1.70%	0	0	0	
673	Def Finance & Acct Svc	0	0	-17.69%	0	0	0	673 Def Finance & Acct Svc	0	0	16.57%	0	0	0	
675	DLA Disposition Service	0	0	2.07%	0	0	0	675 DLA Disposition Service	0	0	2.07%	0	0	0	
677	Comm Svcs Tier 1	0	0	-8.06%	0	0	0	677 Comm Svcs Tier 1	0	0	-3.46%	0	0	0	
679	Cost Reimbursible Svc	0	0	1.80%	0	0	0	679 Cost Reimbursible Svc	0	0	1.70%	0	0	0	
680	Purchases from Building	0	0	135.78%	0	0	0	680 Purchases from Building	0	0	15.84%	0	0	0	
699	Total Purchases	6,467	0		-840	-5,627	0	699 Total Purchases	0	0		0	0	0	
701	MAC Cargo	0	0	1.70%	0	0	0	701 MAC Cargo	0	0	1.70%	0	0	0	
707	AMC Training	0	0	-2.80%	0	0	0	707 AMC Training	0	0	5.90%	0	0	0	
711	MSC Cargo	0	0	26.90%	0	0	0	711 MSC Cargo	0	0	2.40%	0	0	0	
721	MTMC Port Handling	0	0	26.90%	0	0	0	721 MTMC Port Handling	0	0	31.30%	0	0	0	
771	Commercial Transportatio	0	0	1.80%	0	0	0	771 Commercial Transportatio	0	0	1.70%	0	0	0	
799	Total Transportation	0	0		0	0	0	799 Total Transportation	0	0		0	0	0	
9XX	Civ Pay Reimburs Host	0	0	0.00%	0	0	0	9XX Civ Pay Reimburs Host	0	0	0.38%	0	0	0	
901	Foreign Mat Ind Hire	0	0	0.00%	0	0	0	901 Foreign Mat Ind Hire	0	0	0.38%	0	0	0	
902	Separation Liability	0	0	0.00%	0	0	0	902 Separation Liability	0	0	0.38%	0	0	0	
912	Rental Pay to GSA	207	0	1.80%	4	-34	177	912 Rental Pay to GSA	177	0	1.70%	3	-180	0	
913	Purchased Utilities	0	0	1.80%	0	0	0	913 Purchased Utilities	0	0	1.70%	0	0	0	
914	Purchased Communica	0	0	1.80%	0	0	0	914 Purchased Communica	0	0	1.70%	0	0	0	
915	Rents non GSA	0	0	1.80%	0	0	0	915 Rents non GSA	0	0	1.70%	0	0	0	
917	Postal Svcs	0	0	1.80%	0	0	0	917 Postal Svcs	0	0	1.70%	0	0	0	
920	Supplies & Mat	482	0	3.20%	15	-84	413	920 Supplies & Mat	413	0	3.60%	15	-428	0	
921	Printing & Reproduct	4,716	0	1.80%	85	-759	4,042	921 Printing & Reproduct	4,042	0	1.70%	69	-4,111	0	
922	Equipt Maint Contract	0	0	1.80%	0	0	0	922 Equipt Maint Contract	0	0	1.70%	0	0	0	
923	Facility Maint Contract	0	0	1.80%	0	0	0	923 Facility Maint Contract	0	0	1.70%	0	0	0	
924	Pharmacy	1,815,851	0	3.30%	59,923	500,367	2,376,141	924 Pharmacy	2,376,141	0	3.60%	85,541	-369,387	2,092,295	
925	Equipt Purchases	0	0	3.30%	0	0	0	925 Equipt Purchases	0	0	3.60%	0	0	0	
926	Overseas Purchases	0	0	1.80%	0	0	0	926 Overseas Purchases	0	0	1.70%	0	0	0	
930	Other Depot Maint	0	0	1.80%	0	0	0	930 Other Depot Maint	0	0	1.70%	0	0	0	
931	Contract Consultants	0	0	1.80%	0	0	0	931 Contract Consultants	0	0	1.70%	0	0	0	
932	Mgmt & Prof Spt Svc	12,889	0	1.80%	232	-2,075	11,046	932 Mgmt & Prof Spt Svc	11,046	0	1.70%	188	-11,234	0	
933	Studies Analysis Eval	6,706	0	1.80%	121	-1,080	5,747	933 Studies Analysis Eval	5,747	0	1.70%	98	-5,845	0	
934	Engineering Tech Svc	0	0	1.80%	0	0	0	934 Engineering Tech Svc	0	0	1.70%	0	0	0	
937	Fuel	0	0	15.30%	0	0	0	937 Fuel	0	0	-3.10%	0	0	0	
955	Other Costs (Medical Car	0	0	3.30%	0	0	0	955 Other Costs (Medical Car	0	0	3.60%	0	0	0	
960	Other Costs (Interest an	0	0	1.80%	0	0	0	960 Other Costs (Interest an	0	0	1.70%	0	0	0	
964	Other Costs (Subsistence	0	0	1.80%	0	0	0	964 Other Costs (Subsistence	0	0	1.70%	0	0	0	
984	Equipment Contracts	0	0	1.80%	0	0	0	984 Equipment Contracts	0	0	1.70%	0	0	0	
985	Research and Development	0	0	1.80%	0	0	0	985 Research and Development	0	0	1.70%	0	0	0	
986	Medical Care Contracts	12,928,793	0	3.30%	426,650	271,714	13,627,157	986 Medical Care Contracts	13,627,157	0	3.60%	490,578	-61,769	14,055,968	
987	Other Intra-Government P	12,337	0	1.80%	222	-1,986	10,573	987 Other Intra-Government P	10,573	0	1.70%	180	-10,753	0	
988	Grants	0	0	1.80%	0	0	0	988 Grants	0	0	1.70%	0	0	0	
989	Other Contracts	2,670	0	1.80%	48	-429	2,289	989 Other Contracts	2,289	0	1.70%	39	-2,328	0	
990	IT Contract Support Serv	10,820	0	1.80%	195	-1,742	9,273	990 IT Contract Support Serv	9,273	0	1.70%	158	-9,431	0	
999	Total Purchases	14,795,471	0		487,495	763,892	16,046,858	999 Total Purchases	16,046,858	0		576,869	-475,464	16,148,263	
9999	TOTAL	14,802,421	0		486,664	758,187	16,047,272	9999 TOTAL	16,047,272	0		576,876	-475,885	16,148,263	

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

I. Description of Operations Financed: This Budget Activity Group (BAG) comprises eight functions which support military medical readiness and delivery of patient care worldwide:

Examining Activities - Resources required for 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 Medical Examination Review Board (DoDMERB).

Other Health Activities - Resources required for organizations and functions that support the provision of health care for Military Health System beneficiaries. Examples include central medical laboratories; medical services squadrons; Navy Medicine Regional Commands; public affairs; and the Women, Infants and Children (WIC) Program.

Military Public/Occupational Health - Resources required for Military Public Health manpower, 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, health surveillance, community health nursing, medical intelligence, disease and climate illness, disease prevention and control, and injury surveillance.

Veterinary Services - Resources required for the management, direction and operation of DoD's worldwide veterinary missions, as well as veterinary support requirements for other specified federal agencies. Includes veterinary care of government owned animals, procedures involving animals in clinical investigation departments, and control of zoonotic and veterinary public health diseases.

Military Unique - Other Medical Activities - Resources required for unique military medical functions and activities that have a relationship to the size of the military population supported and are not included in any other program elements. Examples of programs include physiological training units; drug abuse detection labs; optical repair and fabrication laboratories; pandemic influenza preparedness; medical logistics offices; medical support offices; medical materiel activities; and plans, operation and training offices in military treatment facilities. Beginning in FY 2012, funding will support the remaining missions of the Armed Forces Institute of Pathology (AFIP) (Medical Examiner, DNA Registry and Accident Investigation, Legal Medicine, Clinical Lab, and Patient Safety). Starting in FY 2013, resources for the Federal Health Care Center (FHCC) North Chicago are realigned to this functional area.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

Aeromedical Evacuation System - Resources required for the operation and administration of the Aeromedical Evacuation System and the costs associated with intra- and inter-theater patient transportation.

Service Support to Other Health Activities - Support to USTRANSCOM.

Armed Forces Institute of Pathology (AFIP) - Resources required for manpower, equipment, facilities and the associated operation and maintenance of the AFIP through FY 2011. BRAC 2005 mandated closure of the AFIP by FY 2011.

Joint Pathology Center (JPC) - NDAA 2008, Section 722 directs establishment of the JPC by FY 2012 as the reference center in pathology for the Federal Government. Selected resources required for manpower, equipment, facilities, and the associated operation and maintenance of the JPC move from the AFIP.

II. Force Structure Summary: Consolidated Health Support includes a variety of Program Elements supporting such functions as examining activities, military public and occupational health, veterinary services, aeromedical evacuation, and various activities that have a relationship to the size of the military population supported and are not included in other program elements.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Information Management**

I. Description of Operations Financed: This Budget Activity Group provides for the Information Management/Information Technology resources dedicated to the operation and maintenance of Defense Health Program (DHP) facilities. This program includes the following:

Service Medical IM/IT - Includes funding for non-centrally managed, Service Medical Information Management/Information Technology (IM/IT) Programs in the following functional areas: 1) Service medical funded support for Functional Area Applications (service unique information systems); 2) Communications & Computing Infrastructure to include long haul/wide area communications, office automation and video teleconferencing; 3) Related Technical Activities, which includes spectrum management, data administration, development of architectures, facilitation of interoperability and technical integration; and 4) Information Assurance, which includes all efforts that protect and defend information and information systems by ensuring their availability, integrity, authentication, confidentiality and non-repudiation.

DHP IM/IT Support Programs - Includes funding for IM/IT services in support of the Military Health System (MHS). These services are in support of the Military Health System Chief Information Officer and can be contracted out or provided by other DoD agencies. Services deliver modifications to contractor owned IM/IT systems to meet Congressional and other mandated changes; changes or modifications to other DoD agencies IM/IT systems supporting the Military Health System to comply with changes in medical regulatory guidance; commercially purchased IM/IT related services that enable the Managed Care Support Contracts to meet healthcare, security, and audit compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities. Funding and responsibilities of the Business Management Modernization Program Domain Management and Systems Integration program were realigned from the Management Activities Budget Activity Group beginning in FY 2012.

Tri-Service IM/IT - Includes funding for program management of Tri-Service IM/IT programs, system and infrastructure sustainment, annual software licensing fees, and software and hardware maintenance fees. Major Tri-Service initiatives include: 1) The Armed Forces Health Longitudinal Technology Application (AHLTA) is DoD's current Electronic Health Record (EHR) serving as one of the world's largest clinical information systems that provides secure, 24x7, worldwide online access to patients' medical records, making it a key enabler of military medical readiness; 2) Composite Health Care System (CHCS) is the legacy computerized provider order entry (CPOE) system that provides an interface to the EHR for official medical coding information entered by health care providers. 3) Electronic Health Record (EHR) Way Ahead [integrated Electronic Health Record (iEHR)] is the proposed Major Automated Information System program designed to replace/sunset the current portfolio of systems providing initial EHR capability [(AHLTA) and the Composite Health Care System (CHCS)]. EHR Way Ahead will provide a comprehensive, longitudinal, electronic health record that is available anytime anywhere;

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Information Management**

Tri-Service IM/IT - Continued: 4) Theater Medical Information Program - Joint (TMIP-J): Integrates the military health information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of contingency operations in the theater environment. TMIP-J adapts medical information systems to Theater specific requirements; 5) Defense Medical Logistics Standard Support (DMLSS): Provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services. Additionally, DMLSS enables medical logistics support to the Force Health Protection mission for the MHS; 6) Executive Information/Decision Support (EI/DS): Receives and stores data from MHS systems, processes those data through a variety of business rules, and makes the data available, in various data marts, to managers, clinicians, and analysts for the management of the business of health care; and 7) Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH): Assembles, stores and evaluates data on personnel occupational exposure information, environment monitoring, protective equipment usage, work practices, and health hazard education. Funding for other significant Tri-Service initiatives include, but not limited to: Defense Medical Human Resources System (internet); the Patient Accounting System (PAS); Enterprise Blood Management System (EBMS); TRICARE On Line (TOL); Patient Safety Reporting (PSR), and the Joint Electronic Health Record Interoperability (JEHRI) for DoD's portion of the joint DoD/VA sharing initiative. Resources also support MHS communications and computing infrastructure under MHS Cyber Infrastructure Services (MCiS) Division which manages: (a) a wide area network (WAN) deployed to all TRICARE regions, to provide communication support for all medical information systems; (b) a local area network (LAN), to provide unified backbone networks within military treatment facilities; and (c) centralized network management, to include capacity planning, configuration management and security integration.

II. Force Structure Summary: This program funds concept exploration, management and sustainment of automated information systems, communications & 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.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Information Management

III. Financial Summary (\$ in Thousands):

	FY 2012							FY 2013
	FY 2011	Budget	Congressional Action				Current	
			<u>Actuals</u>	<u>Request</u>	<u>Amount</u>	<u>Percent</u>		
A. <u>Subactivities</u>								<u>Estimate</u>
1. Service Medical IM/IT	614,989	536,870	0	0%	536,870	523,452		545,889
2. DHP IM/IT Support Programs	106,148	112,960	0	0%	112,960	112,960		100,548
3. Tri-Service IM/IT	<u>697,512</u>	<u>772,867</u>	<u>0</u>	<u>0%</u>	<u>772,867</u>	<u>786,285</u>		<u>818,891</u>
Total	1,418,649	1,422,697	0	0%	1,422,697	1,422,697		1,465,328

Notes:

1. FY 2011 actuals includes \$5.436M for Overseas Contingency Operations (OCO) under the Department of Defense Appropriation Act, FY 2011, Public Law 112-10.
2. FY 2012 current estimate excludes \$5.548M for OCO under the Consolidated Appropriations Act, 2012 (Division A), Public Law 112-74.
3. FY 2013 estimate excludes \$4.773M for OCO.
4. Does not reflect Department of Defense Medicare-Eligible Retiree Health Care Fund (MERHCF) for FY 2011 of \$12.8M, FY 2012 of \$11.2M and FY 2013 of \$11.6M.

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	FY2011 Program	Foreign Currency Adjust	Price Growth Percent	Amount	Program Growth	FY2012 Program	Line	Summary	FY2012 Program	Foreign Currency Adjust	Price Growth Percent	Amount	Program Growth	FY2013 Program
308	Travel of Persons	5,776	0	1.80%	104	-917	4,963	308	Travel of Persons	4,963	0	1.70%	84	-207	4,840
399	Total Travel	5,776	0		104	-917	4,963	399	Total Travel	4,963	0		84	-207	4,840
401	DFSC Fuel	0	0	15.30%	0	0	0	401	DFSC Fuel	0	0	19.60%	0	0	0
402	Service Fund Fuel	0	0	15.30%	0	0	0	402	Service Fund Fuel	0	0	19.60%	0	0	0
411	Army Sup & Mat	21	0	1.34%	0	0	21	411	Army Sup & Mat	21	0	-1.10%	0	0	21
412	Navy Sup & Mat	115	0	0.64%	1	0	116	412	Navy Sup & Mat	116	0	2.47%	3	-2	117
414	AF Sup & Mat	0	0	-0.97%	0	0	0	414	AF Sup & Mat	0	0	4.01%	0	0	0
415	DLA Sup & Mat	118	0	1.46%	2	0	120	415	DLA Sup & Mat	120	0	1.73%	2	-5	117
416	GSA Sup & Mat	674	0	1.80%	12	1	687	416	GSA Sup & Mat	687	0	1.70%	12	0	699
417	Local Proc Sup & Mat	3,944	0	1.80%	71	-3,769	246	417	Local Proc Sup & Mat	246	0	1.70%	4	0	250
418	Air Force Retail Supply	0	0	5.43%	0	0	0	418	Air Force Retail Supply	0	0	-0.19%	0	0	0
499	Total Sup & Mat	4,872	0		86	-3,768	1,190	499	Total Sup & Mat	1,190	0		21	-7	1,204
502	Army Fund Equipt	33	0	1.34%	0	0	33	502	Army Fund Equipt	33	0	-1.10%	0	0	33
503	Navy Fund Equipt	44	0	0.64%	0	0	44	503	Navy Fund Equipt	44	0	2.47%	1	0	45
505	AF Fund Equipt	0	0	-0.97%	0	0	0	505	AF Fund Equipt	0	0	4.01%	0	0	0
506	DLA Fund Equipt	462	0	1.46%	7	0	469	506	DLA Fund Equipt	469	0	1.73%	8	-20	457
507	GSA Fund Equipt	583	0	1.80%	10	1	594	507	GSA Fund Equipt	594	0	1.70%	10	1	605
599	Total Fund Equipt	1,122	0		17	1	1,140	599	Total Fund Equipt	1,140	0		19	-19	1,140
602	Army Depot Cnd Maint	0	0	#####	0	0	0	602	Army Depot Cnd Maint	0	0	4.98%	0	0	0
611	Naval Surface War Ctr	0	0	-3.63%	0	0	0	611	Naval Surface War Ctr	0	0	2.77%	0	0	0
631	Naval Civil Engrnr Ctr	0	0	-0.34%	0	0	0	631	Naval Civil Engrnr Ctr	0	0	1.25%	0	0	0
633	Naval Pub & Prnt Svc	140	0	5.93%	8	0	148	633	Naval Pub & Prnt Svc	148	0	6.26%	9	0	157
634	Nav Pub Wrks Ctr: Utilitie	0	0	0.50%	0	0	0	634	Nav Pub Wrks Ctr: Utilitie	0	0	12.10%	0	0	0
635	Nav Pub Wrks Ctr: Pub Wrks	0	0	1.80%	0	0	0	635	Nav Pub Wrks Ctr: Pub Wrks	0	0	1.80%	0	0	0
647	DISA Enterprise Computer C	85,894	0	#####	-11,158	-74,693	43	647	DISA Enterprise Computer C	43	0	1.70%	1	0	44
671	Communications Svc	130	0	12.64%	16	-104	42	671	Communications Svc	42	0	1.70%	1	-1	42
673	Def Finance & Acct Svc	0	0	#####	0	0	0	673	Def Finance & Acct Svc	0	0	16.67%	0	0	0
675	DLA Disposition Services	16	0	2.07%	0	0	16	675	DLA Disposition Services	16	0	2.07%	0	-1	15
677	Comm Svcs Tier 1	480	0	-8.06%	-39	100	541	677	Comm Svcs Tier 1	541	0	-3.46%	-19	28	550
679	Cost Reimbursible Svc	1,817	0	1.80%	33	2	1,852	679	Cost Reimbursible Svc	1,852	0	1.70%	31	0	1,883
680	Purchases from Building M	0	0	#####	0	0	0	680	Purchases from Building M	0	0	15.84%	0	0	0
699	Total Purchases	88,477	0		-11,140	-74,695	2,642	699	Total Purchases	2,642	0		23	26	2,691
701	MAC Cargo	0	0	1.70%	0	0	0	701	MAC Cargo	0	0	1.70%	0	0	0
707	AMC Training	0	0	-2.80%	0	0	0	707	AMC Training	0	0	5.90%	0	0	0
711	MSC Cargo	0	0	26.90%	0	0	0	711	MSC Cargo	0	0	2.40%	0	0	0
721	MTMC Port Handling	0	0	26.90%	0	0	0	721	MTMC Port Handling	0	0	31.30%	0	0	0
771	Commercial Transportation	210	0	1.80%	4	14	228	771	Commercial Transportation	228	0	1.70%	4	-1	231
799	Total Transportation	210	0		4	14	228	799	Total Transportation	228	0		4	-1	231
9XX	Civ Pay Reimburs Host	172,054	0	0.00%	0	-5,223	166,831	9XX	Civ Pay Reimburs Host	166,831	0	0.38%	625	4,677	172,133
901	Foreign Mat Ind Rise	2,040	0	0.00%	0	384	2,424	901	Foreign Mat Ind Rise	2,424	0	0.38%	9	251	2,684
902	Separation Liability	32	0	0.00%	0	-7	25	902	Separation Liability	25	0	0.38%	0	-25	0
912	Rental Pay to GSA	1,599	0	1.80%	29	4,714	6,342	912	Rental Pay to GSA	6,342	0	1.70%	108	-6	6,444
913	Purchased Utilities	849	0	1.80%	15	-5	859	913	Purchased Utilities	859	0	1.70%	15	0	874
914	Purchased Communica	6,449	0	1.80%	116	8,604	15,169	914	Purchased Communica	15,169	0	1.70%	258	0	15,427
915	Rents non GSA	80	0	1.80%	1	613	694	915	Rents non GSA	694	0	1.70%	12	-1	705
917	Postal Svcs	143	0	1.80%	3	-35	111	917	Postal Svcs	111	0	1.70%	2	0	113
920	Supplies & Mat	60,635	0	1.80%	1,091	-46,320	15,406	920	Supplies & Mat	15,406	0	1.70%	262	3,901	19,569
921	Printing & Reproduct	761	0	1.80%	14	504	1,279	921	Printing & Reproduct	1,279	0	1.70%	22	-17	1,284
922	Equipmt Maint Contract	10,814	0	1.80%	195	-8,385	2,624	922	Equipmt Maint Contract	2,624	0	1.70%	45	-350	2,319
923	Facility Maint Contract	3,204	0	1.80%	58	-139	3,123	923	Facility Maint Contract	3,123	0	1.70%	53	0	3,176
924	Pharmacy	0	0	3.30%	0	0	0	924	Pharmacy	0	0	3.60%	0	0	0
925	Equipmt Purchases	50,120	0	1.80%	902	-9,164	41,858	925	Equipmt Purchases	41,858	0	1.70%	712	952	43,522
926	Overseas Purchases	229	0	1.80%	4	0	233	926	Overseas Purchases	233	0	1.70%	4	0	237
930	Other Depot Maint	0	0	1.80%	0	0	0	930	Other Depot Maint	0	0	1.70%	0	0	0
931	Contract Consultants	0	0	1.80%	0	0	0	931	Contract Consultants	0	0	1.70%	0	0	0
932	Mgmt & Prof Spt Svc	217,775	0	1.80%	3,920	#####	33,521	932	Mgmt & Prof Spt Svc	33,521	0	1.70%	570	642	34,733
933	Statistcs Analysis Eval	639	0	1.80%	12	1,565	2,216	933	Statistcs Analysis Eval	2,216	0	1.70%	38	0	2,254
934	Engineering Tech Svc	392	0	1.80%	7	-398	1	934	Engineering Tech Svc	1	0	1.70%	0	0	1
937	Fuel	0	0	15.30%	0	0	0	937	Fuel	0	0	-3.10%	0	0	0
955	Other Costs (Medical Care)	23,861	0	3.30%	787	-3,823	20,825	955	Other Costs (Medical Care)	20,825	0	3.60%	750	6,385	27,960
960	Other Costs (Interest and	87	0	1.80%	2	64	153	960	Other Costs (Interest and	153	0	1.70%	3	-1	155
964	Other Costs (Subsistence a	0	0	1.80%	0	0	0	964	Other Costs (Subsistence a	0	0	1.70%	0	0	0
984	Equipment Contracts	191	0	1.80%	3	1	195	984	Equipment Contracts	195	0	1.70%	3	0	198
985	Research and Development C	0	0	1.80%	0	0	0	985	Research and Development C	0	0	1.70%	0	0	0
986	Medical Care Contracts	775	0	3.30%	26	1,783	2,584	986	Medical Care Contracts	2,584	0	3.60%	93	-1,835	842
987	Other Intra-Government Pur	46,721	0	1.80%	841	-25,314	22,248	987	Other Intra-Government Pur	22,248	0	1.70%	378	973	23,599
988	Grants	0	0	1.80%	0	0	0	988	Grants	0	0	1.70%	0	0	0
989	Other Contracts	64,136	0	1.80%	1,154	17,160	82,450	989	Other Contracts	82,450	121	1.70%	1,404	-33,452	50,523
990	IT Contract Support Servc	654,606	0	1.80%	11,783	324,974	991,363	990	IT Contract Support Servc	991,363	0	1.70%	16,853	38,254	1,046,470
999	Total Purchases	1,318,192	0		20,963	73,379	1,412,534	999	Total Purchases	1,412,534	121		22,219	20,348	1,455,222
9999	TOTAL	1,418,649	0		10,034	-5,986	1,422,697	9999	TOTAL	1,422,697	121		22,370	20,140	1,465,328

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Management Activities**

I. Description of Operations Financed: This Budget Activity Group is comprised of Services Medical Headquarters and TRICARE Management Activity (TMA) functions supporting Military Health System (MHS) worldwide patient care delivery:

Management Headquarters - Resources required for the U.S. Army Medical Command, the Navy Bureau of Medicine and Surgery, the Command Surgeon's staff at Air Force Major Commands, the Joint Task Force - National Capital Area and TRICARE Management Activity personnel identified as management headquarters staff that coordinate and oversee the provision of health care within the Military Health System.

