

VOLUME 12, CHAPTER 21 “FINANCIAL MANAGEMENT FOR DEFENSE HEALTH PROGRAM RESOURCES”**SUMMARY OF MAJOR CHANGES**

Changes are identified in this table and also denoted by [blue font](#).

Substantive revisions are denoted by an asterisk (*) symbol preceding the section, paragraph, table, or figure that includes the revision.

Unless otherwise noted, chapters referenced are contained in this volume.

Hyperlinks are denoted by [***bold, italic, blue, and underlined font***](#).

The previous version dated [January 2021](#) is archived.

PARAGRAPH	EXPLANATION OF CHANGE/REVISION	PURPOSE
All	This chapter was substantively revised.	Revision

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CHAPTER 21

FINANCIAL MANAGEMENT FOR DEFENSE HEALTH PROGRAM RESOURCES***1.0 GENERAL****1.1 Overview**

1.1.1. The annual Defense Health Program (DHP) appropriation funds all elements of the DHP, including annual Operation and Maintenance ([O&M](#)), multi-year Research, Development, Test & Evaluation ([RDT&E](#)), and multi-year Procurement. The applicable U.S. Department of the Treasury (Treasury) Federal Account Symbol and Title ([FAST](#)) is 0970130.

1.1.2. The DHP executes through direct allotment to the Office of the Assistant Secretary of the Defense for Health Affairs (OASD(HA)). The Assistant Secretary of Defense (ASD(HA)) serves as the DHP appropriation holder responsible for the completion and submission of a Unified Medical Program.

1.1.3. The DHP funds medical activities within the Defense Health Agency (DHA), TRICARE, military medical and dental treatment facilities (collectively “MTFs”), certain military medical research facilities, and the Uniformed Services University of the Health Sciences (USUHS).

1.1.4. The Defense Health Program (DHP) does not include military medical personnel costs paid from the Military Departments’ (MilDeps) Military Personnel appropriations; medical combat, operational, and deployment requirements above baseline healthcare necessary to maintain the fitness and medical readiness of DoD deployers; or civilian employees’ medical care. While the DoD Military Construction (MILCON) appropriation is distinct from the DHP appropriation, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) receives and executes MILCON funding to support the construction, renovation, and sustainment of medical and dental facilities within the Military Health System (MHS). This MILCON funding and the associated execution are consolidated and reported as part of the audited ASD(HA)-DHP financial statements.

1.1.5. Direct healthcare costs at MTFs are reimbursable for beneficiaries of the U.S. Public Health Service, Department of Veterans Affairs, U.S. Coast Guard, National Oceanic and Atmospheric Administration, or any other federal agency according to agreements entered into by the ASD(HA) on behalf of DoD.

1.1.6. See [Volume 2B, Chapter 12](#), “Defense Health Program,” for DoD policy applicable to DHP budget formulation and congressional justification (including presentation formats).

1.2 Purpose

This chapter prescribes the financial management policies and procedures necessary to account for DHP resources.

1.3 Authoritative Guidance

The financial management and related requirements prescribed by this chapter are in accordance with the applicable provisions of:

1.3.1. [Title 5, U.S. Code Section 8140 \(5 U.S.C. § 8140\)](#), “Members of the Reserve Officers’ Training Corps”;

1.3.2. [10 U.S.C. §312](#), “Payment of Personnel Expenses Necessary for Theater Security Cooperation”;

1.3.3. [10 U.S.C. §401](#), “Humanitarian and Civic Assistance Provided in Conjunction with Military Operations”;

1.3.4. [10 U.S.C. 1079b](#), “Procedures for charging fees for care provided to civilians; retention and use of fees collected”;

1.3.5. [10 U.S.C. §1086](#), “Contracts for health benefits for certain members, former members, and their dependents”;

1.3.6. [10 U.S.C. §1092](#), “Studies and demonstration projects relating to delivery of health and medical care”;

1.3.7. [10 U.S.C. §1097](#), “Contracts for medical care for retirees, dependents, and survivors: alternative delivery of health care”;

1.3.8. [10 U.S.C. § 1471](#), “Forensic Pathology Investigations”;