TRICARE Management Activity - Resources required for the operation of the TRICARE Management Activity. These operating costs support delivery of patient care worldwide for members of the Armed Forces, family members, and others entitled to DoD health care. This also includes the TRICARE Regional Offices (TROs), the Military Medical Support Office (MMSO), and the Pharmacoeconomic Center (PEC).

Business Management Modernization Program - The Domain structure consists of: Accounting and Finance, Strategic Planning and Budgeting, Human Resource Management, Logistics, Technical Infrastructure, Acquisition, and Installations and Environment. The Domains will perform such functions as Portfolio Management, Business Process Re-engineering, Pilot programs, and Process Coordination amongst the Domains, Services, and Agencies. The funding and responsibilities of this program in the Management Activities Budget Activity Group end in FY 2011 and are realigned to Information Management/Information Technology Budget Activity Group beginning in FY 2012.

II. Force Structure Summary: Management Headquarters includes resources necessary to support headquarters functions outlined in DoD Directive 5100.73, Major Department of Defense Headquarters Activities. Within the MHS, this includes the cost of operating the TRICARE Management Activity, U.S. Army Medical Command, the Navy Bureau of Medicine and Surgery, and the Command Surgeons' staff at Air Force Major Commands.

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	Foreign					Line	Summary	Foreign						
		FY2011 Program	Currency Adjust	Price Growth Percent	Amount Growth	FY2012 Program			FY2012 Program	Currency Adjust	Price Growth Percent	Amount Growth	FY2013 Program		
308	Travel of Persons	10,474	0	1.80%	189	426	11,089	308	Travel of Persons	11,089	0	1.70%	189	-568	10,710
399	Total Travel	10,474	0		189	426	11,089	399	Total Travel	11,089	0		189	-568	10,710
401	DFSC Fuel	0	0	15.30%	0	0	0	401	DFSC Fuel	0	0	19.60%	0	0	0
402	Service Fund Fuel	0	0	15.30%	0	0	0	402	Service Fund Fuel	0	0	19.60%	0	0	0
411	Army Sup & Mat	0	0	1.34%	0	0	0	411	Army Sup & Mat	0	0	-1.10%	0	0	0
412	Navy Sup & Mat	626	0	0.64%	4	0	630	412	Navy Sup & Mat	630	0	2.47%	16	-12	634
414	AF Sup & Mat	0	0	-0.97%	0	0	0	414	AF Sup & Mat	0	0	4.01%	0	0	0
415	DLA Sup & Mat	0	0	1.46%	0	0	0	415	DLA Sup & Mat	0	0	1.73%	0	0	0
416	GSA Sup & Mat	0	0	1.80%	0	0	0	416	GSA Sup & Mat	0	0	1.70%	0	0	0
417	Local Proc Sup & Mat	120	0	1.80%	2	-122	0	417	Local Proc Sup & Mat	0	0	1.70%	0	0	0
418	Air Force Retail Supply	0	0	5.43%	0	0	0	418	Air Force Retail Supply	0	0	-0.19%	0	0	0
499	Total Sup & Mat	746	0		6	-122	630	499	Total Sup & Mat	630	0		16	-12	634
502	Army Fund Equipt	0	0	1.34%	0	0	0	502	Army Fund Equipt	0	0	-1.10%	0	0	0
503	Navy Fund Equipt	0	0	0.64%	0	0	0	503	Navy Fund Equipt	0	0	2.47%	0	0	0
505	AF Fund Equipt	0	0	-0.97%	0	0	0	505	AF Fund Equipt	0	0	4.01%	0	0	0
506	DLA Fund Equipt	0	0	1.46%	0	0	0	506	DLA Fund Equipt	0	0	1.73%	0	0	0
507	GSA Fund Equipt	0	0	1.80%	0	0	0	507	GSA Fund Equipt	0	0	1.70%	0	0	0
599	Total Fund Equipt	0	0		0	0	0	599	Total Fund Equipt	0	0		0	0	0
602	Army Depot Cmd Maint	0	0	-11.65%	0	0	0	602	Army Depot Cmd Maint	0	0	4.98%	0	0	0
611	Naval Surface War Ctr	0	0	-3.63%	0	0	0	611	Naval Surface War Ctr	0	0	2.77%	0	0	0
631	Naval Civil Engrn Ctr	0	0	-0.34%	0	0	0	631	Naval Civil Engrn Ctr	0	0	1.25%	0	0	0
633	Naval Pub & Prnt Svc	31	0	5.93%	2	0	33	633	Naval Pub & Prnt Svc	33	0	6.26%	2	0	35
634	Nav Pub Wrks Ctr: Utilities	0	0	0.50%	0	0	0	634	Nav Pub Wrks Ctr: Utilities	0	0	12.10%	0	0	0
635	Nav Pub Wrks Ctr: Pub Wrks	0	0	1.80%	0	0	0	635	Nav Pub Wrks Ctr: Pub Wrks	0	0	1.80%	0	0	0
647	DISA Enterprise Computer Center	0	0	-12.99%	0	0	0	647	DISA Enterprise Computer Center	0	0	1.70%	0	0	0
671	Communications Svc	0	0	12.64%	0	0	0	671	Communications Svc	0	0	1.70%	0	0	0
673	Def Finance & Acct Svc	0	0	-17.69%	0	0	0	673	Def Finance & Acct Svc	0	0	16.57%	0	0	0
675	DLA Disposition Services	0	0	2.07%	0	0	0	675	DLA Disposition Services	0	0	2.07%	0	0	0
677	Comm Svcs Tier 1	0	0	-8.06%	0	0	0	677	Comm Svcs Tier 1	0	0	-3.46%	0	0	0
679	Coat Reimbursible Svc	0	0	1.80%	0	0	0	679	Coat Reimbursible Svc	0	0	1.70%	0	0	0
680	Purchases from Building Mainte	0	0	135.78%	0	0	0	680	Purchases from Building Mainte	0	0	15.84%	0	0	0
699	Total Purchases	31	0		2	0	33	699	Total Purchases	33	0		2	0	35
701	MAC Cargo	0	0	1.70%	0	0	0	701	MAC Cargo	0	0	1.70%	0	0	0
707	AMC Training	0	0	-2.80%	0	0	0	707	AMC Training	0	0	5.90%	0	0	0
711	MSC Cargo	0	0	26.90%	0	0	0	711	MSC Cargo	0	0	2.40%	0	0	0
721	MTMC Port Handling	0	0	26.90%	0	0	0	721	MTMC Port Handling	0	0	31.30%	0	0	0
771	Commercial Transportation	162	0	1.80%	3	-10	155	771	Commercial Transportation	155	0	1.70%	3	74	232
799	Total Transportation	162	0		3	-10	155	799	Total Transportation	155	0		3	74	232
9XX	Civ Pay Reimburs Host	166,645	0	0.00%	0	-12,154	154,491	9XX	Civ Pay Reimburs Host	154,491	0	0.38%	578	7,203	162,272
901	Foreign Mat Ind Hire	484	0	0.00%	0	0	484	901	Foreign Mat Ind Hire	484	0	0.38%	2	6	492
902	Separation Liability	25	0	0.00%	0	0	25	902	Separation Liability	25	0	0.38%	0	0	25
912	Rental Pay to GSA	0	0	1.80%	0	0	0	912	Rental Pay to GSA	0	0	1.70%	0	0	0
913	Purchased Utilities	115	0	1.80%	2	-110	7	913	Purchased Utilities	7	0	1.70%	0	0	7
914	Purchased Communica	118	0	1.80%	2	970	1,090	914	Purchased Communica	1,090	0	1.70%	19	123	1,232
915	Rents non GSA	459	0	1.80%	8	-438	29	915	Rents non GSA	29	0	1.70%	0	0	29
917	Postal Svcs	36	0	1.80%	1	192	229	917	Postal Svcs	229	0	1.70%	4	142	375
920	Supplies & Mat	5,205	0	1.80%	94	7,617	12,916	920	Supplies & Mat	12,916	0	1.70%	220	3,778	16,914
921	Printing & Reproduct	125	0	1.80%	2	374	501	921	Printing & Reproduct	501	0	1.70%	9	253	763
922	Equipt Maint Contract	114	0	1.80%	2	193	309	922	Equipt Maint Contract	309	0	1.70%	5	98	412
923	Facility Maint Contract	281	0	1.80%	5	-285	1	923	Facility Maint Contract	1	0	1.70%	0	0	1
924	Pharmacy	0	0	3.30%	0	0	0	924	Pharmacy	0	0	3.60%	0	0	0
925	Equipt Purchases	670	0	1.80%	12	1,161	1,843	925	Equipt Purchases	1,843	0	1.70%	31	1,050	2,924
926	Overseas Purchases	0	0	1.80%	0	0	0	926	Overseas Purchases	0	0	1.70%	0	0	0
930	Other Depot Maint	0	0	1.80%	0	0	0	930	Other Depot Maint	0	0	1.70%	0	0	0
931	Contract Consultants	0	0	1.80%	0	0	0	931	Contract Consultants	0	0	1.70%	0	0	0
932	Mgmt & Prof Spt Svc	73,235	0	1.80%	1,318	486	75,039	932	Mgmt & Prof Spt Svc	75,039	0	1.70%	1,276	-18,364	57,951
933	Studies Analysis Eval	7,302	0	1.80%	11	-4,382	3,051	933	Studies Analysis Eval	3,051	0	1.70%	52	3,005	6,133
934	Engineering Tech Svc	8,220	0	1.80%	148	-8,133	235	934	Engineering Tech Svc	235	0	1.70%	4	-49	180
937	Fuel	0	0	15.30%	0	0	0	937	Fuel	0	0	-3.10%	0	0	0
955	Other Costs (Medical Care)	4,392	0	3.30%	145	-514	4,023	955	Other Costs (Medical Care)	4,023	0	3.60%	145	14,533	18,701
960	Other Costs (Interest and Divid)	76	0	1.80%	1	-77	0	960	Other Costs (Interest and Divid)	0	0	1.70%	0	0	0
964	Other Costs (Subsistence and Su)	13	0	1.80%	0	0	13	964	Other Costs (Subsistence and Su)	13	0	1.70%	0	0	13
984	Equipment Contracts	0	0	1.80%	0	0	0	984	Equipment Contracts	0	0	1.70%	0	0	0
985	Research and Development Contra	0	0	1.80%	0	0	0	985	Research and Development Contra	0	0	1.70%	0	0	0
986	Medical Care Contracts	586	0	3.30%	19	-599	6	986	Medical Care Contracts	6	0	3.60%	0	547	553
987	Other Intra-Government Purchase	2,875	0	1.80%	52	6,878	9,805	987	Other Intra-Government Purchase	9,805	0	1.70%	167	6,092	16,064
988	Grants	4,000	0	1.80%	72	4,499	8,571	988	Grants	8,571	0	1.70%	146	-8,700	17
989	Other Contracts	14,920	0	1.80%	269	-2,906	12,283	989	Other Contracts	12,283	0	1.70%	209	-1,518	10,974
990	IT Contract Support Services	3,913	0	1.80%	70	10,261	14,244	990	IT Contract Support Services	14,244	0	1.70%	242	10,012	24,498
999	Total Purchases	293,809	0		2,353	3,033	299,195	999	Total Purchases	299,195	0		3,109	18,206	320,510
9999	TOTAL	305,222	0		2,553	3,327	311,102	9999	TOTAL	311,102	0		3,319	17,700	332,121

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Education and Training**

I. Description of Operations Financed: This Budget Activity Group is comprised of three primary categories that provide support for education and training opportunities for personnel within the Defense Health Program:

Health Professions Scholarship Program - Resources required for the Armed Forces Health Professions Scholarship Program (HPSP), the Financial Assistance Program (FAP), Health Professions Loan Repayment Program (HPLRP), and other pre-commissioning professional scholarship programs. These funds are used for educational expenses including tuition, fees and reimbursed expenses (e.g., books, supplies, and equipment).

Uniformed Services University of the Health Sciences (USUHS) - Resources required for operation and maintenance of this Department of Defense-funded medical school that produces an average of 165 medical doctors annually, advanced education for nurses in the Graduate School of Nursing, and graduate programs leading to a masters or doctoral degree in the biological sciences.

Other Education and Training - Resources required for specialized skill training and professional development education programs for health care personnel at the Medical Education and Training Campus (METC), U.S. Army Medical Department Center and School, Navy Bureau of Medicine and Surgery sponsored schools, and Air Force medical professions education and training programs. Includes formal educational programs for health care personnel at civilian academic institutions, civilian medical facilities and facilities of non-DoD governmental agencies. Professional development provides officer, enlisted, and civilian medical personnel with the skills and knowledge required to perform highly technical health services jobs.

II. Force Structure Summary: Education and training resources provide tuition and other educational expenses for the Armed Forces Health Professions Scholarship Program, Financial Assistance Program residencies, and the Health Professions Loan Repayment Program. USUHS resources fund operation and maintenance requirements necessary to operate a DoD-funded medical school that trains doctors, as well as offering graduate programs for nurses and professionals in the biological sciences. The remaining resources are required for professional development education, training programs, and specialized skills training to match medical job requirements.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Education and Training

III. Financial Summary (\$ in Thousands):

	FY 2012						
	FY 2011	Budget	<u>Congressional Action</u>		Current	Current	FY 2013
			<u>Actuals</u>	<u>Request</u>			
A. <u>Subactivities</u>							
1. Health Professions Scholarship Program	231,859	259,998	0	0%	259,998	259,998	283,498
2. Uniformed Services University of the Health Sciences	139,543	112,313	-188	0%	112,125	123,640	129,330
3. Other Education and Training	<u>319,240</u>	<u>333,036</u>	<u>-11,512</u>	<u>0%</u>	<u>321,524</u>	<u>321,524</u>	<u>309,253</u>
Total	690,642	705,347	-11,700	-2%	693,647	705,162	722,081

Notes:

1. FY 2011 actuals include \$16.247M for Overseas Contingency Operations (OCO) under the Department of Defense Appropriation Act, FY 2011, Public Law 112-10. OCO funds cited are for educational programs such as trauma training for deploying physicians.
2. FY 2012 current estimate excludes \$16.859M for OCO under the Consolidated Appropriations Act, 2012 (Division A), Public Law 112-74.
3. FY 2013 estimate excludes \$15.370M for OCO.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Education and Training

	Change	Change
B. <u>Reconciliation Summary:</u>	<u>FY 2012/2012</u>	<u>FY 2012/2013</u>
Baseline Funding	705,347	705,162
Congressional Adjustments (Distributed)	-11,700	n/a
Congressional Adjustments (Undistributed)	0	n/a
Adjustments to Meet Congressional Intent	0	n/a
Congressional Adjustments (General Provisions)	0	n/a
Subtotal Appropriated Amount	693,647	n/a
OCO and Other Supplemental Appropriations	16,859	n/a
Fact-of-Life Changes	11,515	n/a
Subtotal Baseline Funding	722,021	n/a
Anticipated Supplemental	0	n/a
Reprogrammings	0	n/a
Less: OCO and Other Supplemental Appropriations	-16,859	n/a
Revised Current Estimate	705,162	705,162
Price Change	n/a	21,044
Functional Transfers	n/a	0
Program Changes	n/a	<u>-4,125</u>
Current Estimate	705,162	722,081

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Education and Training

(\$ in Thousands)

C. <u>Reconciliation of Increases and Decreases:</u>	<u>Amount</u>	<u>Totals</u>
FY 2012 President's Budget Request		705,347
1. Congressional Adjustments		-11,700
a. Distributed Adjustments	-11,700	-11,700
1) Reduction in Travel	-11,700	
b. Undistributed Adjustments	0	
c. Adjustment to Meet Congressional Intent	0	
d. General Provisions	0	
FY 2012 Appropriated Amount		693,647
2. OCO and Other Supplemental Appropriations		16,859
3. Fact-of-Life Changes		11,515
a. Functional Transfers	0	
b. Technical Adjustments	11,515	
1) Increases	11,515	
a) Transfer of resources for the Center for Deployment Psychology (CDP) and the Center for the Study of Traumatic Stress (CSTS) from Consolidated Health Support Budget Activity Group to align funding with actual execution.		
2) Decreases	0	
c. Emergent Requirements	0	
FY 2012 Baseline Funding		722,021
4. Reprogrammings (requiring 1415 Actions)		0
a. Increases	0	
b. Decreases	0	
5. Less: OCO and Other Supplemental Appropriation		-16,859
Current Estimate for FY 2012		705,162
6. Price Change		21,044
7. Transfers		0
a. Transfers In	0	
b. Transfers Out	0	
8. Program Increases		2,506
a. Annualization of New FY 2012 Program	0	

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Education and Training**

(\$ in Thousands)

C. <u>Reconciliation of Increases and Decreases:</u>	<u>Amount</u>	<u>Totals</u>
b. One-Time FY 2013 Costs	0	
c. Program Growth in FY 2013	2,506	
1) Other Education and Training:	1,594	
Provides funding for increased requirements at the Medical Education and Training Center (METC; \$1.264M) and implementation of the Integrated Disability Evaluation System (IDES; \$0.236M). Also realigns funding with execution (\$0.94M). FY 2012 Other Education and Training Funding Baseline: \$321.524M.		
2) Health Professions Scholarship Program (HPSP):	251	
Programmatic adjustment in support of projected execution. FY 2012 HPSP Funding Baseline: \$259.998M.		
3) One Additional Civilian Paid Day in FY 2013:	661	
Adjusts for one additional civilian paid day in FY 2013. FY 2012 Civilian Pay Funding Baseline: \$172.980M.		
9. Program Decreases		-6,631
a. One-time FY 2012 Costs	0	
b. Annualization of FY 2012 Program Decreases	0	
c. Program Decreases in FY 2013	-6,631	
1) Military-to-Civilian Conversions and Restorals:	-2,830	
Incremental funding over FY 2012 programmed amounts for military-to-civilian conversions and restoral of these conversions as required by Section 721 of the Fiscal Year 2008 National Defense Authorization Act. FY 2012 Civilian Pay Baseline: \$172.946M.		
2) Secretary of Defense Efficiencies - Reducing Reliance on DoD Service Support	-2,651	
Reduction reflects the incremental amount for DOD efficiency to reduce reliance on service support contractors. This efficiency will have no impact on direct health care delivery. FY 2012 Education and Training Contract Services Funding Baseline: \$102.1M.		
3) Other Education and Training:	-1,150	
Realigns funding to Consolidated Health Support for the Joint Department of Defense (DoD) - Department of Veterans Affairs (VA) Medical Facility Demonstration Fund established by section 1704 of Public Law 111-84, (National Defense Authorization Act for FY 2010). FY 2012 Other Education and Training Funding Baseline: \$321.524M.		
FY 2013 Budget Request		722,081