1.3.9. [10 U.S.C., Chapter 104, §§2112-2116](#), “Uniform Services University of the Health Sciences”;

1.3.10. [10 U.S.C. §2013](#), “Training at non-Government facilities”;

1.3.11. [10 U.S.C. §2109](#), “Practical military training”;

1.3.12. [14 U.S.C. §506](#), “Prospective payment of funds necessary to provide medical care”;

1.3.13. [31 U.S.C. §1514](#), “Administrative division of apportionments”;

1.3.14. [38 U.S.C. §8111](#), “Sharing of Department of Veterans Affairs and Department of Defense health care resources”;

1.3.15. [42 U.S.C. §2651 – 2653](#), “Recovery by the United States” (commonly known as the “Federal Medical Care Recovery Act);

1.3.16. Title 26, Code of Federal Regulations (CFR.), section 1.6050P-1, “Information reporting for discharges of indebtedness by certain entities”;

1.3.17. Office of Management and Budget (OMB) Circular A-11, section 150 and Appendix H “Administrative Control of Funds”;

1.3.18. United States Department of the Treasury, Bureau of the Fiscal Service, “Federal Account Symbols and Titles: The FAST Book”;

1.3.19. DoD Directive (DoDD) 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)).

1.3.20. DoDD 5136.13, “Defense Health Agency”;

1.3.21. DoDD 6400.04E, “DoD Veterinary Public and Animal Health Services”;

1.3.22. DoD Manual 8910.01, Volume 2, “DoD Information Collections Manual: Procedures for DoD Public Information Collections”;

1.3.23. DoD Instruction (DoDI) 1015.15, “Establishment, Management, and Control of Nonappropriated Fund Instrumentalities and Financial Management of Supporting Resources”;

1.3.24. DoDI 2205.02, “Humanitarian and Civic Assistance Activities”;

1.3.25. DoDI 5105.45, “Uniformed Services University of the Health Sciences”; and

1.3.26. DoDI 5154.30, “Armed Forces Medical Examiner System (AFMES) Operations”.

*2.0 RESPONSIBILITIES

2.1 Office of the Assistant Secretary of the Defense for Health Affairs

2.1.1. OASD(HA) is the funds holder for the DHP appropriation and allocates DHP budget authority to the DHA, USUHS, and the MilDeps and issues DHP budget execution policy and programming guidance to develop the Unified Medical Program.

2.1.2. OASD(HA) enters into agreements with other federal agencies for the reimbursable provision of healthcare services at MTFs.

2.1.3. OASD(HA) prepares and submits two sets of DHP financial statements in accordance with OUSD(C) guidance: (a) one set for direct care; and (b) one set for private sector care executed by the DHA Contract Resource Management.

2.2 Deputy Assistant Secretary of Defense, Health Resources Management and Policy

The Deputy Assistant Secretary of Defense for Health Resources Management and Policy

(DASD, HRM&P) is the DHP Senior Accountable Official and oversees internal controls over financial reporting, preparation, and submission of DHP financial statements, and preparation of the DHP Agency Financial Report. The DASD, HRM&P sets execution policy for the DHP appropriation in keeping with laws, regulations, and internal decisions.

2.3 DHA, USUHS, MilDeps, and Combatant Command

2.3.1. DHA, USUHS, and MilDeps receive the DHP appropriation via Funding Authorization Document/Electronic Funds Distribution on behalf of ASD(HA) from the DHA Budget and Execution (B&E) Division. B&E coordinates all transfers between DHP-funded activities, including top-line transfers.

2.3.2. DHA, USUHS, and MilDeps receive installation/activity level monthly execution reports and summarize those reports for submission to each Defense Finance and Accounting Service (DFAS) site. Each DFAS site must submit their data to DFAS-Indianapolis, Other Defense Organizations, Audited Financial Statements, and Budget Execution Division for consolidation.