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	Foreign					FY2012	Line	Summary	Foreign					FY2013
		FY2011 Program	Currency Adjust	Percent	Price Growth Amount	Program Growth				FY2012 Program	FY2012 Program	Currency Adjust	Percent	Price Growth Amount	
308	Travel of Persons	75,641	0	1.80%	1,362	-5,084	71,919	308	Travel of Persons	71,919	0	1.70%	1,223	9,303	82,445
399	Total Travel	75,641	0		1,362	-5,084	71,919	399	Total Travel	71,919	0		1,223	9,303	82,445
401	DFSC Fuel	67	0	15.30%	10	-5	72	401	DFSC Fuel	72	0	19.60%	14	-12	74
402	Service Fund Fuel	0	0	15.30%	0	0	0	402	Service Fund Fuel	0	0	19.60%	0	0	0
411	Army Sup & Mat	77	0	1.34%	1	0	78	411	Army Sup & Mat	78	0	-1.10%	-1	2	79
412	Navy Sup & Mat	33	0	0.64%	0	0	33	412	Navy Sup & Mat	33	0	2.47%	1	-1	33
414	AF Sup & Mat	3	0	-0.97%	0	0	3	414	AF Sup & Mat	3	0	4.01%	0	0	3
415	DLA Sup & Mat	198	0	1.46%	3	0	201	415	DLA Sup & Mat	201	0	1.73%	3	-3	201
416	GSA Sup & Mat	1,238	0	1.80%	22	3	1,263	416	GSA Sup & Mat	1,263	0	1.70%	21	-272	1,012
417	Local Proc Sup & Mat	708	0	1.80%	13	-87	634	417	Local Proc Sup & Mat	634	0	1.70%	11	-140	505
418	Air Force Retail Supply	0	0	5.43%	0	0	0	418	Air Force Retail Supply	0	0	-0.19%	0	0	0
499	Total Sup & Mat	2,324	0		49	-89	2,284	499	Total Sup & Mat	2,284	0		49	-426	1,907
502	Army Fund Equipt	0	0	1.34%	0	0	0	502	Army Fund Equipt	0	0	-1.10%	0	0	0
503	Navy Fund Equipt	0	0	0.64%	0	0	0	503	Navy Fund Equipt	0	0	2.47%	0	0	0
505	AF Fund Equipt	0	0	-0.97%	0	0	0	505	AF Fund Equipt	0	0	4.01%	0	0	0
506	DLA Fund Equipt	239	0	1.46%	3	0	242	506	DLA Fund Equipt	242	0	1.73%	4	-88	158
507	GSA Fund Equipt	20	0	1.80%	0	0	20	507	GSA Fund Equipt	20	0	1.70%	0	10	30
599	Total Fund Equipt	259	0		3	0	262	599	Total Fund Equipt	262	0		4	-78	188
602	Army Depot Cmd Maint	0	0	#####	0	0	0	602	Army Depot Cmd Maint	0	0	4.98%	0	0	0
611	Naval Surface War Ctr	0	0	-3.63%	0	0	0	611	Naval Surface War Ctr	0	0	2.77%	0	0	0
631	Naval Civil Engr Ctr	0	0	-0.34%	0	0	0	631	Naval Civil Engr Ctr	0	0	1.25%	0	0	0
633	Naval Pub & Prnt Svc	52	0	5.93%	3	1	56	633	Naval Pub & Prnt Svc	56	0	6.26%	4	0	60
634	Nav Pub Wrks Ctr: Utilit	0	0	0.50%	0	0	0	634	Nav Pub Wrks Ctr: Utilit	0	0	12.10%	0	0	0
635	Nav Pub Wrks Ctr: Pub Wr	0	0	1.80%	0	0	0	635	Nav Pub Wrks Ctr: Pub Wr	0	0	1.80%	0	0	0
647	DISA Enterprise Computer	0	0	#####	0	0	0	647	DISA Enterprise Computer	0	0	1.70%	0	0	0
671	Communications Svc	68	0	12.64%	9	32	109	671	Communications Svc	109	0	1.70%	2	-10	101
673	Def Finance & Acct Svc	0	0	#####	0	0	0	673	Def Finance & Acct Svc	0	0	16.57%	0	0	0
675	DLA Disposition Service	106	0	2.07%	2	0	108	675	DLA Disposition Service	108	0	2.07%	2	-5	105
677	Comm Svcs Tier 1	0	0	-8.06%	0	0	0	677	Comm Svcs Tier 1	0	0	-3.46%	0	0	0
679	Cost Reimbursable Svc	663	0	1.80%	12	1	676	679	Cost Reimbursable Svc	676	0	1.70%	11	0	687
680	Purchases from Building	0	0	#####	0	0	0	680	Purchases from Building	0	0	15.84%	0	0	0
699	Total Purchases	889	0		26	34	949	699	Total Purchases	949	0		19	-15	953
701	MAC Cargo	0	0	1.70%	0	0	0	701	MAC Cargo	0	0	1.70%	0	0	0
707	AMC Training	0	0	-2.80%	0	0	0	707	AMC Training	0	0	5.90%	0	0	0
711	MSC Cargo	0	0	26.90%	0	0	0	711	MSC Cargo	0	0	2.40%	0	0	0
721	MTMC Port Handling	3	0	26.90%	1	0	4	721	MTMC Port Handling	4	0	31.30%	1	0	5
771	Commercial Transportatio	604	0	1.80%	11	-35	580	771	Commercial Transportatio	580	0	1.70%	10	0	590
799	Total Transportation	607	0		12	-35	584	799	Total Transportation	584	0		11	0	595
9XX	Civ Pay Reimburs Host	176,878	0	0.00%	0	-5,086	171,792	9XX	Civ Pay Reimburs Host	171,792	0	0.38%	644	-1,256	171,180
901	Foreign Nat End Hire	22	0	0.00%	0	0	22	901	Foreign Nat End Hire	22	0	0.38%	0	0	22
902	Separation Liability	38	0	0.00%	0	-13	25	902	Separation Liability	25	0	0.38%	0	-25	0
912	Rental Pay to GSA	1	0	1.80%	0	0	1	912	Rental Pay to GSA	1	0	1.70%	0	0	1
913	Purchased Utilities	70	0	1.80%	1	0	71	913	Purchased Utilities	71	0	1.70%	1	0	72
914	Purchased Communica	663	0	1.80%	12	98	773	914	Purchased Communica	773	0	1.70%	13	0	786
915	Rents non GSA	1,852	0	1.80%	33	2	1,887	915	Rents non GSA	1,887	0	1.70%	32	0	1,919
917	Postal Svcs	3	0	1.80%	0	5	8	917	Postal Svcs	8	0	1.70%	0	0	8
920	Supplies & Mat	35,797	0	1.80%	644	-5,559	30,882	920	Supplies & Mat	30,882	0	1.70%	525	1,491	32,898
921	Printing & Reproduct	1,188	0	1.80%	21	809	2,018	921	Printing & Reproduct	2,018	0	1.70%	34	-17	2,035
922	Equip Maint Contract	1,827	0	1.80%	33	3,632	5,492	922	Equip Maint Contract	5,492	0	1.70%	93	0	5,585
923	Facility Maint Contract	252	0	1.80%	5	-136	121	923	Facility Maint Contract	121	0	1.70%	2	0	123
924	Pharmacy	0	0	3.30%	0	0	0	924	Pharmacy	0	0	3.60%	0	0	0
925	Equip Purchases	16,698	0	1.80%	301	-5,674	11,325	925	Equip Purchases	11,325	0	1.70%	193	-1,267	10,251
926	Overseas Purchases	162	0	1.80%	3	0	165	926	Overseas Purchases	165	0	1.70%	3	0	168
930	Other Depot Maint	5	0	1.80%	0	-5	0	930	Other Depot Maint	0	0	1.70%	0	0	0
931	Contract Consultants	0	0	1.80%	0	0	0	931	Contract Consultants	0	0	1.70%	0	0	0
932	Mgmt & Prof Spt Svc	7,049	0	1.80%	127	229	7,405	932	Mgmt & Prof Spt Svc	7,405	0	1.70%	126	0	7,531
933	Studies Analysis Eval	0	0	1.80%	0	0	0	933	Studies Analysis Eval	0	0	1.70%	0	0	0
934	Engineering Tech Svc	350	0	1.80%	6	4,080	4,436	934	Engineering Tech Svc	4,436	0	1.70%	75	-4,509	2
937	Fuel	0	0	15.30%	0	0	0	937	Fuel	0	0	-3.10%	0	0	0
955	Other Costs (Medical Car	231,859	0	6.00%	13,912	14,227	259,998	955	Other Costs (Medical Car	259,998	0	6.00%	15,600	7,900	283,498
960	Other Costs (Interest an	28	0	1.80%	1	0	29	960	Other Costs (Interest an	29	0	1.70%	0	0	29
964	Other Costs (Subsistence	94	0	1.80%	2	-57	39	964	Other Costs (Subsistence	39	0	1.70%	1	0	40
984	Equipment Contracts	0	0	1.80%	0	0	0	984	Equipment Contracts	0	0	1.70%	0	0	0
985	Research and Development	0	0	1.80%	0	0	0	985	Research and Development	0	0	1.70%	0	0	0
986	Medical Care Contracts	6,686	0	3.30%	221	521	7,428	986	Medical Care Contracts	7,428	0	3.60%	267	-1,009	6,686
987	Other Intra-Government P	16,357	0	1.80%	294	-644	16,007	987	Other Intra-Government P	16,007	0	1.70%	272	-1,301	14,978
988	Grants	29,263	0	1.80%	527	-2,974	26,816	988	Grants	26,816	0	1.70%	456	3,423	30,695
989	Other Contracts	83,087	0	1.80%	1,496	-2,804	81,779	989	Other Contracts	81,779	0	1.70%	1,390	-16,339	66,830
990	IT Contract Support Serv	693	0	1.80%	12	-60	645	990	IT Contract Support Serv	645	0	1.70%	11	0	656
999	Total Purchases	610,922	0		17,651	591	629,164	999	Total Purchases	629,164	0		19,738	-12,909	635,993
9999	TOTAL	690,642	0		19,103	-4,583	705,162	9999	TOTAL	705,162	0		21,044	-4,125	722,081

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Base Operations/Communications**

I. Description of Operations Financed: Base Operations (BASOPS)/Communications refers to the resources dedicated to the operation and maintenance of Defense Health Program (DHP) facilities. BASOPS provides for facilities and services at military medical activities (CONUS and OCONUS) supporting active duty combat forces, reserve and guard components, training, eligible beneficiaries. The program consists of eight components:

Facility Restoration and Modernization - Resources required for facilities Restoration and Modernization projects including repair and replacement due to excessive age, natural disaster, fire, accident, or other causes. Modernization includes alteration of facilities solely to implement new or higher standards (including regulatory changes), to accommodate new functions, or to replace building components that typically last more than 50 years (such as foundations and structural members).

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 major repairs or replacement of facility components (usually accomplished by contract) that are expected to occur periodically throughout the life cycle of facilities. This work includes regular roof replacement, refinishing of wall surfaces, repairing and replacement of heating and cooling systems, replacing tile and carpeting, etc.

Facilities Operations - Resources required for fire prevention and protection including crash rescue, emergency response, and disaster preparedness; engineering readiness; utilities to include plant operation and purchase of commodity; 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 resources to DHP medical activities. This includes non-tactical, non-DCS (Defense Communications System), base communication facilities and equipment systems that provide local communications worldwide.

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, laundry and dry cleaning, food services, and morale, welfare and recreation activities.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Base Operations/Communications**

Environmental - Resources required to comply with environmental laws, regulations, criteria, and standards. This includes manpower, training, travel, and supplies.

Visual Information Systems - Resources required to provide manpower, travel, contractual service, procurement of supplies and materials, expense equipment, necessary facilities and the associated services specifically identifiable to visual information productions, services, and support.

Demolition/Disposal of Excess Facilities - Resources required for demolition and/or disposal costs associated with excess facilities, including buildings or any other permanent or temporary structure as well as pavements, utility systems, and other supporting infrastructure. Includes environmental costs directly attributable to demolition/disposal to include inspection and removal of hazardous material (such as lead-based paint or asbestos).

II. Force Structure Summary:

	FY 2011	FY 2012	FY 2013
	<u>Actuals</u>	<u>Estimate</u>	<u>Estimate</u>
Inpatient Facilities	59	56	56
Medical Clinics	363	365	365
Dental Clinics	281	281	281
Veterinary Clinics	255	255	255

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
Facilities Sustainment, Restoration and Modernization (FSRM), and Demolition (Attachment 4)**

I. Description of Operations Financed: Base Operations (BASOPS)/Communications refers to the resources dedicated to the operation and maintenance of Defense Health Program (DHP) facilities. BASOPS provides for facilities and services at military medical activities (CONUS and OCONUS) supporting active duty combat forces, reserve and guard components, training, eligible beneficiaries. The program consists of eight components:

Facility Restoration and Modernization - Resources required for facilities Restoration and Modernization projects including repair and replacement due to excessive age, natural disaster, fire, accident, or other causes. Modernization includes alteration of facilities solely to implement new or higher standards (including regulatory changes), to accommodate new functions, or to replace building components that typically last more than 50 years (such as foundations and structural members).

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 major repairs or replacement of facility components (usually accomplished by contract) that are expected to occur periodically throughout the life cycle of facilities. This work includes regular roof replacement, refinishing of wall surfaces, repairing and replacement of heating and cooling systems, replacing tile and carpeting, etc.

Demolition/Disposal of Excess Facilities - Resources required for demolition and/or disposal costs associated with excess facilities, including buildings or any other permanent or temporary structure as well as pavements, utility systems, and other supporting infrastructure. Includes environmental costs directly attributable to demolition/disposal to include inspection and removal of hazardous material (such as lead-based paint or asbestos).

II. Force Structure Summary:

	FY 2011 <u>Actuals</u>	FY 2012 <u>Estimate</u>	FY 2013 <u>Estimate</u>
Inpatient Facilities	59	56	56
Medical Clinics	363	365	365
Dental Clinics	281	281	281
Veterinary Clinics	255	255	255

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Cost of Medical Activities
Funding by Subactivity Group
(\$ in Thousands)**

	<u>FY 2011</u> <u>Actuals¹</u>	<u>FY 2012</u> <u>Estimate</u>	<u>FY 2013</u> <u>Estimate</u>	<u>FY 2011/2012</u>		<u>FY 2012/2013</u>	
				<u>Change</u>	<u>Percent</u>	<u>Change</u>	<u>Percent</u>
<u>In-House Care</u>							
0807700HP Defense Medical Centers, Hospitals and Medical Clinics-CONUS	6,101,729	5,539,998	5,947,980	-561,731	-9.2%	407,982	7.4%
0807900HP Defense Medical Centers, Hospitals and Medical Clinics-OCONUS	503,325	436,149	471,075	-67,176	-13.3%	34,926	8.0%
0807701HP Pharmaceuticals-CONUS	1,359,836	1,455,142	1,518,459	95,306	7.0%	63,317	4.4%
0807901HP Pharmaceuticals-OCONUS	118,083	143,687	147,937	25,604	21.7%	4,250	3.0%
0807715HP Dental Care Activities-CONUS	497,222	523,222	479,715	26,000	5.2%	-43,507	-8.3%
0807915HP Dental Care Activities-OCONUS	<u>59,065</u>	<u>60,658</u>	<u>60,341</u>	<u>1,593</u>	<u>2.7%</u>	<u>-317</u>	<u>-0.5%</u>
Subtotal In-House Care	8,639,260	8,158,856	8,625,507	-480,404	-5.6%	466,651	5.7%
<u>Private Sector Care</u>							
0807702HP Pharmaceuticals - Purchased Health Care	366,686	391,514	492,783	24,828	6.8%	101,269	25.9%
0807703HP Pharmaceuticals - National Retail Pharmacy	1,449,165	1,984,627	1,599,512	535,462	36.9%	-385,115	-19.4%
0807723HP TRICARE Managed Care Support (MCS) Contracts	6,932,629	6,873,021	6,893,201	-59,608	-0.9%	20,180	0.3%
0807738HP MTF Enrollees - Purchased Care	2,425,014	2,947,481	2,978,107	522,467	21.5%	30,626	1.0%
0807741HP Dental - Purchased Care	364,795	403,540	337,368	38,745	10.6%	-66,172	-16.4%
0807742HP Uniformed Services Family Health Program (USFHP)	387,256	455,714	459,518	68,458	17.7%	3,804	0.8%
0807743HP Supplemental Care - Health Care	1,498,510	1,642,260	1,686,782	143,750	9.6%	44,522	2.7%
0807745HP Supplemental Care - Dental	209,408	207,082	260,605	-2,326	-1.1%	53,523	25.8%
0807747HP Continuing Health Education/Capitalization of Assets Program	330,385	341,764	395,002	11,379	3.4%	53,238	15.6%
0807749HP Overseas Purchased Health Care	308,586	313,650	320,404	5,064	1.6%	6,754	2.2%
0807751HP Miscellaneous Purchased Health Care	447,314	404,609	568,350	-42,705	-9.5%	163,741	40.5%
0807752HP Miscellaneous Support Activities	<u>82,673</u>	<u>82,010</u>	<u>156,631</u>	<u>-663</u>	<u>-0.8%</u>	<u>74,621</u>	<u>91.0%</u>
Subtotal Private Sector Care	14,802,421	16,047,272	16,148,263	1,244,851	8.4%	100,991	0.6%
<u>Consolidated Health Support</u>							
0801720HP Examining Activities	70,059	77,120	81,354	7,061	10.1%	4,234	5.5%
0807714HP Other Health Activities	564,413	850,083	677,102	285,670	50.6%	-172,981	-20.3%
0807705HP Military Public/Occupational Health	406,761	346,696	370,633	-60,065	-14.8%	23,937	6.9%
0807760HP Veterinary Services	31,547	32,745	32,225	1,198	3.8%	-520	-1.6%
0807724HP Military Unique Requirements - Other Medical	706,359	837,952	1,087,669	131,593	18.6%	249,717	29.8%
0807725HP Aeromedical Evacuation System	56,956	36,501	36,149	-20,455	-35.9%	-352	-1.0%
0807730HP Service Support to Other Health Activities - TRANSCOM	973	1,121	1,477	148	15.2%	356	31.8%
0807785HP Armed Forces Institute of Pathology (AFIP)	54,341	0	0	-54,341	-100.0%	0	0.0%
0807786HP Joint Pathology Center (JPC)	<u>11,744</u>	<u>20,088</u>	<u>22,576</u>	<u>8,344</u>	<u>71.0%</u>	<u>2,488</u>	<u>12.4%</u>
Subtotal Consolidated Health Support	1,903,153	2,202,306	2,309,185	299,153	15.7%	106,879	4.9%
<u>Information Technology/Information Management</u>							
0807781HP Non-Central Information Management/Information Technology	614,989	523,452	545,889	-91,537	-14.9%	22,437	4.3%
0807783HP DHP Information Management/Information Technology Support Programs	106,148	112,960	100,548	6,812	6.4%	-12,412	-11.0%
0807793HP MHS Tri-Service Information Management/Information Technology	<u>697,512</u>	<u>786,285</u>	<u>818,891</u>	<u>88,773</u>	<u>12.7%</u>	<u>32,606</u>	<u>4.1%</u>
Subtotal Information Management	1,418,649	1,422,697	1,465,328	4,048	0.3%	42,631	3.0%

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Cost of Medical Activities
Funding by Subactivity Group
(\$ in Thousands)**

	<u>FY 2011</u> <u>Actuals¹</u>	<u>FY 2012</u> <u>Estimate</u>	<u>FY 2013</u> <u>Estimate</u>	<u>FY 2011/2012</u>		<u>FY 2012/2013</u>	
				<u>Change</u>	<u>Percent</u>	<u>Change</u>	<u>Percent</u>
<u>Management Activities</u>							
0807798HP Management Activities	122,678	114,295	140,148	-8,383	-6.8%	25,853	22.6%
0807709HP TRICARE Management Activity	180,143	196,807	191,973	16,664	9.3%	-4,834	-2.5%
0901200HP BMMP Domain Management and System Integration	<u>2,401</u>	<u>0</u>	<u>0</u>	<u>-2,401</u>	<u>-100.0%</u>	<u>0</u>	<u>0.0%</u>
Subtotal Management Activities	305,222	311,102	332,121	5,880	1.9%	21,019	6.8%
<u>Education and Training</u>							
0806722HP Armed Forces Health Professions Scholarship Program	231,859	259,998	283,498	28,139	12.1%	23,500	9.0%
0806721HP Uniformed Services University of the Health Sciences	139,543	123,640	129,330	-15,903	-11.4%	5,690	4.6%
0806761HP Other Education and Training	<u>319,240</u>	<u>321,524</u>	<u>309,253</u>	<u>2,284</u>	<u>0.7%</u>	<u>-12,271</u>	<u>-3.8%</u>
Subtotal Education and Training	690,642	705,162	722,081	14,520	2.1%	16,919	2.4%
<u>Base Operations/Communications</u>							
0806276HP Facilities Restoration and Modernization - CONUS	519,539	367,277	432,288	-152,262	-29.3%	65,011	17.7%
0806376HP Facilities Restoration and Modernization - OCONUS	45,848	70,985	57,547	25,137	54.8%	-13,438	-18.9%
0806278HP Facilities Sustainment - CONUS	510,201	380,867	350,082	-129,334	-25.3%	-30,785	-8.1%
0806378HP Facilities Sustainment - OCONUS	58,666	61,927	78,989	3,261	5.6%	17,062	27.6%
0807779HP Facilities Operations - Health Care - CONUS	415,795	366,818	369,904	-48,977	-11.8%	3,086	0.8%
0807979HP Facilities Operations - Health Care - OCONUS	32,815	29,937	30,273	-2,878	-8.8%	336	1.1%
0807795HP Base Communications - CONUS	45,765	36,809	35,819	-8,956	-19.6%	-990	-2.7%
0807995HP Base Communications - OCONUS	5,285	4,908	5,015	-377	-7.1%	107	2.2%
0807796HP Base Operations - CONUS	503,330	362,911	328,260	-140,419	-27.9%	-34,651	-9.5%
0807996HP Base Operations - OCONUS	23,129	21,638	21,924	-1,491	-6.4%	286	1.3%
0807753HP Environmental Conservation	391	0	19	-391	-100.0%	19	100.0%
0807754HP Pollution Prevention	23	255	256	232	1008.7%	1	0.4%
0807756HP Environmental Compliance	24,736	24,160	23,551	-576	-2.3%	-609	-2.5%
0807790HP Visual Information Systems	8,661	7,648	12,867	-1,013	-11.7%	5,219	68.2%
0808093HP Demolition/Disposal of Excess Facilities	<u>0</u>	<u>2,700</u>	<u>0</u>	<u>2,700</u>	<u>100.0%</u>	<u>-2,700</u>	<u>-100.0%</u>
Subtotal Base Operations/Communications	2,194,184	1,738,840	1,746,794	-455,344	-20.8%	7,954	0.5%
Subtotal DHP Operation and Maintenance	29,953,531	30,586,235	31,349,279	632,704	2.1%	763,044	2.5%
<u>Procurement (Program Elements 0807720HP & 0807721HP)</u>							
Dental Equipment	1,200	1,672	260	472	39.3%	-1,412	-84.4%
Food Service, Preventive Medicine, and Pharmacy Equipment	39,069	3,291	4,515	-35,778	-91.6%	1,224	37.2%
Medical Information System Equipment	330,846	401,264	258,828	70,418	21.3%	-142,436	-35.5%
Medical Patient Care Administrative Equipment	2,404	2,452	3,208	48	2.0%	756	30.8%
Medical/Surgical Equipment	18,119	33,561	35,487	15,442	85.2%	1,926	5.7%
Other Equipment	17,594	15,837	28,906	-1,757	-10.0%	13,069	82.5%
Pathology/Lab Equipment	12,040	28,821	24,170	16,781	139.4%	-4,651	-16.1%
Radiographic Equipment	<u>125,428</u>	<u>145,620</u>	<u>151,088</u>	<u>20,192</u>	<u>16.1%</u>	<u>5,468</u>	<u>3.8%</u>
Subtotal Procurement	546,700	632,518	506,462	85,818	15.7%	-126,056	-19.9%

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Cost of Medical Activities
Funding by Subactivity Group
(\$ in Thousands)**

	<u>FY 2011</u> <u>Actuals¹</u>	<u>FY 2012</u> <u>Estimate</u>	<u>FY 2013</u> <u>Estimate</u>	<u>FY 2011/2012</u>		<u>FY 2012/2013</u>	
				<u>Change</u>	<u>Percent</u>	<u>Change</u>	<u>Percent</u>
<u>Research, Development, Test and Evaluation</u>							
0601101HP In-House Laboratory Independent Research (ILIR)	2,803	2,862	3,030	59	2.1%	168	5.9%
0601117HP Basic Operational Medical Research Sciences	31,775	975	3,038	-30,800	-96.9%	2,063	211.6%
0602115HP Applied Biomedical Technology	85,147	66,841	42,188	-18,306	-21.5%	-24,653	-36.9%
0602787HP Medical Technology (AFRRI)	3,464	3,602	1,193	138	4.0%	-2,409	-66.9%
0603002HP Medical Advanced Technology (AFRRI)	733	748	298	15	2.0%	-450	-60.2%
0603115HP Medical Technology Development	723,324	703,313	239,110	-20,011	-2.8%	-464,203	-66.0%
0604110HP Medical Products Support and Advanced Concept Development	155,624	189,844	144,403	34,220	22.0%	-45,441	-23.9%
0605013HP Information Technology Development	137,541	171,936	145,268	34,395	25.0%	-26,668	-15.5%
0605145HP Medical Products and Support Systems Development	0	33,695	17,116	33,695	100.0%	-16,579	-49.2%
0605502HP Small Business Innovative Research (SBIR) Program	29,887	31,470	0	1,583	5.3%	-31,470	-100.0%
0606105HP Medical Program-Wide Activities	15,952	47,105	61,518	31,153	195.3%	14,413	30.6%
0607100HP Medical Products and Capabilities Enhancement Activities	<u>19,500</u>	<u>14,396</u>	<u>15,815</u>	<u>-5,104</u>	<u>-26.2%</u>	<u>1,419</u>	<u>9.9%</u>
Subtotal RDT&E	1,205,750	1,266,787	672,977	61,037	5.1%	-593,810	-46.9%
Total Defense Health Program	31,705,981	32,485,540	32,528,718	779,559	2.4%	43,178	0.1%

1/ FY 2011 actuals include Operation and Maintenance funding of \$1,393.993M and Research and Development funding of \$24M for Overseas Contingency Operations (OCO) under the Department of Defense Appropriations Act for FY 2011 Public Law 112-10

Special Interest Items

Medicare Eligible Accrual Fund Receipts

Direct Care	1,401,500	1,336,100	1,384,200	-65,400	-4.7%	48,100	3.6%
Private Sector Care	6,740,400	7,661,300	7,850,772	920,900	13.7%	189,472	2.5%
Military Personnel Accounts	<u>458,100</u>	<u>473,200</u>	<u>492,128</u>	<u>15,100</u>	<u>3.3%</u>	<u>18,928</u>	<u>4.0%</u>
Total Medicare Eligible Accrual Fund	8,600,000	9,470,600	9,727,100	870,600	10.1%	256,500	2.7%

Research, Development, Test & Evaluation By Program Title

Congressionally Directed Programs	675,600	603,600	0	-72,000	-10.7%	-603,600	-100.0%
TMA Central Information Technology Development	117,983	160,374	130,212	42,391	35.9%	-30,162	-18.8%
Service Information Technology Development	18,489	11,562	15,056	-6,927	-37.5%	3,494	30.2%
Small Business Innovative Research	13,080	9,536	0	-3,544	-27.1%	-9,536	-100.0%
Medical Technology Development	154,843	127,038	131,713	-27,806	-18.0%	4,676	3.7%
Biomedical Technology	27,941	3,392	3,566	-24,549	-87.9%	174	5.1%
Armed Forces Radiobiology Research Institute (AFRRI)	3,464	3,602	1,193	138	4.0%	-2,409	-66.9%
In-House Laboratory Independent Research (ILIR)	2,803	2,862	3,030	59	2.1%	168	5.9%
Medical Advanced Technology (AFRRI)	733	748	298	15	2.0%	-450	-60.2%
Medical Products Support and Advanced Concept Development	132,558	0	0	-132,558	-100.0%	0	-100.0%
Medical Products and Support Systems Development	0	15,210	8,595	15,210	100.0%	-6,615	-77.0%
Medical Program-Wide Activities	15,952	47,105	61,518	31,153	195.3%	14,413	30.6%
Medical Products and Capabilities Enhancement Activities	19,500	0	0	-19,500	-100.0%	0	0.0%
Basic Operational Medical Research Sciences	0	0	0	0	0.0%	0	0.0%
GDF Medical Research Enhancement	<u>22,805</u>	<u>281,759</u>	<u>317,796</u>	<u>258,954</u>	<u>1135.5%</u>	<u>36,037</u>	<u>12.8%</u>
Total Research, Development, Test and Evaluation	1,205,750	1,266,787	672,977	61,037	5.1%	-593,810	-46.9%