2.3.3. MilDep and Combatant Command (CCMD) leadership is responsible for engaging with OASD(HA) for the advance planning and coordination of mission expansions or force restructurings that result in increased demand on DHP healthcare resources to the maximum extent practicable. Changes which were not programmed for within the DHP, may result in requirements being under resourced. MilDeps and CCMDs will generally be responsible for transferring sufficient funds to the DHP to support increased demands on DHP healthcare resources, documented in a corresponding Memorandum of Agreement, and properly integrated by the DHP during normal programming cycles.

*3.0 EXPENSES CHARGEABLE TO THE DHP

3.1 Civilian Payroll

Charge civilian payroll for those assigned to DHA and USUHS, including personnel working under the Intergovernmental Personnel Act.

3.2 Continuing Medical/Health Education

Charge approved Continuing Medical/Health Education (CME/CHE) of assigned DHA/USUHS military and civilian medical personnel to the DHP obligations and expenses. See also [Volume 10, Chapter 11](#), “Payment as Reimbursement for Personal Expenditures.” Military personnel approved for travel to attend CME/CHE must have one year remaining on their active-duty service commitment unless otherwise authorized by ASD(HA).

3.3 Communications

Charge telephone service according to the ratio of Class A telephones installed in the medical facilities to the total number of installations. Include switchboard equipment rentals, toll

calls, telegraph, and other services used or provided to directly support the medical program.

3.4 Utilities

Charge utilities obtained from commercial sources and all base-produced utilities. Utilities include fuels for heating and cooling.

3.5 Supplies and Equipment

3.5.1. Charge both medical and non-medical materials required for the DHP's daily operations, including organizational and functional (medical scrubs) clothing and expense-type equipment issued to a medical facility. Functional clothing may not be personalized. Clothing accoutrements (name tags, rank insignia) and headgear (i.e., organizational ball caps) are personal expenses.

3.5.2. Charge supplies and services for the MTF pandemic planning program, including medical, pharmaceutical, and personal protective equipment materials, and participation in the shelf-life extension program (SLEP). The DHA pandemic planning program establishes, procures, and replenishes assemblage items to facilitate expeditious DoD response to a pandemic event. The SLEP aims to extend the useful shelf-life of pharmaceuticals to maximize cost savings and minimize risks to mission readiness. The DHA Director of Medical Logistics or higher relevant authorities allocates funds for the SLEP.

3.6 Immunizations/Inoculations for Permanent Change of Station (PCS) and Pre-deployments

DHP funds immunizations required for PCS and pre-deployments. Pre-deployment immunization expenditures are tracked by DHA for reimbursement from Supplemental or other appropriations allocated for the deployment. Immunizations (e.g., Flu vaccine) for personnel permanently assigned to theaters (e.g., Central Command) where there is no fixed military medical treatment facility are funded by the DHP.

3.7 Laundry and Dry Cleaning

Charge services for hospital clothing and linens to DHP. Include nurses' privately owned uniforms when delivered to the laundry in bulk. If the host installation initially finances the services, transfer the charges to the medical program as a contractual service.

3.8 Autopsies and Forensic Pathology Investigations

The Armed Forces Medical Examiner, funded through the DHP appropriation, conducts autopsies and forensic pathology investigations under the authority of 10 U.S.C. § 1471 and in accordance with DoDI 5154.30.

3.9 Blood Donation Incentive Items and Refreshments

DHP O&M funds may be used to provide low-cost incentive items such as T-shirts, coffee

mugs, or pens to volunteer donors at Armed Forces blood donor centers. Items may not be personalized and must convey an appropriate message intended to encourage or reinforce voluntary blood donations to maintain adequate military blood supplies. DHP O&M funds may purchase light refreshments to prevent adverse donor medical reactions.

3.10 Research Subject Incentive Items

Low intrinsic value items, such as pens, coffee mugs, water bottles, key chains, luggage tags, frisbees, or toothbrushes may be provided as an incentive for research subject participation. Items must not be personalized. Coins may not be procured as promotional items or incentives.

3.11 Professional Licenses for Healthcare Providers

3.11.1. Ordinarily, professional licenses are a personal expense. However, when a uniformed service member must pay a professional license fee to provide healthcare services at a civilian healthcare facility pursuant to an MTF Resource Sharing Agreement or Training Agreement, the member may be reimbursed up to \$500 of the license fee per 10 U.S.C. §1096(d). Personal benefits a member receives from the license are incidental to performing official duties. This guidance does not apply to civil service employees and contractors who must be licensed as a condition of employment, nor does it apply to healthcare providers whose sole purpose in obtaining the license is for off-duty employment.

3.11.2. Appropriated funds reimburse licensing fees if a DoD civilian or military healthcare provider's current licensure state(s) impose(s) criminal or civil penalties and/or adverse licensing actions due to the state restricting the provider's federally authorized duty per 5 USC §5757 and 10 USC §2015. To qualify, the provider must be solely licensed in a state(s) with the restrictions and not currently have licenses in other states that are free of similar restrictions. Fees for qualified providers are reimbursed for obtaining a single additional license in a state without similar restrictions.

3.12 Funding for Clothing Destroyed During Medical Care

DHP funds may be charged to replace uniform clothing items for:

3.12.1. Enlisted medical personnel when the clothing is destroyed to prevent the spread of contagious diseases.

3.12.2. Military personnel when the items are altered or damaged during or immediately following medical care in such a manner as to prevent using the clothing after treatment.

3.13 Leased Housing for Military Graduate Medical Education Residents

Leases for military graduate medical education resident external rotations must be coordinated by the host MTF via the appropriate Contracting, Legal, and Civil Engineering organizations.

3.14 Publication of Articles in Professional Journals

3.14.1. Per OMB Circular A-21, “Cost Principles for Educational Institutions”, appropriated funds for publishing fees are allowable as research costs.

3.14.2. DHP funds are allowed to be used when:

3.14.2.1. The research papers report work related to efforts supported by the DHP, and the page or publishing charges are levied impartially on all research papers published by the journal.

3.14.2.2. Publication costs include printing and the produced end products, distribution, promotion, mailing, and general handling. Publication costs also include page charges in professional journal publications.

3.14.2.3. Publishing fees for articles or research not sanctioned by OASD(HA), the President of USUHS, or the Director of DHA are not chargeable to DHP funds.

3.15 Procurement of Health Publications and Printed Material

Charge health publications (medical, nursing, dental, and health sciences) and printed material to DHP if procured for DHA or USUHS.

3.16 TRICARE Contracts

Title 10 U.S.C. §1079 authorizes TRICARE contracts for spouses’ and children’s medical care; 10 U.S.C. §1086 authorizes health benefits for certain members, former members, and their dependents; 10 U.S.C. §1097 authorizes medical care for retirees, dependents, and survivors (alternative delivery of healthcare). Title 10 U.S.C. §1092 authorizes studies and demonstration projects relating to the delivery of health and medical care. The ASD(HA) oversees the execution and administration of TRICARE contracts.

3.17 Professional Credentials and Specialty Board Examinations

3.17.1. Charge DHP for military personnel and civilian employees assigned to the DHA, subordinate organizations, and USUHS or when the ASD(HA) authorizes the expenditure or professional credential and specialty board examinations. Expenditure is authorized when professional credentials enhance (a) the individual’s MilDep career opportunities and increases competitiveness in advancing post-military civilian careers; or (b) the individual’s ability to perform official duties. See Volume 10, Chapter 11, paragraph 2.6 and DoDI 1322.33, “DoD Credentialing Programs.”

3.17.2. Expenses include professional certification costs such as specialty board certifications, classroom instruction, hands-on training (and associated materials), manuals, study guides and materials, textbooks, processing, tests, and related fees.

3.17.3. The expense is non-reimbursable if the individual fails the examination. Proof of successfully passing the examination must be submitted with the reimbursement request.

3.17.4. DHP may not reimburse military personnel or civilian employees to obtain or renew professional credentials that are a prerequisite for appointment or employment in the Armed Forces per [DoDI 1310.02](#), “Original Appointment of Officers,” or for credentials required to hold a military occupation or duty position.

3.17.5. Reimbursement requests must be submitted and approved prior to personnel incurring expenses for application fees, examinations, and certifications.

3.18 Sustainment, Restoration, and Modernization

Charge the DHP for the Sustainment, Restoration, and Modernization of DHA medical facilities and USUHS.