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit PB-11A, Personnel Summary**

	<u>FY 2011 Actual</u>		<u>FY 2012 Estimate</u>		<u>FY 2013 Estimate</u>		<u>FY12-13 Change</u>	
	<u>End</u> <u>Strength</u>	<u>Avg</u> <u>Strength</u>	<u>End</u> <u>Strength</u>	<u>Avg</u> <u>Strength</u>	<u>End</u> <u>Strength</u>	<u>Avg</u> <u>Strength</u>	<u>End</u> <u>Strength</u>	<u>Avg</u> <u>Strength</u>
<u>Active Military - Assigned to DHP</u>								
<u>Army Total</u>	26,655	26,601	26,748	26,702	26,589	26,669	-159	-33
Officers	12,541	12,067	11,889	12,215	11,864	11,877	-25	-339
Enlisted	14,114	14,534	14,859	14,487	14,725	14,792	-134	306
<u>Navy Total</u>	27,220	26,965	27,715	27,468	28,286	28,001	571	533
Officers /1	8,662	8,621	8,790	8,726	8,892	8,841	102	115
Enlisted	18,558	18,344	18,925	18,742	19,394	19,160	469	418
<u>Air Force Total</u>	32,509	31,729	31,544	32,027	31,176	31,360	-368	-667
Officers	11,918	10,903	11,164	11,541	11,048	11,106	-116	-435
Enlisted	20,591	20,826	20,380	20,486	20,128	20,254	-252	-232
<u>Total Active Duty</u>	86,384	85,294	86,007	86,196	86,051	86,029	44	-167
Officers	33,121	31,591	31,843	32,482	31,804	31,824	-39	-659
Enlisted	53,263	53,703	54,164	53,714	54,247	54,206	83	492
/1 Includes one USMC DHP officer strength								
<u>Active Military - Non DHP Medical</u>								
<u>Army Total</u>	21,705	20,937	22,328	22,017	22,828	22,578	500	562
Officers	4,168	3,980	4,296	4,232	4,382	4,339	86	107
Enlisted	17,537	16,957	18,032	17,785	18,446	18,239	414	455
<u>Navy Total</u>	12,577	12,484	12,349	12,463	12,051	12,200	-298	-263
Officers	2,413	2,391	2,173	2,293	2,117	2,145	-56	-148
Enlisted	10,164	10,093	10,176	10,170	9,934	10,055	-242	-115
<u>Air Force Total</u>	2,004	2,089	1,994	1,999	1,996	1,995	2	-4
Officers	788	794	785	787	785	785	0	-2
Enlisted	1,216	1,295	1,209	1,213	1,211	1,210	2	-3
<u>Total Active Duty</u>	36,286	35,510	36,671	36,479	36,875	36,773	204	295
Officers	7,369	7,165	7,254	7,312	7,284	7,269	30	-43
Enlisted	28,917	28,345	29,417	29,167	29,591	29,504	174	337

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit PB-11A, Personnel Summary**

	<u>FY 2011 Actual</u>		<u>FY 2012 Estimate</u>		<u>FY 2013 Estimate</u>		<u>FY12-13 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	40,543	40,088	35,438	34,602	35,665	34,829	227	227
Navy	13,173	13,068	11,284	11,098	11,200	11,014	-84	-84
Air Force	6,121	6,097	7,223	6,512	7,272	6,561	49	49
TRICARE Management Activity	1,638	1,616	5,521	5,505	5,556	5,540	35	35
Total	61,475	60,869	59,466	57,717	59,693	57,944	227	227
II. Civilian Personnel - Foreign National Direct Hire								
Army	465	475	436	431	436	431	0	0
Navy	248	222	236	213	236	213	0	0
Air Force	107	107	94	95	94	95	0	0
TRICARE Management Activity	0	0	0	0	0	0	0	0
Total	820	804	766	739	766	739	0	0
III. Civilian Personnel - Foreign National Indirect Hire								
Army	1,104	1,041	1,053	1,033	1,053	1,033	0	0
Navy	575	277	448	430	448	430	0	0
Air Force	234	233	242	238	242	238	0	0
TRICARE Management Activity	4	5	5	5	5	5	0	0
Total	1,917	1,556	1,748	1,706	1,748	1,706	0	0
IV. Total Civilian Personnel								
Army	42,112	41,604	36,927	36,066	37,154	36,293	227	227
Navy	13,996	13,567	11,968	11,741	11,884	11,657	-84	-84
Air Force	6,462	6,437	7,559	6,845	7,608	6,894	49	49
TRICARE Management Activity	1,642	1,621	5,526	5,510	5,561	5,545	35	35
Total /1	64,212	63,229	61,980	60,162	62,207	60,389	227	227
V. Summary Civilian Personnel								
U.S. Direct Hire	61,475	60,869	59,466	57,717	59,693	57,944	227	227
Foreign National Direct Hire	820	804	766	739	766	739	0	0
Foreign National Indirect Hire	<u>1,917</u>	<u>1,556</u>	<u>1,748</u>	<u>1,706</u>	<u>1,748</u>	<u>1,706</u>	0	0
Total, Civilians /1	64,212	63,229	61,980	60,162	62,207	60,389	227	227
/1 Includes reimbursable civilians - memo	244	464	245	436	245	436	0	0

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit PB-11A, Personnel Summary**

	<u>FY 2011 Actual</u>		<u>FY 2012 Estimate</u>		<u>FY 2013 Estimate</u>		<u>FY12-13 Change</u>	
	<u>End</u>		<u>End</u>		<u>End</u>		<u>End</u>	
	<u>Strength</u>	<u>FTEs</u>	<u>Strength</u>	<u>FTEs</u>	<u>Strength</u>	<u>FTEs</u>	<u>Strength</u>	<u>FTEs</u>
<u>SPECIAL INTEREST MANPOWER</u>								
TRICARE Regional Offices (TRO):								
Military	2	2	1	1	1	1	0	0
Civilian	126	127	143	143	143	143	0	0
TRICARE Management Activity (PE 0807798)								
Military	0	2	0	0	0	0	0	0
Civilian	64	67	136	136	136	136	0	0
Army Management Headquarters (PE 0807798)								
Military	109	107	110	110	122	116	12	7
Civilian	516	513	450	443	530	523	80	80
Navy Management Headquarters (PE 0807798)								
Military	204	204	204	204	215	210	11	6
Civilian	216	219	173	170	173	170	0	0
Air Force Management Headquarters (PE 0807798)								
Military	399	399	399	399	399	399	0	0
Civilian	65	112	144	138	144	138	0	0

Note: Some numbers do not add due to rounding.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Cost of Medical Activities - Medical Workload Data
(Total Comp Level)

	FY 2011 <u>Actual</u>	FY 2012 <u>Estimate</u>	FY 2013 <u>Estimate</u>	FY 2011-2012 <u>Change</u>	FY 2012-2013 <u>Change</u>
<u>Population - Average Eligible Beneficiaries, CONUS</u>					
Active Duty	1,515,549	1,505,068	1,474,730	-10,481	-30,338
Active Duty Family Members	2,425,326	2,408,553	2,360,003	-16,773	-48,550
CHAMPUS Eligible Retirees	1,100,883	1,079,339	1,060,070	-21,544	-19,269
CHAMPUS Eligible Family Members of Retirees	2,273,597	2,238,582	2,206,579	-35,015	-32,003
Subtotal CHAMPUS Eligible	7,315,355	7,231,541	7,101,382	-83,814	-130,159
Medicare Eligible Beneficiaries	<u>2,038,665</u>	<u>2,092,027</u>	<u>2,135,860</u>	<u>53,362</u>	<u>43,833</u>
Total Average Eligible Beneficiaries	9,354,020	9,323,568	9,237,243	-30,452	-86,325
<u>Population - Average Eligible Beneficiaries, OCONUS</u>					
Active Duty	213,940	242,798	208,178	28,858	-34,620
Active Duty Family Members	17,634	66,061	17,159	48,427	-48,902
CHAMPUS Eligible Retirees	6,601	25,743	6,360	19,142	-19,383
CHAMPUS Eligible Family Members of Retirees	55,517	87,085	54,448	31,568	-32,637
Subtotal CHAMPUS Eligible	293,692	421,687	286,144	127,995	-135,543
Medicare Eligible Beneficiaries	<u>49,985</u>	<u>49,224</u>	<u>49,491</u>	<u>-761</u>	<u>267</u>
Total Average Eligible Beneficiaries	343,677	470,911	335,635	127,234	-135,276
<u>Population - Average Eligible Beneficiaries, Worldwide</u>					
Active Duty	1,729,489	1,717,528	1,682,908	-11,961	-34,620
Active Duty Family Members	2,442,960	2,426,064	2,377,162	-16,896	-48,902
CHAMPUS Eligible Retirees	1,107,484	1,085,813	1,066,430	-21,671	-19,383
CHAMPUS Eligible Family Members of Retirees	2,329,114	2,293,664	2,261,027	-35,450	-32,637
Subtotal CHAMPUS Eligible	7,609,047	7,523,070	7,387,526	-85,977	-135,544
<u>Medicare Eligible Beneficiaries:</u>					
Active Duty Family Members	8,469	8,410	8,241	-59	-169
Guard/Reserve Family Members	2,382	2,366	2,318	-16	-48
Retirees	988,942	1,016,647	1,039,209	27,705	22,562
Family Members of Retirees	641,386	659,230	673,757	17,844	14,527
Inactive Guard/Reserve	14	14	14	0	0
Inactive Guard/Reserve Family Members	446	450	453	4	3
Survivors	445,293	454,487	462,586	9,194	8,099
Other	1,829	1,957	1,989	128	32
Total Medicare Eligible Beneficiaries	<u>2,088,761</u>	<u>2,143,560</u>	<u>2,188,567</u>	<u>54,799</u>	<u>45,007</u>
Total Average Eligible Beneficiaries	9,697,808	9,666,630	9,576,093	-31,178	-90,537

Notes:

1. The data are derived from the DEERS as of 8/1/2011.
2. Numbers may not sum to totals due to rounding.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Cost of Medical Activities - Medical Workload Data
(Total Comp Level)

	FY 2011 Actual	FY 2012 Estimate	FY 2013 Estimate	FY 2011-2012 Change	FY 2012-2013 Change
<u>Enrollees - Direct Care</u>					
TRICARE Region - North	821,708	856,675	860,770	34,967	4,095
TRICARE Region - South	958,910	1,030,070	1,040,063	71,160	9,993
TRICARE Region - West	963,439	780,608	1,073,264	-182,831	292,656
TRICARE Region - Europe	161,567	174,405	175,218	12,838	813
TRICARE Region - Pacific	172,445	177,804	178,489	5,359	685
TRICARE Region - Latin America	1,099	1,119	1,119	20	0
Alaska	65,251	65,659	65,583	408	-76
Sub-Total CONUS Regions	2,744,057	2,667,353	2,974,097	-76,704	306,744
Sub-Total OCONUS Regions	<u>400,362</u>	<u>418,987</u>	<u>420,409</u>	<u>18,625</u>	<u>1,422</u>
Total Direct Care Enrollees	3,144,419	3,086,340	3,394,506	-58,079	308,166

Source: FY11 = DEERS; FY12 and 13 = Service Medical Departments Business Plans as Projected July 2011

Enrollees - Managed Care Support Contract

TRICARE Region - North	460,631	482,628	505,675	21,997	23,047
TRICARE Region - South	613,829	623,997	634,333	10,168	10,336
TRICARE Region - West	399,945	439,846	483,727	39,901	43,881
Total MCS Contracts	1,474,405	1,546,471	1,623,735	72,066	77,264

Infrastructure

Inpatient Facilities	59	56	56	-3	0
Medical Clinics	363	365	365	2	0
Dental Clinics	281	281	281	0	0
Veterinary Clinics	255	255	255	0	0

Direct Care System Workload (from M2 and Business Planning Tool)

Inpatient Admissions (SIDR All Dispositions)	266,845	269,395	273,065	2,550	3,670
Occupied Bed Days (Mental Health-MH)	77,807	85,852	87,253	8,045	1,401
Inpatient Weighted Workload (MS-DRG RWPs, Non-MH)	217,036	232,446	237,126	15,410	4,681
Average length of Stay (Total BD/Total Disp)	3.02	2.93	2.93	-0.09	0.00
Ambulatory Procedures (Aggregate Weight APCs)	9,717,174	10,822,831	10,897,280	1,105,657	74,449
Outpatient Relative Value Units (Adj Provider Agg,CAPER)	73,344,526	74,521,593	75,427,422	1,177,067	905,829

Pharmacy (from PDTS)

Number of Scripts	47,814,671	48,365,581	48,940,254	550,910	574,673
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Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Cost of Medical Activities - Medical Workload Data
(Total Comp Level)

	FY 2011 <u>Actual</u>	FY 2012 <u>Estimate</u>	FY 2013 <u>Estimate</u>	FY 2011-2012 <u>Change</u>	FY 2012-2013 <u>Change</u>
<u>Dental Workload (Dental Weighted Values (DWVs)(from Components)</u>					
CONUS	13,543,963	13,618,691	13,671,136	74,728	52,445
OCONUS	<u>2,798,225</u>	<u>2,788,978</u>	<u>2,787,665</u>	-9,247	-1,313
Total DWVs	16,342,188	16,407,669	16,458,801	65,481	51,132
 <u>CONUS</u>					
Active Duty	12,417,087	12,493,418	12,550,463	76,331	57,045
Non-Active Duty	<u>1,126,876</u>	<u>1,125,273</u>	<u>1,120,673</u>	-1,603	-4,600
Total CONUS	13,543,963	13,618,691	13,671,136	74,728	52,445
 <u>OCONUS</u>					
Active Duty	1,906,117	1,912,043	1,917,840	5,926	5,797
Non-Active Duty	<u>892,108</u>	<u>876,935</u>	<u>869,825</u>	-15,173	-7,110
Total OCONUS	2,798,225	2,788,978	2,787,665	-9,247	-1,313
 <u>Private Sector Workload</u>					
Managed care Support Contracts (TRICARE Prime)					
Inpatient Admissions	288,527	289,970	285,620	1,443	-4,350
Inpatient Relative Weighted Product (RWPs)	263,096	264,412	260,445	1,315	-3,966
Outpatient Visits	38,504,152	40,583,376	42,450,211	2,079,224	1,866,835
Outpatient Relative Weighted Units (RVUs)	43,765,959	46,129,321	48,251,270	2,363,362	2,121,949
 TRICARE Extra/Standard					
Inpatient Admissions	122,652	123,265	121,416	613	-1,849
Inpatient Relative Weighted Product (RWPs)	130,095	130,745	128,784	650	-1,961
Outpatient Visits	15,935,562	16,796,082	17,568,702	860,520	772,620
Outpatient Relative Weighted Units (RVUs)	18,969,337	19,993,681	20,913,390	1,024,344	919,709
 Overseas CHAMPUS					
Inpatient Admissions	16,101	16,332	16,568	232	235
Inpatient Relative Weighted Product (RWPs)	9,337	9,733	10,147	397	414
Outpatient Visits	426,011	429,973	433,972	3,962	3,999
Outpatient Relative Weighted Units (RVUs)	348,078	349,819	351,568	1,740	1,749

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Cost of Medical Activities - Medical Workload Data
(Total Comp Level)

	FY 2011	FY 2012	FY 2013	FY 2011-2012	FY 2012-2013
	<u>Actual</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Change</u>	<u>Change</u>
Pharmacy					
Retail					
Number of Scripts	37,130,854	38,098,224	36,736,383	967,370	-1,361,841
Mail Order					
Number of Scripts	2,711,255	3,316,226	4,383,471	604,971	1,067,245
TRICARE Dental Program					
Enrollment - Single Plan	316,541	335,895	356,433	19,354	20,538
Enrollment - Family Plan	471,199	478,017	484,933	6,818	6,916
Enrollment - Survivor Single Plan	478	481	483	3	2
Enrollment - Survivor Family Plan	1,088	1,036	986	-52	-50
Uniformed Services Family Health Plan					
Enrollees (Non-Medicare eligible, DoD Only)	107,903	113,189	118,765	5,286	5,576
Enrollees (Medicare eligible, DoD only)	69,087	73,049	77,255	3,962	4,206
Enrollees (Medicare eligible, DoD only)	38,816	40,140	41,510	1,324	1,370

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit PB-31Q, Manpower Changes in Full-Time Equivalent**

	<u>US Direct Hire</u>	<u>Foreign National</u>		<u>Total</u>
		<u>Direct Hire</u>	<u>Indirect Hire</u>	
1. FY 2011 FTEs	60,869	804	1,556	63,229
Changes result primarily from mission and function transfers between the DHP and Service Line, as well as higher than budgeted FY11 execution. Included are the Fort Detrick Garrison transfer to Army, and the Installation Services transfer to Navy.	(3,152)	(65)	150	(3,067)
2. FY 2012 FTEs	57,717	739	1,706	60,162
Changes result primarily from insourcing, reverse military to civilian conversion, and mission and function increases, including mental health and the Integrated Disability Evaluation System.	227	0	0	227
3. FY 2013 FTEs	57,944	739	1,706	60,389
4. SUMMARY				
FY 2011				
O&M Total	60,869	804	1,556	63,229
Direct Funded	60,625	771	1,369	62,765
Reimbursable Funded	244	33	187	464
FY 2012				
O&M Total	57,717	739	1,706	60,162
Direct Funded	57,501	704	1,521	59,726
Reimbursable Funded	216	35	185	436
FY 2013				
O&M Total	57,944	739	1,706	60,389
Direct Funded	57,728	704	1,521	59,953
Reimbursable Funded	216	35	185	436

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit PB-15, Advisory and Assistance Services

Appropriation: Operation & Maintenance

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
I. Management & Professional Support Services			
FFRDC Work			
Non-FFRDC Work	479,930	258,980	201,568
Subtotal	479,930	258,980	201,568
II. Studies, Analyses & Evaluation			
FFRDC Work	7,349	7,489	8,275
Non-FFRDC Work	23,178	20,091	27,462
Subtotal	30,527	27,580	35,737
III. Engineering & Technical Services			
FFRDC Work		4,434	
Non-FFRDC Work	11,049	240	195
Subtotal	11,049	4,674	195
Total	521,506	291,234	237,500

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
OP-34 Fund Support for Quality of Life Activities

(Current \$ Millions - Manpower in Eaches)

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
<u>0130 DEFENSE HEALTH PGM</u>			
Military MWR Programs (without Child Development Program, Youth Program, and Warfighter and Family Support)			
<u>Category A--Mission Sustaining Programs</u>			
A.1 Armed Forces Entertainment	0.000	0.000	0.000
A.2 Free Admission Motion Pictures	0.000	0.000	0.000
A.3 Physical Fitness	1.146	0.026	0.026
A.5 Library Programs & Information Services (Recreation)	0.237	0.163	0.168
A.6 On-Installation Parks and Picnic Areas	0.034	0.005	0.005
A.7 Category A Recreation Centers (Military Personnel)	1.995	0.000	0.000
A.8 Single Service Member Program	0.171	0.000	0.000
A.9 Shipboard, Company, and/or Unit Level Programs	0.000	0.000	0.000
A.10 Sports and Athletics	0.685	0.002	0.003
Total Cat. A - Direct Program Operation	4.268	0.196	0.202
Cat. A - Direct Overhead	0.686	0.000	0.000
Total Direct Support	4.954	0.196	0.202
Total Support - Mission Sustaining Programs	4.954	0.196	0.202
Indirect Support (memo)	0.557	0.000	0.000
<u>Category B--Community Support</u>			
B.2 Programs			
B.2.1 Cable and/or Community Television	0.001	0.002	0.002
B.2.2 Recreation Information, Tickets, Tours and Travel	0.000	0.000	0.000
B.2.3 Recreational Swimming	0.166	0.000	0.000
Total B.2 Programs	0.167	0.002	0.002
B.3 Programs			
B.3.1 Directed Outdoor Recreation	0.000	0.000	0.000
B.3.2 Outdoor Recreation Equipment Checkout	0.000	0.000	0.000
Total B.3 Programs	0.000	0.000	0.000

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
OP-34 Fund Support for Quality of Life Activities

(Current \$ Millions - Manpower in Eaches)

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
<u>0130 DEFENSE HEALTH PGM (Continued)</u>			
Military MWR Programs (without Child Development Program, Youth Program, and Warfighter and Family Support) (Continued)			
<u>Category B--Community Support Programs</u>			
B.4 Programs			
B.4.3 Arts and Crafts Skill Development	0.000	0.000	0.000
B.4.4 Automotive Skill Development	0.000	0.000	0.000
B.4.5 Bowling (16 lanes or less)	0.000	0.000	0.000
Total B.4 Programs	0.000	0.000	0.000
Total Cat. B - Direct Program Operation	0.167	0.002	0.002
Total Direct Support	0.167	0.002	0.002
Total Support - Basic Community Support Programs	0.167	0.002	0.002
<u>Category C--Revenue-Generating Programs</u>			
C.2 Programs			
C.2.1 PCS Lodging	0.000	0.000	0.000
C.2.3 Joint Service Facilities and/or AFRCs	0.000	0.000	0.000
Total C.2 Programs	0.000	0.000	0.000
Total Cat. C - Direct Program Operation	0.000	0.000	0.000
Total Direct Support	0.000	0.000	0.000
Total Support - Revenue-Generating Programs	0.000	0.000	0.000
Child Development and Youth Programs			
<u>Youth Program (MWR Category)</u>			
Youth Program - Direct Program Operation	0.000	0.000	0.000
Total Funding	0.000	0.000	0.000
<u>Child Development Program (MWR Category)</u>			
CD3 Supplemental Program/Resource & Referral/Other (PVV)	0.603	0.000	0.000
Child Development - Direct Program Operation	4.076	0.000	0.000
Total Support - Revenue-Generating Programs	4.679	0.000	0.000

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)
Defense Health Program

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
OPR & MAINT							
Active							
<u>Domestic</u>							
Compliance							
<u>Non Recurring-Class I/II</u>							
RCRA C-Hazardous Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RCRA D-Solid Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RCRA I-Underground Storage Tanks	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Air Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Planning	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Safe Drinking Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Compliance Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Compliance Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.813	0.813	0.817	0.823	0.831	0.846	0.866
Education & Training	0.015	0.015	0.013	0.014	0.015	0.016	0.017
Sub-Total Personnel	0.828	0.828	0.830	0.837	0.846	0.862	0.883
Permits & Fees	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sampling, Analysis & Monitoring	0.004	0.007	0.007	0.008	0.009	0.009	0.010
Waste Disposal	0.087	0.110	0.104	0.106	0.108	0.111	0.114
Other Compliance Recurring	0.220	0.233	0.205	0.210	0.215	0.220	0.224
Sub-Total Fees	0.311	0.350	0.316	0.324	0.332	0.340	0.348
Total Compliance Recurring	1.139	1.178	1.146	1.161	1.178	1.202	1.231
Total Compliance	1.139	1.178	1.146	1.161	1.178	1.202	1.231

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
OPR & MAINT							
Active							
<u>Domestic</u>							
Pollution Prevention							
<u>Non Recurring-Class I/II</u>							
RCRA C-Hazardous Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RCRA D-Solid Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Air Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Hazardous Material Reduction	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Pollution Prevention Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Pollution Prevention Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pollution Prevention Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Pollution Prevention	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Conservation							
<u>Non Recurring-Class I/II</u>							
Threatened & Endangered Species	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Wetlands	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Natural Resources Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Historical & Cultural Resources	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Conservation Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Conservation Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Conservation	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Domestic	1.139	1.178	1.146	1.161	1.178	1.202	1.231
<u>Foreign</u>							

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)
Defense Health Program

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
OPR & MAINT							
Active							
<u>Foreign</u>							
Compliance							
<u>Non Recurring-Class I/II</u>							
RCRA C-Hazardous Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RCRA D-Solid Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RCRA I-Underground Storage Tanks	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Air Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Planning	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Safe Drinking Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Compliance Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Compliance Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Education & Training	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Permits & Fees	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sampling, Analysis & Monitoring	0.338	0.842	0.855	0.868	0.883	0.897	0.911
Waste Disposal	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Compliance Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Fees	0.338	0.842	0.855	0.868	0.883	0.897	0.911
Total Compliance Recurring	0.338	0.842	0.855	0.868	0.883	0.897	0.911
Total Compliance	0.338	0.842	0.855	0.868	0.883	0.897	0.911

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
OPR & MAINT							
Active							
<u>Foreign</u>							
Pollution Prevention							
<u>Non Recurring-Class I/II</u>							
RCRA C-Hazardous Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RCRA D-Solid Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Air Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Hazardous Material Reduction	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Pollution Prevention Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Pollution Prevention Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pollution Prevention Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Pollution Prevention	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Conservation							
<u>Non Recurring-Class I/II</u>							
Threatened & Endangered Species	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Wetlands	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Natural Resources Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Historical & Cultural Resources	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Conservation Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Conservation Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Conservation	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Foreign	0.338	0.842	0.855	0.868	0.883	0.897	0.911

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program

OPR & MAINT	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
Total OPR & MAINT							
Domestic	1.139	1.178	1.146	1.161	1.178	1.202	1.231
Foreign	0.338	0.842	0.855	0.868	0.883	0.897	0.911
Total	1.477	2.020	2.001	2.029	2.061	2.099	2.142

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Procurement Program**

Appropriation: Procurement (\$ M)

Date: February 2012

Line No.	Item Nomenclature	FY 2011 Actual	FY 2012 Estimate	FY 2013 Base	FY 2013 OCO	FY 2013 Total Request	FY 2014 Estimate	FY 2015 Estimate	FY 2016 Estimate	FY 2017 Estimate
1	Items less than \$5,000,000 each:									
	Medical Equipment - Replacement/Modernization	484.579	576.979	463.313	0.000	463.313	584.716	418.365	458.268	145.330
	Medical Equipment - New Facility Outfitting	62.121	55.539	43.149	0.000	43.149	94.643	26.258	146.534	450.360

Remarks:

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, and Air Force. 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.