3.19 Healthcare Services Contracts

Charge the DHP for the personal and non-personal healthcare service contracts supporting the DHA, MTFs, or USUHS. Healthcare provider personal service contracts must follow the terms and restrictions in [Defense Federal Acquisition Regulation Supplement 237.104\(b\)\(ii\)](#), and [DoDI 6025.5](#), “Personal Services Contracts (PCs) for Health Care Providers (HCPs).”

3.20 Professional Membership Fees (Military and Civilian)

3.20.1. DHP funds pay membership fees in professional organizations only when (1) the membership is the name of the organization (DHA or USUHS); and (2) if the membership benefits the organization’s mission.

3.20.2. DHP must not be used to pay an individual’s membership fees unless the fee is an essential cost directly associated with the training (i.e., inseparable from the training), or is a prerequisite for the training. See [5 U.S.C. §4109\(b\)](#), “Expenses of Training” and 10 U.S.C. §2013(c).

3.20.3. Individual membership in professional organizations may not be borne by the DHP, it is a personal expense, this includes organizations such as the Healthcare Information and Management Systems Society, the American College of Healthcare Executives, and many others.

3.21 Hyperbaric and Hypobaric Chambers

DHP funds chambers used for clinical treatment. DHP does not fund chambers used for aircrew physiological training.

3.22 Medical and Dental Care for Academy Cadets, Midshipmen, Members and Designated Applicants for Senior Reserve Officer Training Corps

Charge to the DHP the costs of medical/dental care for:

3.22.1. A cadet at the United States Military Academy, the United States Air Force Academy, the Coast Guard Academy, or a midshipman at the United States Naval Academy; and a member or applicant of the Senior Reserve Officer Training Corps (Sr ROTC), who incurs or aggravates an injury, illness, or disease in the line of duty.

3.22.2. A Sr ROTC member or a designated applicant for SR ROTC membership, who incurs or aggravates an injury, illness, or disease (a) while performing duties under 10 U.S.C. §2109, "Practical military training," (b) while traveling directly to or from where the member or applicant is to perform or has performed duties or (c) while remaining overnight immediately before the commencement of duties performed or (d) while remaining overnight, between successive periods of performing duties, at or in the vicinity of the site of the duties performed pursuant to 10 U.S.C. §2109, if the site is outside reasonable commuting distance from the residence of the member or designated applicant. A designated applicant is an individual who has formally applied to the Sr ROTC program but has not yet signed a contract. Sr ROTC members are distinguished by their contractual obligation to serve as commissioned officers upon graduation, making them an integral part of the active-duty pipeline. Designated applicants, while not yet contractually obligated, are participating in Sr ROTC activities as part of the application process.

3.22.2.1. A Sr ROTC member or designated applicant injured while performing duties under 10 U.S.C. §2109, is entitled to receive appropriate treatment of the injury, illness, or disease until the injury, illness, disease, or any resulting disability cannot be materially improved by further hospitalization or treatment, and meals during hospitalization.

3.22.2.2. A Sr ROTC member or designated applicant is not entitled to benefits for an injury, illness, or disease, or the aggravation of an injury, illness, or disease that is a result of the gross negligence or the misconduct of that person.

3.23 Reimbursement for Civilian Medical/Dental Treatment Paid from Personal Funds

3.23.1. See Volume 10, Chapter 11, subparagraph 2.20.1 for reimbursement to Military Members.

3.23.2. See Volume 10, Chapter 11, subparagraph 2.20.2 for reimbursement to Dependents of Military Members, and Retired Members.

*4.0 EXPENSES NOT CHARGEABLE TO THE DHP

Although some activities may appear to be health-related, they may not necessarily be funded with the DHP appropriation. Expenses listed in this section are commonly mistaken as being funded with DHP but are in fact funded with MilDep, contingency, or Defense-wide

appropriations or are personal expenses for which no government appropriations should be used.

4.1 Comfort Items During Hospital Stay of Mentally/Physically Incompetent Retiree

See [Volume 7B, Chapter 16](#), “Physical or Mental Incapacitation,” paragraph 7.

4.2 Transportation of Human Remains

Do not charge the DHP for costs for the transportation of human remains. See Volume 10, Chapter 11, paragraph 2.19.

4.3 Non-prescription Items

Do not charge the DHP for non-prescription items such as sunscreen, hand sanitizer, lip balm, and tissue for distribution to non-DHP-funded organizations. These are personal expense items. The purchase of hand sanitizer, masks, and tissue for healthcare organizations and patients within MTFs and the USUHS is permitted and must be made accessible to staff, patients, and research subjects.

4.4 Reserve Officer Training Corps Injuries or Illness Incurred in Line of Duty

4.4.1. Do not charge the DHP for medical care provided to ROTC members who are not under contractual obligation to serve as commissioned officers. The Secretary of Labor must use the Employees’ Compensation Fund to reimburse MilDep expenses providing civilian and private sector hospitalization, medical and surgical care, and necessary transportation incident to that care, or in connection with a funeral and burial on behalf of a member of, or applicant for membership in Reserve Officer Training Corps of the Army, Navy, or Air Force who suffers an injury, disability, or death, or an illness contracted, in line of duty. An “applicant for membership” includes a student enrolled in a course of Reserve Officers’ Training Corps instruction at an educational institution. This paragraph specifically excludes members of Sr ROTC and designated applicants who are contractually obligated for service, as outlined in subparagraph 3.22.

4.4.2. The Department of Labor (DOL) may not reimburse hospitalization, medical, or surgical care provided to an individual at a military MTF.

4.4.3. Subject to review by the Secretary of Labor, the MilDep must determine whether an injury, disability, or death was incurred, or an illness was contracted, by a member in the line of duty. Under 10 U.S.C. §2109, the line of duty includes: (a) while engaged in a flight or in-flight instruction or (b) during the member’s attendance at training or a practice cruise, beginning and ending with the authorized travel.

4.4.4. The MilDep must cooperate fully with the DOL in the prompt investigation and resolution of a case involving the legal liability of a third party other than the United States.

4.5 Veterinary Services Provided to Privately-Owned Pets

Installation Veterinary Services' primary purpose is to provide healthcare to DoD working animals. DoD veterinary clinics may provide services to pets only to the extent doing so is consistent with DoDD 6400.04E, Enclosure 2 and must ensure that costs for DoD working animals are segregated from those provided to pets. Typically, Non-Appropriated Fund Instrumentalities must cover the expenses for pharmaceuticals and medical supplies provided to pets and proportionately share in the costs of custodial services and utilities, consistent with DoDI 1015.15.

4.6 Clothing, Supplies, or Equipment for Contingency or Other Military Operations

MilDeps or other appropriations that fund the contingency operation must fund these expenses.

4.7 Contingency Support Medical Activities

4.7.1. Do not charge DHP for costs for deployed medical facilities or biological/chemical warfare medical supplies deployed with personnel. MilDeps or other appropriations that fund the contingency must fund these expenses.

4.7.2. Do not charge DHP for contingency pre-deployment, employment, and re-deployment of medical combat support personnel, equipment, and supply expenses requested by the Combatant Command (CCMD) and approved by proper authority. MilDeps or other appropriations that fund the contingency must fund these expenses.

4.7.3. The MilDep or appropriation(s) funding the contingency will be charged with immunization/inoculation supplies carried by personnel for possible future use during the deployment. DHP does not fund these supplies.

4.8 Medical Care at Deployed Locations for Exercises and Contingencies

Charge costs to Joint Chief of Staff (JCS)/CCMD exercise or contingency funds. Include medical care provided to members at local indigenous medical facilities, referral care by military medical staff, medical supplies (e.g., pharmaceuticals, orthopedic braces), and urgent/emergency care at the deployed location.

4.9 Medical Participation in JCS/CCMD Exercises

Charge JCS/CCMD Exercise funds for the deployment of medical personnel, the cost of supplies used during the exercise, shipping, and the resupply cost of supplies upon return.