The Department, through the DHP, procures a wide variety of medical items ranging from surgical, radiographic, and pathologic apparatus to medical administrative support equipment. The items to be procured by the resources identified in this schedule are selected by way of a thorough investment equipment justification process. The identification and justification process begins at the medical treatment facility (MTF) level. From there, the requirements are reviewed by functional specialty advisor groups (Surgeon General level), medical logistics experts (Service component), Health Care Support Offices (geographically oriented), and ultimately the Defense Health Council (Tri-Service level). At each level, the requirements are reviewed for the necessity, value, and utility of investment.

Development of an effective equipment replacement and modernization program is a complicated process. In comparison to equipment in other functional areas, the useful life of medical equipment is short. As the current inventory reaches obsolescence, replacements are generally more sophisticated, technologically advanced, and expensive. To ensure that the Department is procuring the appropriate technology for deployment in the most useful locations, the DHP incorporates functional expertise from each echelon of the Department's medical structure into the budget development process. This submission represents a balanced, resource constrained approach to the DHP's investment equipment requirements.

The needs fulfilled by the DHP's procurement budget are diverse. They are used to replace the aging real property support system in existing facilities. Also they are used for medical information system implementation, initial training, software purchases and hardware replacements, such as servers and End User Devise (EUDs).

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Budget Item Justification, Procurement Program**

BUDGET ITEM JUSTIFICATION SHEET								DATE: February 2012	
APPROPRIATION / BUDGET ACTIVITY : 97*0130		P-1 ITEM NOMENCLATURE: Replacement/Modernization							
	FY 2011	FY 2012	FY 2013	FY 2013	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
	Actual	Estimate	Base	OCO	Total Request	Estimate	Estimate	Estimate	Estimate
Quantity									
Total Cost (\$ M)	484.579	576.979	463.313	0.000	463.313	584.716	418.365	458.268	450.360
<i>Dental Equipment</i>	1.200	1.672	0.260	0.000	0.260	0.541	0.299	0.308	0.323
<i>Food Ser, Preventive Med, Pharmacy Equip</i>	37.552	1.485	3.276	0.000	3.276	5.749	2.969	2.503	3.200
<i>Medical Information System Equipment</i>	323.085	399.703	257.495	0.000	257.495	362.333	216.776	219.800	217.632
<i>Medical Patient Care Administrative Equip</i>	2.404	2.452	3.208	0.000	3.208	3.656	4.787	7.753	6.520
<i>Medical/Surgical Equipment</i>	14.884	24.024	22.150	0.000	22.150	24.094	23.312	25.906	27.064
<i>Other Equipment</i>	3.752	14.280	8.653	0.000	8.653	8.318	7.113	10.429	8.118
<i>Pathology/Lab Equipment</i>	4.445	18.773	22.964	0.000	22.964	21.438	14.723	19.557	18.797
<i>Radiographic Equipment</i>	97.257	114.590	145.307	0.000	145.307	158.587	148.386	172.012	168.706
REMARKS									
<p>The most significant medical equipment investments will be in 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. The most significant procurement investment in information systems relates to the infrastructure and hardware replacement such as End User Devices, LAN upgrades and servers supporting Tri-Service IM/IT programs; the acquisition of a Commercial Off The Shelf, FDA regulated Class II Medical Device in support of the Enterprise Blood Management System; and providing a capability for healthcare providers in theater access to radiographic images for Tele-radiology and transfer back to definitive care MTFs.</p> <p>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.</p>									

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Budget Item Justification, Procurement Program**

BUDGET ITEM JUSTIFICATION SHEET									DATE: February 2012
APPROPRIATION / BUDGET ACTIVITY : 97*0130			P-1 ITEM NOMENCLATURE: New Facility Outfitting						
	FY 2011	FY 2012	FY 2013	FY 2013	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
	Actual	Estimate	Base	OCO	Total Request	Estimate	Estimate	Estimate	Estimate
Quantity									
Total Cost (\$ M)	62.121	55.539	43.149	0.000	43.149	94.643	26.258	146.534	145.330
<i>Dental Equipment</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<i>Food Ser, Preventive Med, Pharmacy Equip</i>	1.517	1.806	1.239	0.000	1.239	1.338	0.344	2.357	0.370
<i>Medical Information System Equipment</i>	7.761	1.561	1.333	0.000	1.333	1.630	6.257	1.687	1.716
<i>Medical Patient Care Administrative Equip</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<i>Medical/Surgical Equipment</i>	3.235	9.537	13.337	0.000	13.337	5.096	2.103	2.274	2.319
<i>Other Equipment</i>	13.842	1.557	20.253	0.000	20.253	79.648	9.122	137.073	135.608
<i>Pathology/Lab Equipment</i>	7.595	10.048	1.206	0.000	1.206	1.868	0.421	0.437	0.453
<i>Radiographic Equipment</i>	28.171	31.030	5.781	0.000	5.781	5.063	8.011	2.706	4.864
REMARKS									
<p>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.</p>									

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
RDT&E Programs

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

Date: February 2012

R-1 Line	Program Element	Budget	FY 2011	FY 2012	FY2013	FY 2013	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	
Item No	Number	Activity	Actual ¹	Estimate	Base	OCO	Total Request	Estimate	Estimate	Estimate	Estimate	
1	0601101	In-House Laboratory Independent Research (ILIR)	2	2.803	2.862	3.030	0.000	3.030	3.088	3.151	3.262	3.319
2	0601117	Basic Operational Medical Research Sciences	2	31.775	0.975	3.038	0.000	3.038	6.074	11.121	11.131	11.132
3	0602115	Applied Biomedical Technology	2	85.147	66.841	42.188	0.000	42.188	37.785	57.730	62.270	66.484
4	0602787	Medical Technology (AFRRI)	2	3.464	3.602	1.193	0.000	1.193	1.216	1.241	1.286	1.307
5	0603002	Medical Advanced Technology (AFRRI)	2	0.733	0.748	0.298	0.000	0.298	0.304	0.310	0.321	0.326
6	0603115	Medical Technology Development	2	723.324	703.313	239.110	0.000	239.110	282.441	290.422	289.094	290.613
7	0604110	Medical Products Support and Advanced Concept Development	2	155.624	189.844	144.403	0.000	144.403	128.961	108.135	101.245	102.274
8	0605013	Information Technology Development	2	137.541	171.936	145.268	0.000	145.268	145.002	110.652	108.933	97.635
9	0605145	Medical Products and Support Systems Development	2	0.000	33.695	17.116	0.000	17.116	13.476	20.455	36.013	37.694
10	0605502	Small Business Innovation Research (SBIR) Program	2	29.887	31.470	0.000	0.000	0.000	0.000	0.000	0.000	0.000
11	0606105	Medical Program-Wide Activities	2	15.952	47.105	61.518	0.000	61.518	82.837	92.755	76.174	77.586
12	0607100	Medical Products and Capabilities Enhancement Activities	2	19.500	14.396	15.815	0.000	15.815	14.646	18.231	18.995	19.315
Total Budget Activity 2				1,205.750	1,266.787	672.977	0.000	672.977	715.830	714.203	708.724	707.685

Notes:
1.) FY 2011 estimate includes \$24 million in Overseas Contingency Operations (OCO) funding for projects transferred from the Joint IED Defeat Organization (JIEDDO) under P.L. 112-10 and Department level reductions for service support contractor efficiencies and the Federally Funded Research and Development Centers (FFRDC).

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 1
 In-House Laboratory Independent Research (ILIR)
 0601101HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0601101	2.803	2.862	3.030	3.088	3.151	3.262	3.319
Combat Casualty Care (USUHS)	1.208	1.233	1.306	1.332	1.358	1.406	1.431
Infectious Disease (USUHS)	0.393	0.401	0.424	0.431	0.441	0.456	0.463
Military Operational Medicine (USUHS)	1.202	1.228	1.300	1.325	1.352	1.400	1.425

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Uniformed Services of the Health Sciences (USUHS), the ILIR 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 Combat Casualty Care, Infectious Diseases, Military Operational Medicine, and Chemical, Biological, and Radiologic Defense. The portfolio of research projects will vary annually because this research is investigator-initiated. Examples of typical research efforts are detailed in R-2a.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	2.803	2.935	2.997	3.057
Change Proposal	0.000	0.000	0.033	0.031
SBIR	0.000	-0.073	0.000	0.000
FY13 Budget Submission RDT&E	2.803	2.862	3.030	3.088

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 1
In-House Laboratory Independent Research (ILIR)
0601101HP

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change.

FY 2012: SBIR Transfer from DHP RDT&E, Program Element (PE) 0601101 - In-House Laboratory Independent Research (ILIR) (-\$0.073 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.073 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0601101 - In-House Laboratory Independent Research (ILIR) (+\$0.033 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0601101 - In-House Laboratory Independent Research (ILIR) (+\$0.031 million).

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Not Required

E. PERFORMANCE METRICS:

FY 2011 and out years - Efforts will continue within Infectious Disease, Military Operational Medicine and Combat Casualty Care research areas. Specific investigator-initiated projects compete for funding each year, usually with two or three-year project periods. Therefore, no detailed description of the research is possible at this time.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 2
 Basic Operational Medical Research Sciences
 0601117HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0601117	31.775	0.975	3.038	6.074	11.121	11.131	11.132
CSI-Peer-Reviewed Hemorrhage Control Research (Army)	0.000	0.975	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Army)	2.925	0.000	0.000	0.000	0.000	0.000	0.000
GDF-Basic Operational Medical Research Sciences (GDF-BOMRS)	28.850	0.000	3.038	6.074	11.121	11.131	11.132

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: GDF-Basic Operational Medical Research Sciences (GDF-BOMRS): 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 Protection. Research in this PE is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development (JCIDS), and the strategy and initiatives described in the Quadrennial Defense Review (QDR). Program development 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, the Department of Health and Human Services, and the Department of Homeland Security. This coordination occurs through the planning and execution activities of the Joint Program Committees, established for the Defense Health Program Research, Development, Test and Evaluation (RDT&E) funding. Research supported by this PE includes polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury, operational health and performance, and psychological health and well-being for military personnel and families. 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 0602115HP) or technology development (0603115HP) funding.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 2
 Basic Operational Medical Research Sciences
 0601117HP

The Army Medical Command received FY11 DHP Congressional Special Interest (CSI) directed research funding. The strategy for the FY11 Congressionally directed research is to stimulate innovative research through a competitive, peer-reviewed research program, and focused medical research at intramural and extramural research sites. Research efforts include traumatic brain injury/psychological health research.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	31.775	0.000	3.000	6.000
Change Proposal	0.000	0.000	0.038	0.074
Congressional Special Interest	0.000	1.000	0.000	0.000
SBIR	0.000	-0.025	0.000	0.000
FY13 Budget Submission RDT&E	31.775	0.975	3.038	6.074

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change.

FY 2012: Congressional Special Interest increase to DHP RDT&E, PE 0601101 - Basic Operational Medical Research Sciences for Peer-Reviewed Hemorrhage Control Research (+\$1.000 million).

SBIR Transfer from DHP RDT&E, PE 0601117 - Basic Operational Medical Research Sciences (-\$0.025 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.025 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0601101 - I Basic Operational Medical Research Sciences (+\$0.038 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0601101 - I Basic Operational Medical Research Sciences (+\$0.074 million).

C. OTHER PROGRAM FUNDING SUMMARY: None

D. ACQUISITION STRATEGY: Not Required

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 2
Basic Operational Medical Research Sciences
0601117HP

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research conducted with Basic Medical Research Sciences funding will be the attainment of a maturity level that is typical of TRL3 or the equivalent for knowledge products.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 3
 Applied Biomedical Technology
 0602115HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0602115	85.147	66.841	42.188	37.785	57.730	62.270	66.484
Advanced Diagnostics & Therapeutics Clinical Translational Applied Research (Air Force)	0.000	3.392	3.566	3.637	3.710	3.840	3.905
CSI-Peer-Reviewed Hemorrhage Control Research (Army)	0.000	2.925	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Army)	22.132	30.956	0.000	0.000	0.000	0.000	0.000
GDF-Applied Biomedical Technology (GDF-ABT)	59.706	29.568	38.622	34.148	54.020	58.430	62.579
USAF Advanced Diagnostics & Therapeutics (Air Force)	2.309	0.000	0.000	0.000	0.000	0.000	0.000
USAF Advanced Diagnostics & Therapeutics (Budgeted) (Air Force) at Army	1.000	0.000	0.000	0.000	0.000	0.000	0.000

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 3
Applied Biomedical Technology
0602115HP

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: The Army Medical Command received FY11 funds for USAF Advanced Diagnostics and Therapeutics research. The Army Medical Command also received FY11 DHP Congressional Special Interest (CSI) funding directed for Traumatic Brain Injury/Psychological Health research. For FY12, CSI funding was received for Traumatic Brain Injury and Psychological Health and Peer-Reviewed Hemorrhage Control Research. The strategy for the FY11 and FY12 Congressionally directed research is to stimulate innovative research through a competitive, peer-reviewed research program, and focused medical research at intramural and extramural research sites.

For the Air Force, this Program Element funds applied research which seeks 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. Focus areas for applied research include knowledge generation research; ethical legal and social issues/policy research; bioinformatics research; educational research; research for development of advanced genomic diagnostic system. For efforts supported by this program element, research will be pursued with the intent to support solutions that answer Air Force specific needs. During this process, the efforts of other government agencies in those areas will be assessed to avoid redundancy.

Guidance for Development of the Force-Applied Biomedical Technology (GDF-ABT): This applied research funding is to refine concepts and ideas into potential solutions to military health and performance problems, with a view towards evaluating technical feasibility. Included are studies and investigations leading to candidate solutions that may involve use of animal models for testing in preparation for initial human testing. Research in this program element is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System, and the strategy and initiatives described in the Quadrennial Defense Review. Program development is peer-reviewed and fully coordinated with all Military Services, 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. This coordination occurs through the planning and execution activities of the Joint Program Committees, established for the Defense Health Program Research, Development, Test and Evaluation (RDT&E) funding. Research supported by this program element includes polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury,

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 3
 Applied Biomedical Technology
 0602115HP

operational health and performance, radiation countermeasures, and psychological health and well-being for military personnel and families.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	85.147	33.805	41.776	37.453
Change Proposal	0.000	0.000	0.412	0.332
Congressional Special Interest	0.000	34.750	0.000	0.000
SBIR	0.000	-1.714	0.000	0.000
FY13 Budget Submission RDT&E	85.147	66.841	42.188	37.785

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change.

FY 2012: Congressional Special Interest for Peer-Reviewed Traumatic Brain Injury/Psychological Health (TBI/PH) to DHP RDT&E, PE 0602115 - Applied Biomedical Technology (+\$31.750 million).

Congressional Special Interest for Peer-Reviewed Hemorrhage Control Research to DHP RDT&E, PE 0602115 - Applied Biomedical Technology (+\$3.000 million).

SBIR Transfer from DHP RDT&E, PE 0602115 - Applied Biomedical Technology (-\$1.714 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$1.714 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0602115 - Applied Biomedical Technology (+\$0.412 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0602115 - Applied Biomedical Technology (+\$0.332 million).

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 3
 Applied Biomedical Technology
 0602115HP

C. OTHER PROGRAM FUNDING SUMMARY:

	<u>FY 2011</u> <u>Estimate</u>	<u>FY 2012</u> <u>Estimate</u>	<u>FY 2013</u> <u>Estimate</u>	<u>FY 2014</u> <u>Estimate</u>	<u>FY 2015</u> <u>Estimate</u>	<u>FY 2016</u> <u>Estimate</u>	<u>FY 2017</u> <u>Estimate</u>
DHP Operation & Maintenance	2.350	2.016	2.076	2.139	2.203	2.269	2.337
BA-1, PE 0807714	2.350	2.016	2.076	2.139	2.203	2.269	2.337

D. ACQUISITION STRATEGY: Not Required

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research conducted with applied research funding will be the attainment of a maturity level that is at least TRL 4, and typically TRL 5, or the equivalent for knowledge products. Products nearing attainment of TRL 5 will be considered for transition.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 4
 Medical Technology (AFRRI)
 0602787HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0602787	3.464	3.602	1.193	1.216	1.241	1.286	1.307
Biodosimetry (USUHS)	0.706	0.735	0.244	0.248	0.253	0.262	0.267
Internal Contamination (USUHS)	0.367	0.381	0.127	0.129	0.132	0.138	0.140
Radiation Countermeasures (USUHS)	2.391	2.486	0.822	0.839	0.856	0.886	0.900

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Uniformed Services University of the Health Sciences (USUHS), Armed Forces Radiobiology Research Institute (AFRRI), this program supports developmental research to investigate new approaches that will lead to advancements in biomedical strategies for preventing, treating, assessing and predicting the health effects of human exposure to ionizing radiation. Program objectives focus on mitigating the health consequences from exposures to ionizing radiation that represent the highest probable threat to U.S. forces in current tactical, humanitarian and counterterrorism mission environments. New protective 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. Advances in assessment, prognostication, and therapy in case of actual or suspected radiation exposures will enhance triage, treatment decisions and risk assessment in operational settings.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 4
 Medical Technology (AFRRI)
 0602787HP

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	3.464	3.694	1.180	1.204
Change Proposal	0.000	0.000	0.013	0.012
SBIR	0.000	-0.092	0.000	0.000
FY13 Budget Submission RDT&E	3.464	3.602	1.193	1.216

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change.

FY 2012: SBIR Transfer from DHP RDT&E, PE 0602787 - Medical Technology (AFRRI) (-\$0.092 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.092 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0602787 - Medical Technology (AFRRI) (+\$0.013 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0602787 - Medical Technology (AFRRI) (+\$0.012 million).

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Not Required

E. PERFORMANCE METRICS:

By FY 2011 - screen a minimum of two promising new drugs and/or therapeutic approaches for radiation injury; elucidate mechanisms of radioprotection afforded by the tocol (Vitamin E) family of compounds; achieve characterization of the minipig as an effective large animal model for countermeasure studies; complete initial characterization of a high through-put method for DU biomarker evaluation in humans.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 4
Medical Technology (AFRRI)
0602787HP

By FY 2012 - screen a minimum of two additional promising new countermeasures; use newly purchased linear accelerator to open new areas of inquiry in partial body and organ-specific pathophysiology and countermeasure response; complete toxicologic comparison of tocols to identify lead candidate; characterize levels of radiation biomarkers using a large cohort of healthy human adults to establish a multivariate biomarker baseline; develop at least one new candidate model/method for high throughput drug screening.

By FY 2013- Complete elucidation of mechanisms of 17-DMAG as a countermeasure in radiation injury combined with trauma, burns, or hemorrhagic shock; complete tocol mechanistic studies focused on lead candidate; continue partial body and organ specific model development; continue refinement of identified new candidate drug screening model/method.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 5
 Medical Advanced Technology (AFRRI)
 0603002HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0603002	0.733	0.748	0.298	0.304	0.310	0.321	0.326
Biodosimetry (USUHS)	0.440	0.449	0.179	0.183	0.186	0.193	0.195
Radiation Countermeasures (USUHS)	0.293	0.299	0.119	0.121	0.124	0.128	0.131

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Uniformed Services University of the Health Sciences (USUHS/AFRRI), this program supports applied research for advanced development of biomedical strategies to prevent, treat and assess health consequences from exposure to ionizing radiation. 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. Program objectives focus on mitigating the health consequences from exposures to ionizing radiation (alone or in combination with other injuries) that represent the highest probable threat to US forces in current tactical, humanitarian and counterterrorism mission environments. Findings from basic and developmental research are integrated into focused advanced technology development studies to produce the following: (1) protective and therapeutic strategies; (2) novel biological markers and delivery platforms for rapid, field-based individual medical assessment; and (3) experimental data needed to build accurate models for predicting casualties from complex injuries involving radiation and other battlefield insults. The Armed Forces Radiobiology Research Institute (AFRRI), because of its multidisciplinary staff and exceptional laboratory and radiation facilities, is uniquely positioned to execute the program as prescribed by its mission.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 5
 Medical Advanced Technology (AFRRI)
 0603002HP

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	0.733	0.767	0.295	0.301
Change Proposal	0.000	0.000	0.003	0.003
SBIR	0.000	-0.019	0.000	0.000
FY13 Budget Submission RDT&E	0.733	0.748	0.298	0.304

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change.

FY 2012: SBIR Transfer from DHP RDT&E, PE 0603002 - Advanced Technology (AFRRI) (-\$0.019 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.019 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0603002 - Advanced Technology (AFRRI) (+\$0.003 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0603002 - Advanced Technology (AFRRI) (+\$0.003 million).

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Not Required

E. PERFORMANCE METRICS:

By FY11- complete validation of a prototype automated radiation cytome assay; advance the development of progenitor cell bridging therapy; complete validation of multi-parameter biomarker interpretation in mouse and non-human primate.

By FY12- apply minipig model to pre-clinical trial of at least one lead candidate countermeasure as final step towards proceeding with an IND application to FDA

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 5
Medical Advanced Technology (AFRRI)
0603002HP

By FY13- Apply minipig model to pre-clinical trial of at least one additional countermeasure, for isolated radiation injury and for radiation combined injury

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0603115	723.324	703.313	239.110	282.441	290.422	289.094	290.613
CoE-Breast Cancer Center of Excellence (Army)	9.731	9.906	10.458	10.636	10.830	11.229	11.418
CoE-Gynecological Cancer Center of Excellence (Army)	8.502	8.655	9.138	9.293	9.463	9.811	9.977
CoE-Integrative Cardiac Health Care Center of Excellence (Army)	3.588	3.652	3.857	3.921	3.993	4.141	4.210
COE-Neuroscience Center of Excellence (USUHS)	1.345	1.845	1.948	1.981	2.017	2.053	2.088
CoE-Pain Center of Excellence (Army)	2.243	2.767	2.921	2.971	3.025	3.137	3.190
CoE-Prostate Cancer Center of Excellence (USUHS)	7.103	7.391	7.978	8.294	8.634	8.943	9.093
CSI-AFIRM (Army)	4.680	0.000	0.000	0.000	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

Appropriation/Budget Activity
 Defense Health Program/BA: 2

CSI-Amyotrophic Lateral Sclerosis (ALS) (Army)	7.800	6.240	0.000	0.000	0.000	0.000	0.000
CSI-Autism Research (Army)	6.240	4.973	0.000	0.000	0.000	0.000	0.000
CSI-Blast Recovery Monitors (Army)	7.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Bone Marrow Failure Disorder Research (Army)	3.900	3.120	0.000	0.000	0.000	0.000	0.000
CSI-EMF Blast Pulse Effects (Navy)	6.825	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Global HIV/AIDS Prevention (Navy)	10.000	8.000	0.000	0.000	0.000	0.000	0.000
CSI-Gulf War Illness Peer Reviewed Research Programs (Army)	7.800	9.750	0.000	0.000	0.000	0.000	0.000
CSI-Joint Warfighter Medical Research (Army)	0.000	39.000	0.000	0.000	0.000	0.000	0.000
CSI-Multiple Sclerosis (Army)	4.680	3.705	0.000	0.000	0.000	0.000	0.000
CSI-Muscular Dystrophy Research (Army)	3.900	3.120	0.000	0.000	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

Appropriation/Budget Activity
 Defense Health Program/BA: 2

CSI-Ovarian Cancer Research (Army)	19.500	15.600	0.000	0.000	0.000	0.000	0.000
CSI-Pain Management Task Force Research (Army)	3.900	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Breast Cancer Research (Army)	146.250	117.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Medical Research Program (Army)	48.750	48.750	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Prostate Cancer Research (Army)	78.000	78.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Restorative Transplant Research (Army)	0.000	14.625	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Alzheimer Research (Army)	14.625	11.700	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Cancer Research Program (Army)	15.600	12.480	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Hemorrhage Control Research (Army)	0.000	5.850	0.000	0.000	0.000	0.000	0.000

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 6
Medical Technology Development
0603115HP

CSI-Peer-Reviewed Lung Cancer Research Program (Army)	12.480	9.945	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Orthopedic Research (Army)	23.400	29.250	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Spinal Cord Research Program (Army)	11.700	9.360	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Vision Research (Army)	3.900	3.120	0.000	0.000	0.000	0.000	0.000
CSI-Research in Alcohol and Substance Use Disorders (Army)	5.070	4.388	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Army)	57.266	83.850	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Navy)	12.247	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (USUHS)	2.637	0.000	0.000	0.000	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

Appropriation/Budget Activity
 Defense Health Program/BA: 2

CSI-Tuberous Sclerosis Complex (TSC) Research (Army)	6.240	4.972	0.000	0.000	0.000	0.000	0.000
Deployed Warfighter Protection (Army)	5.072	5.173	5.472	5.576	5.691	5.896	5.997
Enroute Care & Advanced Molecular Diagnostics Research & Development (Air Force)	0.000	3.264	6.000	4.800	4.500	4.200	4.400
Expeditionary Medicine, Directed Energy Research & Development (Air Force)	0.000	2.799	5.736	4.906	6.229	5.271	4.474
Force Health Protection, Advanced Diagnostics/Therapeutics Research & Development (Air Force)	0.000	14.950	12.120	15.796	16.648	17.852	18.991
GDF-Medical Technology Development (GDF-MTD)	84.045	49.478	107.248	150.166	161.729	161.320	160.683
Hard Body Armor Testing (TMA)	0.000	0.829	0.607	0.000	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

Human Performance Research & Development (Human Physiology, Evaluation & Optimization) Research (Air Force)	0.000	2.423	4.400	3.800	3.800	5.700	5.871
Medical Development (Lab Support) (Navy)	33.353	33.589	35.453	36.134	36.888	38.236	38.882
NMRC Bio Defense Research Directorate (BDRD) (Navy)	1.365	0.000	0.000	0.000	0.000	0.000	0.000
OCO-Body Blood Flow Monitor (TRF FROM JIEDDO)(Army)	8.775	0.000	0.000	0.000	0.000	0.000	0.000
Operational Medicine Research & Development (Air Force)	7.556	8.013	5.267	5.049	3.965	3.376	3.277
Regenerative Medicine (USUHS)	6.825	6.961	7.365	7.504	7.657	7.929	8.062
Underbody Blast Testing (TMA)	0.000	14.820	13.142	11.614	5.353	0.000	0.000
USAF Advanced Diagnostics & Therapeutics (Air Force)	6.728	0.000	0.000	0.000	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

Appropriation/Budget Activity
 Defense Health Program/BA: 2

USAF Center for Advanced Molecular Diagnostics (CAMD) (Air Force)	4.333	0.000	0.000	0.000	0.000	0.000	0.000
USAF Directed Energy Injury/Human Effects (Air Force)	1.073	0.000	0.000	0.000	0.000	0.000	0.000
USAF Human Physiology, Systems Integration, Evaluation & Optimization Research (Air Force)	6.497	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Navy Bureau of Medicine and Surgery, this program element includes RDT&E,DHP funds for operating and miscellaneous support costs at RDT&E,DHP laboratories and other installations, facility and civilian personnel costs not directly chargeable to RDT&E,DHP projects. Also includes RDT&E, DHP funds for RDT&E, DHP laboratories and facilities for research, support, equipment and other investment and material support costs not directly chargeable to RDT&E, DHP projects. This excludes military manpower and related costs, non-RDT&E base operating costs, and military construction costs which are included in other appropriate programs.

Medical Development - Costs related to laboratory management and overhead or salaries of government employees are paid from science/research competitively awarded funding. The OCNIOUS 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 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.

CSI - Hyperbaric Oxygenation (HBO2) for Chronic, Mild Traumatic Brain Injury (TBI) Clinical trial entails the development, initiation, operation, and analysis, including publication, from a multi-center, prospective, randomized controlled trial comparing multiple outcomes of enrolled subjects more than four months after mild to

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 6
Medical Technology Development
0603115HP

moderate traumatic brain injury, exposed to a series of daily hyperbaric oxygen sessions or to sham hyperbaric chamber exposures. The project will compare and assess the long-term benefit of hyperbaric oxygen therapy on service members with mild traumatic brain injury.

CSI - Global HIV/AIDS Prevention -The strategy for the FY 2011 CSI is to stimulate innovative research through a competitive, peer reviewed research program, as well as focused medical research at intramural and extramural research sites. The HIV/AIDS Prevention program conducts on-site visits to determine eligible areas for technical assistance and resource support. HIV/AIDS provides support to defense forces in the following areas: (1) HIV prevention, which includes training of medical personnel and peer educators, education of military members, provision of condoms and other prevention materials, provision of educational materials such as brochures, posters, and booklets (2) care for HIV-infected individuals and their families to include provision of electronic medical record programs, medications to treat HIV-related issues, physician education, and clinic infrastructure support, (3) treatment services including provision of laboratory services such as HIV test kits, and other laboratory equipment, and (4) Strategic Information including systems to collect information on the effectiveness of HIV treatment and prevention programs and generate databases of such information to guide treatment and prevention programs. Because of the CSI annual structure, out-year funding is not programmed.

OCO - EMF Blast Pulse Effects (TRF from JIEDDO)- (Breacher Injury Program (Navy) - The breacher injury program focuses on identifying occupational risks associated with exposure to repetitive low level blast, particularly that experienced by personnel who conduct explosive breaching, in both training and operational paradigms. Because highest degree of risk is currently indicated with chronic exposure (100s of events), this program also develops operationally relevant medical and blast exposure surveillance methodologies for transition to occupational medicine units with responsibility for breaching personnel.

Funding in this program element supports the Air Force Surgeon General's vision for medical modernization through a robust research & development program. It funds advanced technology development within the following research thrust/project areas: Expeditionary Medicine, En-Route Care, Force Health Protection, Operational Medicine, and Human Performance. For efforts supported by this program element, research is pursued with the intent to support solutions that answer Air Force specific needs. During this process, the efforts of other government agencies in those areas is assessed to avoid redundancy.

For the Army Medical Command, four Centers of Excellence (CoE) receive Medical Technology Development PE 0603115 funds to include:

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 6
Medical Technology Development
0603115HP

The Breast CoE (Army) provides a multidisciplinary approach as the standard of care for treating breast diseases and breast cancer.

The Gynecological CoE (Army) focuses on characterizing the molecular alterations associated with benign and malignant gynecologic disease and facilitates the development of novel early detection, prevention and novel biologic therapeutics for the management of gynecologic disease.

The Integrative Cardiac Health Project (ICHP) CoE (Army) uses cutting edge patient centric approaches for comprehensive cardiac event prevention as well as molecular research to detect cardiovascular disease at an early stage, to find new genes that significantly increase risk for heart attack in Service members, and identify molecular markers of obesity and weight loss.

The Pain CoE (Army) 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 this has throughout the continuum to rehabilitation and reintegration.

For the Army Medical Command, the Armed Forces Pest Management Board (AFPMB) Deployed Warfighter Protection project provides for the development of new or improved protection of ground forces from disease carrying insects.

The Army Medical Command received DHP Congressional Special Interest (CSI) directed research funding for FY11 and FY12. The strategy for the Congressionally directed research is to stimulate innovative research through a competitive, peer-reviewed research program, and focused medical research at intramural and extramural research sites. Specific FY11 research efforts include the Armed Forces Institute of Regenerative Medicine (AFIRM); Amyotrophic Lateral Sclerosis (ALS); Autism Research; Blast Recovery Monitors; Bone Marrow Failure Research; Gulf War Illness Peer Reviewed Research; Multiple Sclerosis; Muscular Dystrophy; Ovarian Cancer Research; Pain Management Task Force; Peer Reviewed Breast Cancer Research; Peer Reviewed Medical Research Program; Peer Reviewed Prostate Cancer Research; Peer Reviewed Alzheimer Research; Peer Reviewed Cancer Research Program; Peer Reviewed Orthopedic Research; Peer Reviewed Spinal Cord Research; Peer Reviewed Vision Research; Research In Alcohol/Substance Use Disorders; Traumatic Brain Injury/Psychological Health (TBI/PH); and Tuberos Sclerosis Complex (TSC).

The Army Medical Command FY12 Congressional Special Interest (CSI) directed research funding focuses on Amyotrophic Lateral Sclerosis (ALS); Autism Research; Bone Marrow Failure Research; Duchenne Muscular Dystrophy; Gulf War Illness Peer Reviewed Research; Multiple Sclerosis; Peer Reviewed Alzheimer Research; Peer Reviewed Breast Cancer Research; Peer Reviewed Cancer Research Program; Peer Reviewed Lung Cancer Research; Peer Reviewed Orthopedic Research; Peer

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 6
Medical Technology Development
0603115HP

Reviewed Ovarian Cancer Research; Peer Reviewed Vision Research; Peer Reviewed Prostate Cancer Research; Peer Reviewed Spinal Cord Research; Peer Reviewed Medical Research Program; Research In Alcohol and Substance Use Disorders; Tuberous Sclerosis Complex (TSC); Traumatic Brain Injury and Psychological Health; Peer Reviewed Hemorrhage Control Research; Peer Reviewed Restorative Transplantation Research; and Joint Warfighter Medical Research.

Because of the CSI annual structure, out-year funding is not programmed.

For the Uniformed Services University of the Health Sciences (USUHS), Medical Development programs include the Neuroscience Center of Excellence, the Prostate Cancer Center of Excellence, and the Center for Neuroscience and Regenerative Medicine.

For the Uniformed Services University of the Health Sciences (USUHS), the Neuroscience Center of Excellence (CoE), formerly a Congressional Special Interest program, was chartered in 2002 to conduct basic, clinical and translational research studies of militarily relevant neurological disorders affecting U.S. service members and military medical beneficiaries. The Center's mission is to improve prevention, diagnosis and treatment of neurological disorders that directly affect warfighters through a multi-site research program that collaborates broadly with military, civilian and federal medical institutions.

For the Uniformed Services University of the Health Sciences (USUHS), the Prostate Cancer Center of Excellence (CoE), formerly a Congressional Special Interest program, was chartered in 1992 to conduct basic, clinical and translational research programs to combat diseases of the prostate. The program'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 and participate in clinical trials.

For the Uniformed Services University of the Health Sciences (USUHS), the 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. 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.

Guidance for Development of the Force - Medical Technology Development provides funds for promising candidate solutions that are selected for initial safety and efficacy testing in small scale human clinical trials regulated

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

by the U.S. Food and Drug Administration prior to licensing for human use. Research in this PE is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System, and the strategy and initiatives described in the Quadrennial Defense Review. Program development and execution is peer-reviewed and fully coordinated with all of the Military Services, 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. This coordination occurs through the planning and execution activities of the Joint Program Committees (JPCs), established for the Defense Health Program, Research Development Test and Evaluation (RDT&E) funding. Research supported by this PE includes, polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury, operational health and performance, psychological health and well-being for military personnel and families, decision support tools and physiological modeling, and medical simulation and training.

The Hard Body Armor project focuses on scientific study and evaluation of injuries related to blunt trauma events on cadavers. Preventing blunt trauma injury is one of the critical components of body armor design.

The Underbody Blast Testing project provides funds to establish a scientific and statistical basis for evaluating injuries to vehicle occupants during Underbody Blast (UBB) events. Areas of interest to the Secretary of Defense are medical research that provides an understanding of the human tolerance limits and injury mechanisms needed to accurately predict injuries, including skeletal and soft tissues, to ground combat vehicle occupants caused by UBB events.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	721.959	181.042	236.332	279.453
	0.000	0.000	0.000	0.000
Change Proposal	0.000	0.000	2.778	2.988
Congressional Special Interest	0.000	540.100	0.000	0.000
Realignment	0.000	0.000	0.000	0.000
Reprogramming	1.400	0.000	0.000	0.000
SBIR	-0.035	-17.829	0.000	0.000
FY13 Budget Submission RDT&E	723.324	703.313	239.110	282.441

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 6
Medical Technology Development
0603115HP

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: Congressional Special Interest increase to DHP RDT&E, PE 0603115-Medical Technology Development for NMRC Bio Defense Research Directorate (BDRD) (Navy) (+\$1.400 million).

SBIR Transfer from DHP RDT&E, PE 0603115-Medical Technology Development (-\$0.035 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.035 million).

FY 2012: Congressional Special Interest increases to DHP RDT&E, PE 0603115 - Medical Technology Development (total of +\$540.100 million) as follows: Peer-Reviewed Amyotrophic Lateral Sclerosis (ALS) (+\$6.400 million); Peer-Reviewed Autism Research (+\$5.100 million); Peer-Reviewed Bone Marrow Failure Disease Research Program (+\$3.200 million); Peer-Reviewed Duchenne Muscular Dystrophy (+\$3.200 million); Peer-Reviewed Gulf War Illness Research Program (+\$10.000 million); Peer-Reviewed Multiple Sclerosis (+\$3.800 million); Peer-Reviewed Alzheimer Research (+\$12.000 million); Peer-Reviewed Breast Cancer Research Program (+\$120.000 million); Peer-Reviewed Cancer Research Program (+\$12.800 million); Peer-Reviewed Lung Cancer Research Program (+\$10.200 million); Peer-Reviewed Orthopedic Research Program (+\$30.000 million); Peer-Reviewed Ovarian Cancer Research Program (+\$16.000 million); Peer-Reviewed Vision Research (+\$3.200 million); Peer-Reviewed Prostate Cancer Research Program (+\$80.000 million); Peer-Reviewed Spinal Cord Research Program (+\$9.600 million); Peer-Reviewed Medical Research Program (+\$50.000 million); Peer-Reviewed Research in Alcohol and Substance Use Disorders (+\$4.500 million); Peer-Reviewed Tuberculous Sclerosis Complex (TSC) (+\$5.100 million); Peer-Reviewed Traumatic Brain Injury and Psychological Health (+\$86.000 million); Peer-Reviewed Hemorrhage Control Research (+\$6.000 million); Peer-Reviewed Restorative Transplantation Research (+\$15.000 million); Joint Warfighter Medical Research (+\$40.000 million); and Global HIV/AIDS Prevention (+\$8.000 million).

SBIR Transfer from DHP RDT&E, PE 0605013 - Information Technology Development (-\$17.829 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$17.829 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0603115-Medical Technology Development (+\$2.778 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0603115-Medical Technology Development (+\$2.988 million).

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

C. OTHER PROGRAM FUNDING SUMMARY:

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	18.400	19.544	20.134	20.743	21.370	22.015	22.555
BA-1, PE 0806721	8.000	8.244	8.495	8.755	9.022	9.297	9.455
BA-1, PE 0807714	10.400	11.300	11.639	11.988	12.348	12.718	13.100

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 A packages will be developed to transition promising products into advanced development.

E. PERFORMANCE METRICS:

Prostate Cancer Center of Excellence: Performance is judged on the amount of extramural funding received, the number of active protocols, the number of articles that appear in peer reviewed journals, and the number of contact hours in support of the training of residents and fellows in the Military Health System.

Center for Neuroscience and Regenerative Medicine: In FY10 through FY12, identify, design protocols, perform scientific and program reviews, and conduct research in Clinical Core activities such as Phenotyping, Imaging and Imaging Analysis, to aid in patient diagnosis and evaluation.

The benchmark performance metric for transition of research conducted with Medical Technology Development funding will be the attainment of maturity level that is typical of TRL 6 or the equivalent for knowledge products.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 7
 Medical Products Support and Advanced Concept
 Development
 0604110HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0604110	155.624	189.844	144.403	128.961	108.135	101.245	102.274
CSI-Joint Warfighter Medical Research (Army)	0.000	9.750	0.000	0.000	0.000	0.000	0.000
CSI-SBIR to the Core Funded RDT&E (Army)	1.170	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Army)	0.293	17.306	0.000	0.000	0.000	0.000	0.000
GDF-Medical Products Support and Advanced Concept Development (GDF-MPSACD)	153.186	162.788	144.403	128.961	108.135	101.245	102.274
Rapid Product Integration & Transition (Air Force)	0.975	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: Guidance for Development of the Force (GDF) - Medical Products Support And Advanced Concept Development: funding is for product support and advanced concept development of medical products that are regulated by the U.S. Food and Drug Administration (FDA); the accelerated transition of 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 prototyping, risk reduction, validation, and product transition for medical

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 7
Medical Products Support and Advanced Concept
Development
0604110HP

training systems' technologies.

The resulting advanced development portfolio is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System and the strategy and initiatives described in the Quadrennial Defense Review. Program development and execution is peer-reviewed and fully coordinated with all of the Military Services, 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. This coordination occurs through the planning and execution activities of the Joint Program Committees, established for the Defense Health Program Research, Development, Test and Evaluation (RDT&E) funding. Research supported by this program element includes accelerated transition of medical training and health information sciences, to include efforts at the Pacific Based Joint Information Technology Center, advanced development of rapid pathogen detection in fresh whole blood, field assessment of intervention tools for post traumatic stress disorder (PTSD), and clinical trials on biomarkers for traumatic brain injury (TBI) and spinal cord injury, combat casualty care advanced product development and rehabilitative medicine clinical trials.

The Army Medical Command received FY11 and FY12 DHP Congressional Special Interest (CSI) funding. The CSI strategy is to stimulate innovative research through a competitive, peer-reviewed research program, and focused medical research at intramural and extramural research sites. For FY11, CSI research focused on Traumatic Brain Injury and Psychological Health and the development of Small Business Innovation Research in Multimedia Combat Injury Management Training. For FY12, CSI research focuses on Traumatic Brain Injury and Psychological Health and Joint Warfighter Medical Research.

The project is being managed by Naval Health Research Center in conjunction with the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury.

For the Air Force, funding in this Program Element provides provide for rapid transition of medical products and capabilities from the laboratory to the field to address minor modifications and enhancements required to integrate COTS and near-COTS products available in industry into the military operating environment in support of critical capability requirements for Air Force special operations teams, expeditionary medical system equipage modernization and en-route care modernization/transformation (critical care air transport team requirements). Funding will be used to harden existing COTS technology (embedded sensors/registers) to withstand rigorous / realistic exposure to simulated battlefield scenarios (e.g. blast injury, etc) in support of multiple monitoring and diagnostic

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 7
 Medical Products Support and Advanced Concept
 Development
 0604110HP

functions. This program enhancement provides the Air Force with the ability to refine and enhance COTS/near-COTS products available in the market that have high potential for military application but require minor modifications in order to meet military unique mission requirements and rapidly transition these to the field. Given the rapid pace of new technology development, evolution of existing technologies and high costs associated with long-term new technology development for military missions, it is imperative Air Force leverage the commercial sectors advances in technology development for employment in Air Force operations whenever possible. Enabling our military forces to utilize enhanced or modified COTS-based solutions to meet operational requirements is a cost effective technique that should be maximized where possible to ensure warfighters have the appropriate technology at hand to care for our wounded at the point of injury through definitive care and on to rehabilitation and reintegration at the best cost and schedule to the taxpayer and Air Force operational community.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	154.649	167.481	142.866	127.668
Change Proposal	0.000	0.000	1.537	1.293
Congressional Rescission	0.000	-0.519	0.000	0.000
Congressional Special Interest	0.000	27.750	0.000	0.000
Reprogramming	1.000	0.000	0.000	0.000
SBIR	-0.025	-4.868	0.000	0.000
FY13 Budget Submission RDT&E	155.624	189.844	144.403	128.961

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: Congressional Special Interest increase to DHP RDT&E, PE 0604110-Medical Products Support and Advanced Concept Development for Rapid Product Integration & Transition (Air Force) (+\$1.000 million).

SBIR Transfer from DHP RDT&E, PE 0604110-Medical Products Support and Advanced Concept Development (-\$0.025 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.025 million).

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 7
Medical Products Support and Advanced Concept
Development
0604110HP

FY 2012: Congressional Rescission from DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development for Federally Funded Research and Development Centers (FFRDC) (-\$0.519 million).

Congressional Special Interest increase for Peer-Reviewed Traumatic Brain Injury/Psychological Health (TBI/PH) to DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development (+\$17.750 million).

Congressional Special Interest increase for Joint Warfighter Medical Research to DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development (+\$10.000 million).

SBIR Transfer from DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development (-\$4.868 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$4.868 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0604110-Medical Products Support and Advanced Concept Development (+\$1.537 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0604110-Medical Products Support and Advanced Concept Development (+\$1.293 million).

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Test and evaluate medical device prototypes, medical procedures, and drug and vaccine candidates in government-managed Phase 1/2 clinical trials to gather data required for military and regulatory requirements prior to production and fielding, to include FDA licensure and Environmental Protection Agency registration.