4.10 Aeromedical Evacuation Airlift in Support of Peacetime and Contingency Operations

4.10.1. If the President and the Office of the Secretary of Defense (OSD) declare a major contingency operation, the appropriation funding the contingency will be charged for the Aeromedical Evacuation (AE) contingency airlift (from contingency area to first overseas MTF).

Air Force O&M funds pay only those AE contingency airlift costs billed by the Transportation Working Capital Fund (TWCF) from the first overseas fixed MTF to CONUS. When the President and OSD formally withdraw the contingency designation and entitlement to hostile fire pay ceases, military assignments are no longer based on rotational deployments, and Air Force O&M funds reimburse the TWCF for AE airlift costs from those former contingency areas.

4.10.2. Funds for peacetime AE operations, including Special Assignment Airlift Missions (SAAM), were transferred from the DHP to the Air Force in the FY 2021 President's Budget. Do not charge AE SAAMs to the DHP.

4.11 Pre-screening for the Walking Blood Bank (WBB)

Pre-screening for the WBB is triggered by a deployment order. DHA provides the pre-screening on a reimbursable basis to the MilDeps. If Supplemental appropriations are unavailable, MilDeps must reimburse the DHP from the appropriation funding the relevant deployment, contingency, or operation. Personnel assigned to Navy ships are pre-screened as part of the ship's deployment.

4.12 Automated External Defibrillators

Automated External Defibrillators procured by installation organizations for emergency use are not DHP expenses. Funds provided to the local MTF Medical Logistics office by the requesting organization enable the MTF to procure the item on behalf of the requesting organization on a reimbursable basis.

4.13 Humanitarian Assistance and Civic Assistance

Per 10 U.S.C. §401 and DoDI 2205.02, in specific instances, humanitarian civic assistance activities may be provided in conjunction with authorized military operations of the Armed Forces. Commanders ensure that expenses providing humanitarian civic assistance to a foreign country are paid for out of funds specifically appropriated for such purpose.

4.14 Military Spiritual Resiliency Programs

The DHP does not fund MilDep chaplain resiliency programs and initiatives. Funding is the responsibility of the MilDeps.

4.15 Health and Wellness Centers, Fitness Staff, and Athletic Trainers

MilDep appropriations fund wellness center exercise equipment and devices, appliances for healthy cooking demonstrations, supplies, facilities and facility upkeep (including repair and renovations, utilities, and housekeeping) and support staff. MilDeps also fund fitness staff, athletic trainers, health and wellness educators, health promotions staff, etc., assigned to units, installation gymnasiums, or health and wellness centers.

4.16 Participation in Armed Forces Sports Programs

The DHP does not fund costs associated with Armed Forces Sports Programs, including equipment, uniforms, travel, or any other related expenses.

4.17 Miscellaneous Non-clinical Programs

DHP does not fund MilDep non-clinical initiatives to enhance human performance and service member readiness such as individual physical fitness, unit teambuilding activities, mindfulness and relaxation techniques, personal growth activities, and other similar resilience endeavors that take place outside of clinical or medical settings and are not directly related to diagnosing, treating, or managing health conditions.

4.18 Tactical Combat Casualty Care

MilDep fully fund and support trauma training and skills sustainment platforms (hospital and pre-hospital) to include installation, workforce, equipment, and information technology. See [DoDI 1322.24](#), “Medical Readiness Training”.

4.19 Health Promotion Items

4.19.1. Appropriated funds are not available for the purchase of items primarily intended for promotional purposes or to raise awareness, even if those items have a nominal or low unit value. This includes, but is not limited to, items such as pens, toothbrushes, coffee mugs, coins, water bottles, keychains and lanyards, t-shirts and frisbees. These items may not be purchased with appropriated funds, even if used in conjunction with health promotion and outreach.

4.19.2. This restriction does not apply to the purchase of printed educational materials directly related to patient care, health programs, or prevention strategies. This includes items such as pamphlets, brochures, flyers, and posters. These materials must be primarily informational in nature and designed to educate patients about specific health conditions, treatment options, available programs, or preventive measures.