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL 7 or the equivalent for TRL 8, such as practice guidelines and standards, which are intended for rapid transition to operational use.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 8
 Information Technology Development
 0605013HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0605013	137.541	171.936	145.268	145.002	110.652	108.933	97.635
Air Force Integrated Healthcare Toolset (AFIFHCT) (Air Force)	2.243	0.000	0.000	0.000	0.000	0.000	0.000
Armed Forces Health Longitudinal Technology Application (AHLTA) (Army)	0.000	0.000	1.651	1.684	1.718	1.778	1.831
Armed Forces Health Longitudinal Technology Application (AHLTA) (TMA)	4.137	0.000	0.000	0.000	0.000	0.000	0.000
Army Medicine CIO Management Operations (Army)	1.176	0.000	2.867	2.944	3.034	3.131	3.223
Army Warrior Care and Transition System (AWCTS) (Army)	0.117	0.488	0.365	0.365	0.364	0.364	0.300
Automation of Medical Quarters (Air Force)	0.780	0.000	0.000	0.000	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 8
 Information Technology Development
 0605013HP

Centralized Credentials and Quality Assurance System (CCQAS)(TMA)	0.211	1.481	0.000	0.000	0.000	0.000	0.000
Clinical Case Management (CCM) (TMA)	0.000	2.925	3.100	0.000	0.000	0.000	0.000
Composite Health Care System (CHCS)(TMA)	2.466	0.000	0.000	0.000	0.000	0.000	0.000
Composite Occupational Health & Operational Risk Tracking (COHORT) (Air Force)	1.365	0.000	0.000	0.000	0.000	0.000	0.000
Defense Center of Excellence (FHP&RP)	1.175	1.199	1.270	1.295	1.323	1.346	1.370
Defense Medical Human Resources System (internet) DMHRSI (TMA)	3.271	0.000	0.000	0.000	0.000	0.000	0.000
Defense Medical Logistics Standard Support (DMLSS) (TMA)	12.018	7.512	4.272	7.126	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

DATE: February 2012
 R1 Item Nomenclature: 8
 Information Technology Development
 0605013HP

Appropriation/Budget Activity
 Defense Health Program/BA: 2

Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (TMA)	0.462	8.795	8.451	8.685	4.099	4.469	4.545
Diabetes Information Tracking System (Air Force)	0.780	0.000	0.000	0.000	0.000	0.000	0.000
Electronic Health Record (EHR) Way Ahead (Budgeted)(TMA)	40.579	84.547	63.000	64.100	42.000	40.299	27.801
Enterprise Blood Management System (EBMS) (TMA)	2.925	0.000	0.000	0.000	0.000	0.000	0.000
Executive Information/Decision Support (EI/DS) (TMA)	1.949	3.196	1.479	3.863	5.399	5.821	5.920
Health Services Data Warehouse (HSDW) (Air Force)	1.623	0.000	0.000	0.000	0.000	0.000	0.000
IM/IT Test Bed (Air Force)	2.167	2.243	2.400	2.395	2.501	2.544	2.587
Integrated Clinical Database (ICDB-AF)	0.488	0.000	0.000	0.000	0.000	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

DATE: February 2012
 R1 Item Nomenclature: 8
 Information Technology Development
 0605013HP

Appropriation/Budget Activity
 Defense Health Program/BA: 2

Medical Operational Data System (MODS) (Army)	3.396	3.510	3.450	3.519	3.589	3.715	3.826
Medical Readiness Decision Support System Enhancements (Air Force)	1.365	0.000	0.000	0.000	0.000	0.000	0.000
Multidrug-Resistant Organism Repository and Surveillance Network (MRSN)(Army)	0.000	0.828	0.000	0.000	0.000	0.000	0.000
Navy Medicine CIO Management Operations (Navy)	1.428	2.729	4.323	4.409	4.497	4.574	4.652
Navy Medicine CIO Management Operations (Navy)	0.257	0.000	0.000	0.000	0.000	0.000	0.000
Navy Medicine Online (Navy)	2.373	1.404	0.000	0.000	0.000	0.000	0.000
Neuro Cognitive Assessment Tool (NCAT) (TMA)	2.898	0.000	0.000	0.000	0.000	0.000	0.000
Other Related Technical Activities (TMA)	8.012	12.631	1.523	1.508	1.675	1.697	1.724
Patient Safety Reporting (PSR) (TMA)	0.000	0.000	0.000	0.511	0.253	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 8
 Information Technology Development
 0605013HP

Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)(Army)	0.000	0.096	0.000	0.000	0.000	0.000	0.000
Theater Enterprise Wide Logistics System (TEWLS) (TMA)	5.209	5.150	3.821	0.000	0.000	0.000	0.000
Theater Medical Information Program (TMIP) (TMA)	21.848	24.304	39.803	39.032	36.554	35.485	36.084
Third Party Outpatient Collection System (TPOCS) (TMA)	0.459	0.000	0.000	0.000	0.000	0.000	0.000
TMA E-Commerce (TMA)	5.489	3.296	3.493	3.566	3.646	3.710	3.772
Veterinary Service Information Management System (VSIMS) (TMA)	0.000	0.463	0.000	0.000	0.000	0.000	0.000
Virtual Lifetime Electronic Record (VLER)(Budgeted)(TMA)	4.875	4.875	0.000	0.000	0.000	0.000	0.000
Workload Management System for Nursing - Internet (WMSNi)(Army)	0.000	0.264	0.000	0.000	0.000	0.000	0.000

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 8
Information Technology Development
0605013HP

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 Armed Forces Health Longitudinal Technology Application (AHLTA), the Army Medical CIO Management Operations (AMCMO), the Army Warrior Care and Transition System (AWCTS), the Medical Occupational Data System (MODS), the Workload Management System for Nursing - Internet (WMSNi), the Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM), and the Multidrug-resistant organism Repository and Surveillance Network (MRSN).

The Navy Medical Information Management/Information Technology (IM/IT) service RDT&E funds the development required for those systems which are integral to Navy Medicine (i.e. Navy Medicine Knowledge Management System (NMKMS)). Navy Medicine also funds, when appropriate, a number of small-scale, opportunistic business improvements when the technology makes a sudden advance. These projects are generally not in the scope of the TRICARE Management Activity (TMA) Central Programs.

For the Air Force Medical Service this program element supports IMIT development requirements within four AFMS Chief Information Officer defined core capabilities as essential to Air Force Medical Service IM/IT mission support. Data warehousing, reporting services, systems integration, and custom application development are featured in almost all IM/IT systems and application requests. The information needs of the AFMS are growing in volume, complexity, and delivery formats. In order to meet future requirements, aggregation of more and varied data sources require increasingly complex data warehousing capabilities. Demand for dynamic analytic capability will require investments in business intelligence, predictive analytic tools, open source research data models, and emerging personalized medicine analysis. Information is still largely produced in an ad hoc manner without standard methodologies, mapping of business requirements, transparent analytic models, and distributed by office productivity software. Centralized production of standard reports, balance sheets, and dynamic query tools would relieve many managers and action officer of routine work and increase leadership decision support. AFMS medical readiness reporting and tracking has set the standard in the DoD for over a decade but multiple applications now encompass what has merged into a common process of tracking unit capability and personal health assessments. Consolidation of medical readiness applications would streamline disability, medical readiness, deployment surveillance, and flying status tracking and reporting who currently must move between multiple applications.

a. Medical Readiness - There are at least 6 applications that medics use for tracking and reporting disability, deployment health, health assessment, and preventive health assessment. Medics would benefit from a common source to track these essential mission requirements in order to assure that the readiness and

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 8
Information Technology Development
0605013HP

occupational needs of the AF are maintained. Additionally, an increasing number of reports and data feeds are requested to support AF Line, AFMS leadership, and MAJCOM/MTF customers. Data models and dynamic query tools are needed for self-service ad hoc reporting and building standard, policy-driven reports.

b. Population Health - Chronic disease care is the most expensive and fastest growing consumer of medical resources. Improvements are needed in clinical decision support, patient safety, facilitation of home and remote monitoring, and telemedicine that will facilitate new models for delivery of medicine other than the traditional visit to the doctor's office. Personalized medicine research will identify new methods for preventing and treating diseases--this research needs very sophisticated data analytics and integrated data warehouses.

c. Experience of Care - Technology advancements are bridging the gap between patient and provider allowing better communication, relationships, and objective monitoring for physical factors that drive preventable visits and hospitalizations. There is also increasing opportunity to bring patients, primary care, and specialists into collaborative visits without multiple appointments and long-distance travel. These telemedicine tools require significant investments in integration for use on AF Networks.

d. Per capita cost -- The integration of accounting systems, human resource tracking, and 'cost of care' is extremely difficult because of siloed systems. The aggregation of these data sets and modeling for improved analytics would significantly improve decision making capability of management and leadership.

The funding in this program element also provides for operation and 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.

The MHS centrally-managed, Tri-Service IM/IT RDT&E program includes funding for development/integration, test and evaluation for the following initiatives of special interest: 1) Electronic Health Record Way Ahead (EHRWA)/Integrated Electronic Health Record (iEHR) is a proposed Major Automated Information System (MAIS) program designed to replace/sunset the current portfolio of systems providing initial EHR capability, such as AHLTA (which is DoD's current Electronic Health Record (EHR) and one of the world's largest clinical information systems that provides secure, 24x7, worldwide online access to patients medical records); and Composite Health Care System (CHCS)(which is the military's legacy computerized provider order entry (CPOE) system used for ordering/documenting lab tests, radiology exams, prescription transactions, and for documenting outpatient appointments as well as other care that is administered). EHRWA/iEHR will establish a

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 8
Information Technology Development
0605013HP

comprehensive, longitudinal, electronic health record that will also support the Virtual Lifetime Electronic Record (VLER) initiative; 2) Theater Medical Information Program-Joint (TMIP-J) integrates components of the military medical information systems to ensure interoperable medical support for all Theater and deployed forces; 3) Defense Medical Logistics Standard Support (DMLSS) provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services; 4) Executive Information/Decision Support (EI/DS) receives, stores, processes data from MHS systems used for managing the business of health care; 5) Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) assembles, evaluates and stores data on occupational personnel exposure information, workplace environment monitoring, personnel protective equipment usage, and observation of work practices. The Central IM/IT Program also provides RDT&E funding for mission essential initiatives such as: Enterprise Blood Management System (EBMS), Patient Safety Reporting (PSR), Theater Enterprise Wide Medical Logistics System (TEWLS), and various Wounded, Ill and Injured (WII) Warrior initiatives like Neuro-Cognitive Assessment Tool (NCAT), and Clinical Case Management (CCM).

The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System: 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 is composed of several major applications including: Contract Management (CM), utilizing Comprizon.Buy and the replacement Prism software to support contract action development and documentation; Resource Management (RM), employing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; Document Management, utilizing Documentum 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.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 8
Information Technology Development
0605013HP

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	133.091	176.345	199.812	144.205
Change Proposal	0.000	0.000	-54.544	0.797
Congressional Rescission	0.257	0.000	0.000	0.000
Realignment	0.000	0.000	0.000	0.000
Reprogramming	4.300	0.000	0.000	0.000
SBIR	-0.107	-4.409	0.000	0.000
FY13 Budget Submission RDT&E	137.541	171.936	145.268	145.002

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: Congressional Special Interest increase to DHP RDT&E, PE 0605013-Information Technology Development for Diabetes Information Tracking System (Air Force) (+\$0.800 million); Automation of Medical Quarters (Air Force) (+\$0.800 million); Medical Readiness Decision Support System Enhancements (Air Force) (+\$1.400 million); and Air Force Integrated Healthcare Toolset (AFIFHCT) (Air Force) (+\$1.300 million).

SBIR Transfer from DHP RDT&E, PE 0605013 - Information Technology Development (-\$0.107 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.107 million).

Congressional Rescission increase to DHP RDT&E, PE 0605013-Information Technology Development for Office Secretary of Defense, Comptroller Efficiency reduction per Consolidated Appropriations Act, 2012, Public Law 112-74, Section 8040, "Of the funds appropriated in Department of Defense Appropriations Acts, the following funds are hereby rescinded from the following accounts and programs in the specified amounts: Defense Health Program, 2011/2012 (+\$0.257 million). Funds are pending decrease to the FY 2011/2012 Defense Health Program RDT&E appropriation.

FY 2012: SBIR Transfer from DHP RDT&E, PE 0605013 - Information Technology Development (-\$4.409 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$4.409 million).

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 8
Information Technology Development
0605013HP

FY 2013: Change Proposal from DHP RDT&E, PE 0605013 - Information Technology Development for adjustments to the centrally managed IM/IT program which is primarily associated with the departmentally directed rebaselining of EHRWA as a result of the effort to jointly address the need to modernize EHRs within DoD and VA with both Departments working together to synchronize planning activities and implement a common approach known as the Integrated Electronic Health Record (iEHR) (-\$56.700 million).

Change Proposal for inflation adjustment to DHP RDT&E, PE 0605013 - Information Technology Development (+\$2.156 million).

FY 2014: Change Proposal from DHP RDT&E, PE 0605013 - Information Technology Development for adjustments to the centrally managed IM/IT program which is primarily associated with the departmentally directed rebaselining of EHRWA as a result of the effort to jointly address the need to modernize EHRs within DoD and VA with both Departments working together to synchronize planning activities and implement a common approach known as the Integrated Electronic Health Record (iEHR) (-\$0.600 million).

Change Proposal for inflation adjustment to DHP RDT&E, PE 0605013 - Information Technology Development for Electronic Health Record (+\$1.397 million).

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 8
 Information Technology Development
 0605013HP

C. OTHER PROGRAM FUNDING SUMMARY*:

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	624.588	753.998	804.914	721.358	773.586	790.191	821.561
BA-1, PE 0807714	2.577	1.398	1.440	1.483	1.528	1.573	1.621
BA-1, PE 0807724	6.399	7.036	7.105	7.331	7.481	7.760	7.801
BA-1, PE 0807752	12.684	16.178	16.404	16.634	16.866	17.102	17.393
BA-1, PE 0807781	224.802	217.909	228.815	230.967	235.249	240.665	245.504
BA-1, PE 0807793	359.700	496.241	535.106	448.760	496.072	506.454	532.326
BA-1, PE 0807795	15.970	12.888	13.596	13.702	13.874	14.085	14.326
BA-1, PE 0807995	2.456	2.348	2.448	2.481	2.516	2.552	2.590
DHP Procurement	189.189	249.369	120.081	219.282	82.049	77.134	70.118
BA-3, PE 0807721	184.990	248.839	119.537	218.725	81.486	76.560	69.534
BA-3, PE 0807720	4.199	0.530	0.544	0.557	0.563	0.574	0.584

D. ACQUISITION STRATEGY: Test and evaluate software development products to gather data needed for military and regulatory requirements prior to production and fielding.

E. PERFORMANCE METRICS:

In the Army Medical Department, program cost, schedule and performance are measured using a systematic approach. The results of these measurements are presented to management on a regular basis to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Program performances are highlighted within each project's plans and accomplishments.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 9
 Medical Products and Support Systems Dev
 0605145HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0605145	0.000	33.695	17.116	13.476	20.455	36.013	37.694
GDF-Medical Products and Support Systems Development (GDF-MPSSD)	0.000	18.485	8.521	13.476	20.455	36.013	37.694
Hyperbaric Oxygen Therapy Clinical Trial (Army)	0.000	15.210	8.595	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: Guidance for Development of the Force (GDF) - Medical Products and Support Systems Development: This Program Element (PE) funds system development and demonstration of medical commodities delivered from the various medical advanced development and prototyping 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. Research in this PE is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System, and the strategy and initiatives described in the Quadrennial Defense Review. Program development and execution is peer-reviewed and fully coordinated with all of the Military Services, appropriate Defense Agencies or Activities and other federal agencies, to include the Department of Veterans Affairs, the Department of Health and Human Services, and Department of Homeland Security. This coordination occurs through the planning and execution activities of the Joint Program Committees, established for the Defense Health Program Research, Development, Test and Evaluation (RDT&E) funding. The work includes development and demonstration of medical modeling and simulation systems for training/education/treatment, and medical system development and demonstration.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 9
 Medical Products and Support Systems Dev
 0605145HP

The Army Medical Command receives funding to support product development of hyperbaric oxygenation for chronic, mild traumatic brain injury (TBI). The effort encompasses development, initiation, operation, analysis, and subsequent publication of clinical trials to compare and assess the long-term benefit of hyperbaric oxygen (HBO2) therapy on service members with mild TBI.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	0.000	34.559	16.834	13.365
Change Proposal	0.000	0.000	0.282	0.111
SBIR	0.000	-0.864	0.000	0.000
FY13 Budget Submission RDT&E	0.000	33.695	17.116	13.476

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change.

FY 2012: SBIR Transfer from DHP RDT&E, PE 0605145-Medical Products and Support Systems Development (-\$0.864 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.864 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0605145-Medical Products and Support Systems Development (+\$0.282 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0605145-Medical Products and Support Systems Development (+\$0.111 million).

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Test and evaluate medical procedures and prototype devices in government-managed Phase 2 clinical trials to gather data required for military and regulatory requirements prior to production and fielding, to include FDA licensure and Environmental Protection Agency registration.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 9
Medical Products and Support Systems Dev
0605145HP

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL 8.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 10
 Small Business Innovation Research (SBIR)
 0605502HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0605502	29.887	31.470	0.000	0.000	0.000	0.000	0.000
Small Business Innovative Research (SBIR)	29.887	31.470	0.000	0.000	0.000	0.000	0.000

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 DHP 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.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	29.720	0.000	0.000	0.000
SBIR	0.167	31.470	0.000	0.000
FY13 Budget Submission RDT&E	29.887	31.470	0.000	0.000

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: SBIR Transfers from

- 1) DHP RDT&E, PE 0603115 - Medical Technology Development (+\$0.035 million);
- 2) DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development (+\$0.025 million);

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 10
Small Business Innovation Research (SBIR)
0605502HP

3) DHP RDT&E, PE 06050130 - Information Technology Development (+\$0.107 million).

SBIR Transfers total to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.167 million).

FY 2012: SBIR Transfers from

1) DHP RDT&E, Program Element (PE) 0601101 - In-House Laboratory Independent Research (ILIR) (+\$0.073 million);

2) DHP RDT&E, PE 0601117 - Basic Operational Medical Research Sciences (+\$0.025 million);

3) DHP RDT&E, PE 0602115 - Applied Biomedical Technology (+\$1.714 million);

4) DHP RDT&E, PE 0602787 - Medical Technology (AFRRI) (+\$0.092 million);

5) DHP RDT&E, PE 0603002 - Advanced Technology (AFRRI) (+\$0.019 million);

6) DHP RDT&E, PE 0605013 - Information Technology Development (+\$17.829 million);

7) DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development (+\$4.868 million);

8) DHP RDT&E, PE 0605013 - Information Technology Development (+\$4.409 million);

9) DHP RDT&E, PE 0605145-Medical Products and Support Systems Development (+\$0.864 million);

10) DHP RDT&E, PE 0606105 - Medical Program-Wide Activities (+\$1.208 million);

11) DHP RDT&E, PE 0607100 - Medical Products and Capabilities Enhancement Activities (+\$0.369 million);

SBIR Transfers total to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$31.470 million).

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 10
Small Business Innovation Research (SBIR)
0605502HP

C. OTHER PROGRAM FUNDING SUMMARY: None.

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.

E. PERFORMANCE METRICS:

The number of Phase I awards supporting innovative technology development. The number of Phase II and III awards leading to technology transition.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 11
 Medical Program-Wide Activities
 0606105HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0606105	15.952	47.105	61.518	82.837	92.755	76.174	77.586
CONUS Lab Support Clinical Infrastructure (Army)	0.000	3.902	13.854	0.000	0.000	0.000	0.000
MILCON IO&T (Army) (Reserved at TMA in 12-16POM)	0.000	0.000	1.251	26.893	48.438	36.456	44.749
NMRC Biological Defense Research Directorate (BDRD) (Navy)	0.000	0.000	4.223	4.351	4.482	4.676	4.880
OCONUS Laboratory Infrastructure Support (Army)	0.000	3.023	7.078	8.081	13.136	13.145	13.367
Pacific Based Joint Information Technology Center - Maui (JITC-Maui)	2.527	7.530	7.952	8.109	8.276	8.447	8.590
USAMRICD IO&T (Army)	10.437	0.000	0.000	0.000	0.000	0.000	0.000
USAMRICD IO&T (Army)	0.000	17.455	7.740	7.103	5.513	0.000	0.000

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 11
 Medical Program-Wide Activities
 0606105HP

USAMRIID IO&T (Army)	2.988	0.000	0.000	0.000	0.000	0.000	0.000
USAMRIID IO&T (Army)	0.000	15.195	19.420	28.300	12.910	13.450	6.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Defense Health Program, funding provides management support for research projects at Pacific Joint Information Technology Center (JITC).

This funding also supports the maintenance and modernization of medical Research, Development, Test and Evaluation (RDT&E) installations. It supports the initial outfitting equipment and transition (IO&T) cost requirements for replacement of RDT&E medical laboratories funded under multi-year military construction (MILCON) projects. These IO&T funds are designated as appropriations from other than MILCON.

This program element includes RDT&E DHP funds for the Medical Biological Defense research sub-function of the Naval Medical Research Center (NMRC) Biological Defense Research Directorate (BDRD) to be relocated to Fort Detrick under the Base Re-Alignment Commission (BRAC) 2005. This BRAC mandated move is to be accomplished by fiscal year 2012. Consequently, there are significant increases in the operational costs by virtue of being at Fort Detrick, a highly secure National Interagency Biodefense Campus (NIBC).

The Army Medical Command receives funding for research infrastructure management support requirements at select CONUS and OCONUS laboratories and trial sites. Research scientists, at these laboratories, conduct bio-surveillance and early-to-late-stage clinical research of investigational products such as biologicals, drugs, and devices to treat/prevent polytrauma injuries. Research is conducted to obtain U.S. FDA licensure, a requirement for use of products in Warfighters. The funding provides for the sustainment of significant technical expertise and knowledge independent of the number of assigned projects.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	15.952	48.313	60.898	82.056
Change Proposal	0.000	0.000	0.620	0.781
SBIR	0.000	-1.208	0.000	0.000
FY13 Budget Submission RDT&E	15.952	47.105	61.518	82.837

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 11
 Medical Program-Wide Activities
 0606105HP

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change.

FY 2012: SBIR Transfer from DHP RDT&E, PE 0606105 - Medical Program-Wide Activities (-\$1.208 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$1.208 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0606105-Medical Program-Wide Activities (+\$0.620 million).

FY 2014: Change Proposal for inflation adjustment to DHP RDT&E, PE 0606105-Medical Program-Wide Activities (+\$0.781 million).

C. OTHER PROGRAM FUNDING SUMMARY:

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	0.026	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807724	0.026	0.000	0.000	0.000	0.000	0.000	0.000

D. ACQUISITION STRATEGY: Not required.

E. PERFORMANCE METRICS:

Metric includes completed and documented analysis by the performer reflecting program execution and completion dates based on approved phasing.

Defense Health Program
 Fiscal Year (FY) 2013 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2012
 R1 Item Nomenclature: 12
 Medical Products and Capabilities Enhancement
 Activities
 0607100HP

COST: (Dollars in Millions)

	2011 Actual	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate	2017 Estimate
Total PE 0607100	19.500	14.396	15.815	14.646	18.231	18.995	19.315
GDF-Medical Products and Capabilities Enhancement Activities (GDF-MPCEA)	19.500	14.396	15.815	14.646	18.231	18.995	19.315

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: Guidance for Development of the Force-Medical Products and Capabilities Enhancement Activities Program Element (PE) funds efforts to enhance fielded medical products or for pre-planned improvement of fielded medical products, including information management/information technology (IM/IT) systems. Additionally, work will be funded that provides clinical outcome follow-ups to military unique clinical practice guidelines. Research in this PE is designed to address areas of interest to the Secretary of Defense regarding Wounded Warriors, to address capabilities identified through the Joint Capabilities Integration and Development System, and to address the strategy and initiatives described in the Quadrennial Defense Review. Program development and execution is fully coordinated with appropriate Program Managers of fielded medical systems and with the relevant Senior Officials/stakeholders of clinical practice guidelines.

B.

B. PROGRAM CHANGE SUMMARY:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
FY13 Budget Estimate RDT&E	19.500	14.765	15.628	14.461
Change Proposal	0.000	0.000	0.187	0.185
SBIR	0.000	-0.369	0.000	0.000
FY13 Budget Submission RDT&E	19.500	14.396	15.815	14.646

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2012
R1 Item Nomenclature: 12
Medical Products and Capabilities Enhancement
Activities
0607100HP

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2011: No Change

FY 2012: SBIR Transfer from DHP RDT&E, PE 0607100 - Medical Products and Capabilities Enhancement Activities (-\$0.369 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.369 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0607100-Medical Products and Capabilities Enhancement Activities (+\$0.187 million).

FY 2013: Change Proposal for inflation adjustment to DHP RDT&E, PE 0607100-Medical Products and Capabilities Enhancement Activities (+\$0.185 million).

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Not required.

E. PERFORMANCE METRICS:

The benchmark performance metric for research supported in this PE will be the enhancement of a maturity level that is typical of TRL 9.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
FY 2013 Overseas Contingency Operations (OCO)
Operation and Maintenance**

**O-1 Line Item Summary
(Dollars in Thousands)**

Major Category: Operations *

Sub-Activity Group	Sub-Activity Group Name	FY 2011 Actuals	FY 2012 Request	FY 2012 Appropriated	FY 2013 Estimate
01	In-House Care	715,131	641,996	642,221	483,326
02	Private Sector Care	538,376	464,869	451,847	376,982
03	Consolidated Health Support	112,607	95,994	95,770	111,675
04	Information Management	5,436	5,548	5,548	4,773
05	Management Activities	287	751	751	660
06	Education and Training	16,247	16,859	16,859	15,370
07	Base Operations/Communications	5,909	2,271	2,271	1,112
		1,393,993	1,228,288	1,215,266	993,898

Notes:

* FY 2011 actuals include Operation Noble Eagle. FY 2012 DHP amount of the P.L. 112-74 Section 9014 congressionally directed reduction is \$13.022M.

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE - OCO
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	FY2011 Program	Foreign Currency Adjust	Price Growth Percent	Amount	Program Growth	FY2012 Program
308	Travel of Persons	12,239	0	1.87%	229	-667	11,801
399	Total Travel	12,239	0		229	-667	11,801
401	DFSC Fuel	3	0	0.00%	0	0	3
402	Service Fund Fuel	0	0	0.00%	0	0	0
411	Army Sup & Mat	0	0	0.00%	0	0	0
412	Navy Sup & Mat	54	0	0.00%	0	-13	41
414	AF Sup & Mat	0	0	0.00%	0	0	0
415	DLA Sup & Mat	262	0	1.53%	4	-225	41
416	GSA Sup & Mat	255	0	1.57%	4	-99	160
417	Local Proc Sup & Mat	3,719	0	1.91%	71	-3,079	711
418	Air Force Retail Supply	0	0	0.00%	0	0	0
499	Total Sup & Mat	4,293	0		79	-3,416	956
502	Army Fund Equip	0	0	0.00%	0	0	0
503	Navy Fund Equip	68	0	0.00%	0	-68	0
505	AF Fund Equip	0	0	0.00%	0	0	0
506	DLA Fund Equip	216	0	1.39%	3	-100	119
507	GSA Fund Equip	800	0	1.88%	15	-365	450
599	Total Fund Equip	1,084	0		18	-533	569
602	Army Depot Cmd Maint	0	0	0.00%	0	0	0
611	Naval Surface War Ctr	0	0	0.00%	0	0	0
631	Naval Civil Engrn Ctr	0	0	0.00%	0	0	0
633	Naval Pub & Prnt Svc	354	0	5.93%	21	-371	4
634	Nav Pub Wrks Ctr: Utilities	0	0	0.00%	0	0	0
635	Nav Pub Wrks Ctr: Pub Wrks	0	0	0.00%	0	0	0
647	DISA Enterprise Computer Centers	0	0	0.00%	0	0	0
671	Communications Svc	0	0	0.00%	0	0	0
673	Def Finance & Acct Svc	0	0	0.00%	0	0	0
675	DLA Disposition Services	0	0	0.00%	0	0	0
677	Comm Svcs Tier 1	0	0	0.00%	0	0	0
679	Cost Reimbursible Svc	0	0	0.00%	0	0	0
680	Purchases from Building Maintenanc	0	0	0.00%	0	0	0
699	Total Purchases	354	0		21	-371	4
701	MAC Cargo	0	0	0.00%	0	0	0
707	AMC Training	0	0	0.00%	0	0	0
711	MSC Cargo	0	0	0.00%	0	0	0
721	MTMC Port Handling	1	0	0.00%	0	-1	0
771	Commercial Transportation	8,973	0	1.52%	136	-16	9,093
799	Total Transportation	8,974	0		136	-17	9,093
9XX	Civ Pay Reimburs Host	158,074	0	0.00%	0	-20,845	137,229
901	Foreign Nat Ind Hire	5,440	0	0.00%	0	0	5,440
902	Separation Liability	0	0	0.00%	0	0	0
912	Rental Pay to GSA	3	0	0.00%	0	-2	1
913	Purchased Utilities	116	0	2.59%	3	-33	86
914	Purchased Communica	211	0	1.90%	4	-165	50
915	Rents non GSA	499	0	2.00%	10	-58	451
917	Postal Svcs	37	0	2.70%	1	-38	0
920	Supplies & Mat	115,719	0	3.01%	3,483	-80,684	38,518
921	Printing & Reproduct	353	0	1.70%	6	-281	78
922	Equip Maint Contract	3,065	0	1.89%	58	-466	2,657
923	Facility Maint Contract	4,226	0	1.92%	81	-4,307	0
924	Pharmacy	107,911	0	3.20%	3,454	-38,208	73,157
925	Equip Purchases	5,437	0	2.56%	139	-2,952	2,624
926	Overseas Purchases	0	0	0.00%	0	0	0
930	Other Depot Maint	0	0	0.00%	0	0	0
931	Contract Consultants	0	0	0.00%	0	0	0
932	Mgmt & Prof Spt Svc	1,602	0	1.50%	24	0	1,626
933	Studies Analysis Eval	0	0	0.00%	0	0	0
934	Engineering Tech Svc	0	0	0.00%	0	0	0
937	Fuel	0	0	0.00%	0	0	0
955	Other Costs (Medical Care)	40,466	0	3.21%	1,300	35,386	77,152
960	Other Costs (Interest and Dividends)	22	0	0.00%	0	-21	1
964	Other Costs (Subsistence and Support	0	0	0.00%	0	0	0
984	Equipment Contracts	0	0	0.00%	0	0	0
985	Research and Development Contracts	0	0	0.00%	0	0	0
986	Medical Care Contracts	898,365	0	3.20%	28,748	-82,599	844,514
987	Other Intra-Government Purchases	14,094	0	1.90%	268	-13,947	415
988	Grants	0	0	0.00%	0	0	0
989	Other Services	7,568	0	1.89%	143	-1,211	6,500
990	IT Contract Support Services	3,841	0	1.87%	72	-1,569	2,344
999	Total Purchases	1,367,049	0		37,794	-212,000	1,192,843
9999	TOTAL	1,393,993	0		38,277	-217,004	1,215,266

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2013 BUDGET ESTIMATES
OPERATION AND MAINTENANCE - OCO
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	FY2012 Program	Foreign Currency Adjust	Price Growth Percent	Amount	Program Growth	FY2013 Program
308	Travel of Persons	11,801	0	1.69%	200	-1,846	10,155
399	Total Travel	11,801	0		200	-1,846	10,155
401	DFSC Fuel	3	0	0.00%	0	0	3
402	Service Fund Fuel	0	0	0.00%	0	0	0
411	Army Sup & Mat	0	0	0.00%	0	0	0
412	Navy Sup & Mat	41	0	0.00%	0	0	41
414	AF Sup & Mat	0	0	0.00%	0	0	0
415	DLA Sup & Mat	41	0	2.44%	1	33	75
416	GSA Sup & Mat	160	0	1.88%	3	-15	148
417	Local Proc Sup & Mat	711	0	1.69%	12	0	723
418	Air Force Retail Supply	0	0	0.00%	0	0	0
499	Total Sup & Mat	956	0		16	18	990
502	Army Fund Equip	0	0	0.00%	0	0	0
503	Navy Fund Equip	0	0	0.00%	0	0	0
505	AF Fund Equip	0	0	0.00%	0	0	0
506	DLA Fund Equip	119	0	1.68%	2	0	121
507	GSA Fund Equip	450	0	1.56%	7	0	457
599	Total Fund Equip	569	0		9	0	578
602	Army Depot Cmd Maint	0	0	0.00%	0	0	0
611	Naval Surface War Ctr	0	0	0.00%	0	0	0
631	Naval Civil Engrn Ctr	0	0	0.00%	0	0	0
633	Naval Pub & Prnt Svc	4	0	0.00%	0	54	58
634	Nav Pub Wrks Ctr: Utilities	0	0	0.00%	0	0	0
635	Nav Pub Wrks Ctr: Pub Wrks	0	0	0.00%	0	0	0
647	DISA Enterprise Computer Centers	0	0	0.00%	0	0	0
671	Communications Svc	0	0	0.00%	0	0	0
673	Def Finance & Acct Svc	0	0	0.00%	0	0	0
675	DLA Disposition Services	0	0	0.00%	0	0	0
677	Comm Svcs Tier 1	0	0	0.00%	0	0	0
679	Cost Reimbursible Svc	0	0	0.00%	0	0	0
680	Purchases from Building Maintenanc	0	0	0.00%	0	0	0
699	Total Purchases	4	0		0	54	58
701	MAC Cargo	0	0	0.00%	0	0	0
707	AMC Training	0	0	0.00%	0	0	0
711	MSC Cargo	0	0	0.00%	0	0	0
721	MTMC Port Handling	0	0	0.00%	0	0	0
771	Commercial Transportation	9,093	0	1.69%	154	-27	9,220
799	Total Transportation	9,093	0		154	-27	9,220
9XX	Civ Pay Reimburs Host	137,229	0	0.37%	514	8,030	145,773
901	Foreign Nat Ind Hire	5,440	0	0.37%	20	0	5,460
902	Separation Liability	0	0	0.00%	0	0	0
912	Rental Pay to GSA	1	0	0.00%	0	1	2
913	Purchased Utilities	86	0	1.16%	1	6	93
914	Purchased Communica	50	0	2.00%	1	17	68
915	Rents non GSA	451	0	1.55%	7	0	458
917	Postal Svcs	0	0	0.00%	0	6	6
920	Supplies & Mat	38,518	0	3.16%	1,218	-9,255	30,481
921	Printing & Reproduct	78	0	1.28%	1	0	79
922	Equip Maint Contract	2,657	0	1.69%	45	-432	2,270
923	Facility Maint Contract	0	0	0.00%	0	164	164
924	Pharmacy	73,157	0	3.60%	2,632	-9,499	66,290
925	Equip Purchases	2,624	0	2.74%	72	500	3,196
926	Overseas Purchases	0	0	0.00%	0	0	0
930	Other Depot Maint	0	0	0.00%	0	0	0
931	Contract Consultants	0	0	0.00%	0	0	0
932	Mgmt & Prof Spt Svc	1,626	0	1.72%	28	-1,654	0
933	Studies Analysis Eval	0	0	0.00%	0	0	0
934	Engineering Tech Svc	0	0	0.00%	0	0	0
937	Fuel	0	0	0.00%	0	0	0
955	Other Costs (Medical Care)	77,152	0	3.60%	2,781	-26,672	53,261
960	Other Costs (Interest and Dividends)	1	0	0.00%	0	2	3
964	Other Costs (Subsistence and Support	0	0	0.00%	0	0	0
984	Equipment Contracts	0	0	0.00%	0	0	0
985	Research and Development Contracts	0	0	0.00%	0	0	0
986	Medical Care Contracts	844,514	0	3.60%	30,403	-221,265	653,652
987	Other Intra-Government Purchases	415	0	1.69%	7	2,428	2,850
988	Grants	0	0	0.00%	0	0	0
989	Other Services	6,500	0	1.72%	112	53	6,665
990	IT Contract Support Services	2,344	0	1.71%	40	-258	2,126
999	Total Purchases	1,192,843	0		37,882	-257,828	972,897
9999	TOTAL	1,215,266	0		38,261	-259,629	993,898

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)**

Budget Activity 1, Operation and Maintenance

Detail by Subactivity Group

I. Description of Operations Supported: These funds provide medical and dental services to active forces (above baseline), mobilized Reserve Components (RC), and their family members in support of Operation Enduring Freedom (OEF). The Defense Health Program (DHP) baseline request does not provide for medical and dental support within the OEF Area of Responsibility (AOR). Overseas Contingency Operations (OCO) funds the incremental costs associated with the treatment of combat casualties at Military Treatment Facilities (MTF). Combat casualties require higher resource intensive care (e.g., amputees, burn and rehabilitative care) than routine peacetime patients require. Other DHP operational requirements in support of the OEF includes: Pre/Post deployment processing for personnel, aeromedical transportation of casualties from Germany to the US, and contracted/civilian medical personnel to backfill deployed MTF staff. Additionally, support requirements include command, control, and communication (C3) costs, telemedicine, public health support, material management control, veterinary support, and bioenvironmental health support that are above the funded baseline. The DHP also provides additional blood units and products for casualties and post deployment health assessments (between 3-6 months after deployment), evaluations, and treatment for all deployed forces. OCO funding is also provided to support the implementation of the Integrated Disability Evaluation System (IDES) which will facilitate integration between the Military Health System (MHS) and the Department of Veterans Affairs resulting in faster processing time for the wounded warriors undergoing disability evaluation.

• **In House Care:**

- Incremental costs for health care for casualties of war above baseline
- Incremental costs for deployment related pharmaceuticals
- Medical and dental care for mobilized RC personnel
- Backfill of deployed medical personnel to home station MTF
- OCO portion of IDES

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)**

- **Private Sector Care**

- Healthcare for mobilized RC and their family members

- **Consolidated Health Support**

- Incremental costs for the Armed Services Blood Program to provide blood products for OEF
- Aeromedical transportation of casualties from Germany to the US
- Military Public Health manpower, supplies, support equipment, and associated requirements specifically identified for the management, direction, and operation of disease prevention and control for OEF
- Incremental support for OEF in epidemiology, medical entomology, drinking water safety, monitoring hazardous waste disposal, food and facility sanitation, health promotion and education, health surveillance, medical intelligence, disease and climate illness, disease prevention and control, and injury surveillance
- Resources required for the incremental costs for the management, direction and operation of DoD's veterinary missions in support of OEF
- Medical laboratories processing of blood samples collected in the pre/post deployment process

- **Information Management**

- Incremental information management support for medical coding and tracking of patients supporting OCO
- Incremental contract support to electronically collect and store healthcare, public health, bioenvironmental, and health surveillance data
- Incremental funding of telemedicine and teleconferencing initiatives to better leverage technology in the delivery of combat health care

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)**

- **Management Activities**

- Medical command, control, and communications in support of OEF
- Medical headquarters planning, analysis, reporting, data collection, and after action reviews in support of OEF

- **Education and Training**

- Additional trauma training to ensure medical providers, as well as all other medical personnel, receive/retain the necessary skill sets to treat combat trauma injuries
- Training for medical providers and other medical personnel to properly diagnose pre- and post-deployment mental health conditions

- **Base Operations/Communications**

- Sustainment costs for medical facilities at five RC installations utilized for deployment processing
- Increased square footage in support of Post Deployment Health Re-Assessments to include utilities and housekeeping

- **Research, Development, Test, and Evaluation**

- Transfers from the Joint Improvised Explosive Device Defeat Organization (JIEDDO) for blast recovery monitors, body blood flow monitors, and blast pulse effect monitors (FY 2011 Congressional Special Interest Item)

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)

	(\$ in Thousands)		
<u>II. Financial Summary</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
Total DHP OCO	1,393,993	1,215,266	993,898

	(\$ in Thousands)		
<u>A. Subactivity Group -</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
<u>In-House Care</u>	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
	715,131	642,221	483,326

Narrative Justification: FY 2013 request includes a much smaller Temporary Army End-Strength Increase (TESI) than that included in the FY 2011 and FY 2012 requests. Most of the TESI requirement (65%) is for In-House Care for the health care for active duty and their family members in MTFs. In addition, smaller projections for deployed active and reserve component forces in FY 2013 have contributed to a reduction in the overall requirement.

The DHP will continue to incur costs associated with supplying pharmaceuticals, pre-deployment individual equipment items (e.g. eyewear and protective mask eyewear inserts), and prophylactic vaccinations as long as there are deployed personnel in the AOR. Additionally, the DHP funds base requirements for casualty care activities at amputee centers at San Antonio Military Medical Center (SAMMC), San Antonio, TX; Walter Reed National Military Medical Center, Bethesda, MD; and Naval Medical Center, San Diego, CA, as well as burn centers. In addition to the OCO budget request, the PDHRA requirement, a program to identify members who may have mental or physical health conditions because of their deployment, is now funded in the base budget.

The FY 2013 Budget Request also includes OCO funding in support of IDES.

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)**

Impact if not funded: Providing health care for military members (active as well as mobilized RC members) is the mission of the Military Health System. This request is for the funding necessary to provide the additional medical and dental care for the mobilized forces not funded in the baseline budget. Without OCO funding, MTFs would have to reduce care to non-active duty beneficiaries (retirees and family members) resulting in a disengagement of these beneficiaries to the private sector. If funding is not provided to backfill the MTF positions vacated by active duty medical personnel deployed in support of OEF, fewer beneficiaries can be seen in these MTFs thereby shifting even more care to the private sector.

	(\$ in Thousands)		
	FY 2011	FY 2012	FY 2013
	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
B. Subactivity Group - Private Sector Care	538,378	451,847	376,982

Narrative Justification: FY 2013 request includes a much smaller Temporary Army End-Strength Increase (TESI) than that included in the FY 2011 and FY 2012 requests. Private Sector Care (PSC) comprises 35% of the TESI requirement for health care for active duty and their family members. In addition, smaller projections for deployed active and reserve component forces in FY 2013 have contributed to a reduction in the overall requirement. The assumed number of mobilized RC in FY 2013 is 59,888 with an average annual cost of \$7,095 per mobilized RC.

OCO PSC funding provides mobilized RC personnel and their family members with healthcare, pharmacy, and dental benefits while they are mobilized in support of OCO. Mobilized RC personnel and their family members are entitled to the same TRICARE benefits as their active duty counterparts including access to private sector providers through the TRICARE

**Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)**

Managed Care Support Networks. The network also provides access to civilian providers for those beneficiaries living in remote locations outside the established network areas. The TRICARE Reserve Select program, offered to RC members who enroll and share premiums with the government, is not included in this requirement. Health care coverage includes costs for medical care and pharmaceuticals for RC personnel and their family members, managed care contract administration fees, and RC dental care (funded here and in In-House Care). The FY 2013 Budget Request also includes OCO funding in support of IDES.

Impact if not funded: Providing health care to mobilized RC personnel and their families is congressionally mandated. This is a must pay bill and the cost will incur even without funding. If this occurs, other healthcare requirements will be compromised as funding is shifted from other priorities. This may include curtailing the amount of medical treatment obtained in MTFs for non-active duty personnel, thereby shifting those costs to the private sector care contracts.

	(\$ in Thousands)		
	FY 2011	FY 2012	FY 2013
	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
C. Subactivity Group -- Consolidated Health Support	112,607	95,770	111,675

Narrative Justification: Increase in FY 2013 is due primarily to an increase to the Pre-Post Deployment Mission in support of IDES. In addition, there is an increased requirement at the Soldier Readiness Processing sites for deploying and redeploying troops.

Impact if not funded: Lack of funding for collection, documentation, analysis, feedback, and storage of critical patient medical surveillance data sets would cause medical data integrity issues similar to the Vietnam Conflict Agent Orange exposure tracking and follow-up medical care issues. In addition, the optical fabrication, blood program and aeromedical transport missions would require further internal offsets. This would lead to

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)

reduced efficiencies in infrastructure improvements, hiring of civilian personnel, and the delay or cancellation of non-emergency logistic procurements.

	(\$ in Thousands)		
	FY 2011	FY 2012	FY 2013
	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
D. Subactivity Group -- Information Management	5,436	5,548	4,773

Narrative Justification: The FY 2013 OCO Budget Request decrease reflects a reduction in the projected deployment of active and RC forces in FY 2013. Requested funding still needed, however, for Pre-Post Deployment requirements at Soldier Readiness Processing sites, to include information technology personnel to support the deployments and troop withdrawals. Requested funding is also a result of realigning the request into the Subactivity Group where actual execution occurs. For example, Medical Backfill has seen an increase in Information Management /Information Technology (IM/IT) as IM/IT people deploy. The requested funding level also provides resources to continue electronically tracking patients departing the AORs. Patient tracking allows the MHS to know where casualties are as they travel from the AOR thru or to Germany and CONUS MTFs. This is vital to ensure patients are provided the specialized medical care required and to ensure the MTF's readiness to receive casualties. The MHS also collects, analyzes and stores all AOR public health, bioenvironmental hazard and health surveillance data by using information management contracts to support this capability. Telemedicine and teleconferencing initiatives enable AOR medical personnel to leverage global military healthcare expertise in their treatment of combat casualties before patients depart to CONUS for advanced care.

Impact if not funded: Without funding for patient tracking, patients may arrive at a hospital that is not properly equipped to care for them. Vital health surveillance data

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)

collected within the theaters of operation would not be stored. This data is crucial for investigating future healthcare conditions that possibly resulted from service in OEF. Without funding for the incremental costs associated with information management activities, the electronic collection and storage of all casualty health care records would be greatly reduced.

	(\$ in Thousands)		
	FY 2011	FY 2012	FY 2013
	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
E. Subactivity Group -- Management Activities	287	751	660

Narrative Justification: Decrease in FY 2013 is primarily due to the end of operations in Iraq. However, the DHP will continue providing management activities in support of OEF. The Army Medical Command Operations Center, which provides the Department of the Army with vital information for command and control of medical assets, will remain operational 24 hours a day. The center coordinates the sourcing of operations and rotations, manages medical policy and operational issues, performs reporting functions, and functions as the medical coordinator between theater (OEF) and the U.S. The center integrates all the medical operating systems including hospitalization, evacuation, medical logistics, personnel, dental, and veterinary functions.

Impact if not funded: The Army Medical Command Operations Center hours would be curtailed and staffing would be decreased to support only a normal duty hour function. The backload of information would cause a tremendous burden with decreased staff support. The DHP would not be able to effectively manage the logistical support for medical units assigned to OEF. If funding is not provided there would be a coordination gap in the movement of supplies, equipment and medical personnel in support of OEF. In addition, the coordination of patient movement between overseas locations to stateside MTFs would be delayed or interrupted.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)

	(\$ in Thousands)		
	FY 2011	FY 2012	FY 2013
	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
F. Subactivity Group -- Education and Training	16,247	16,859	15,370

Narrative Justification: Decrease in FY 2013 is primarily due to the end of operations in Iraq. Requested funding is in support of continued Pre-Post Deployment requirements to support OEF based on estimated fill rates for classes military personnel are required to take prior to deployment. In addition, the DHP will continue to provide the additional trauma training to ensure medical providers receive and retain the necessary skill sets to treat combat trauma injuries as well as training to properly diagnose pre/post deployment mental health conditions.

Impact if not funded: Without funding, the proficiency of medical personnel in treating the types of combat injuries that regular day-to-day peacetime healthcare typically does not afford would be greatly diminished. Without pre-deployment training, valuable time in the field would be devoted to elevating medical skills to proper readiness levels. In addition, specialized training to identify and treat pre/post deployment mental illnesses would not be available, therefore causing the possible deployment of non-ready forces.

Defense Health Program
Fiscal Year (FY) 2013 Budget Estimates
Operation and Maintenance
FY 2013 Overseas Contingency Operations (OCO)

	(\$ in Thousands)		
	FY 2011	FY 2012	FY 2013
	<u>Actuals</u>	<u>Appropriated</u>	<u>Request</u>
G. Subactivity Group -- Base Operations/ Communications	5,909	2,271	1,112

Narrative Justification: Decrease in FY 2013 is primarily due to the end of operations in Iraq. FY 2013 decrease is also a result of realigning the request into the Subactivity Group where actual execution occurs. Although this Subactivity Group decreased significantly, the requested funding level still provides for continued operations and maintenance of the medical facilities vital to the overall mission of OEF.

Impact if not funded: Without adequate funding, essential OEF infrastructure costs will have to be funded from existing resources placing an additional burden on peacetime healthcare resources.

	(\$ in Thousands)		
	FY 2011	FY 2012	FY 2013
	<u>P.L. 112-10</u>	<u>Request</u>	<u>Request</u>
H. Activity Group -- Research, Development, Test and Evaluation	24,000	0	0

Narrative Justification: There is no OCO RDT&E funding required in FY 2013.

Impact if not funded: Not applicable.