*5.0 OTHER HEALTHCARE ACCOUNTING MATTERS

5.1 Drug Manufacturer Credits Received from Return of Expired or Recalled Pharmaceuticals

Do not record on the DHP general ledger any pharmacy credits issued by drug manufacturers via the reverse distribution process from pharmaceutical prime vendor (PPV) contracts awarded by the Defense Logistics Agency (DLA) Working Capital Fund. DLA must record credits as the contractual purchasing activity. DLA requires that PPVs establish credit accounts for MTFs. Although credits do not expire, DLA imposes a one-year period during which MTFs consume the credits. The PPV cashes out expiring credits and DLA deposits the cash to Miscellaneous Receipts of the Treasury.

5.2 Centrally-Managed Accounts

Operate and execute appropriate Centrally-Managed Accounts (CMAs) or open allotments to provide for active-duty military personnel emergency care and fund the CMAs from the DHP. For additional information regarding CMAs, see [Volume 14, Chapter 1](#), “Administrative Control of Funds,” paragraph 2.7.

5.3 Operating Materials and Supplies for Future Use

MTFs may carry medical supplies for local future use at reasonable and historical levels, as needed to avoid disruption of operations. Items procured are typically for periods of high healthcare demands or emergencies and are for local consumption. These are not National Stockpile materials that DoD must maintain for national emergencies.

5.4 Sexual Assault Prevention and Response

The Director, DoD Human Resource Activity (DHRA) manages the Defense-wide O&M appropriation that funds the Sexual Assault Prevention and Response (SAPR) program. The MilDeps, Office of the Secretary of Defense, Joint Chiefs of Staff, Defense Security Cooperation Agency, U.S. Special Operations Command, DHA, and DHRA are allocated funds supporting SAPR activities. Multiple Program Elements (PE) execute funds. Search the Future Years Defense Program (FYDP) Structure Management System for a comprehensive list of all PEs. See Table 21-4 for a list of Active Component PEs and descriptions.

5.5 Integrated Primary Prevention

The MilDeps and DHA receive Defense-wide O&M to prevent self-directed harm and prohibited abusive or harmful acts including, sexual assault, harassment, suicide, retaliation, domestic abuse, and child abuse. These efforts include prevention strategy development, policy, oversight, manpower, research, programs, evaluation, and training. Multiple PEs execute these efforts. Search the FYDP Structure Management System for a comprehensive list of all PEs. See Table 21-5 for a list of Active Component PEs and descriptions.

5.6 Suicide Prevention

The Defense-wide O&M appropriation funds suicide prevention efforts. MilDeps and DHA receive funds. Multiple PEs fund these efforts. Search the FYDP Structure Management System for a comprehensive list of all PEs. See Table 21-6 for a list of Active Component PEs and descriptions.

5.7 Drug Demand Reduction Program/Urinalysis Program

The Defense-wide Counternarcotic appropriation funds routine drug testing of military personnel and civilian employees. The Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy within the Office of the Under Secretary of Defense for Policy manages the program. Multiple PE execute funding. Search the

FYDP Structure Management System (DoD CAC required) for a comprehensive list of all PEs. Active Component PEs include 0808789 and 0208893.

5.8 Substance Abuse Control Program

The Substance Abuse Control Program includes manpower authorizations, support equipment, facilities, and associated costs specifically identifiable and measurable to the Air Force Substance Abuse Control Program (drug and alcohol prevention and detection). It excludes the Drug Demand Reduction program and costs associated with clinical consultation and treatment conducted on an outpatient or inpatient basis. Air Force PE 0808723. Space Force PE 1208723.

5.9 Family Advocacy Program

The Defense-wide O&M appropriation funds the Family Advocacy Program (FAP). The FAP addresses domestic abuse, child abuse and neglect, and harmful behaviors between children and youth. Multiple PEs execute funds, see Table 21-7 for a list of PEs and descriptions.

*6.0 UNIFORM BILLING OFFICE OPERATIONS

The DHP bills and collects for MTF healthcare services under three distinct reimbursement programs.

6.1 Third-Party Collections Program

10 U.S.C. §1095 established the Third-Party Collections (TPC) program. MTFs bill health insurance companies for the care provided to DoD beneficiaries. Specifically, when a non active-duty beneficiary receives medical care within the MTF, the MTF must query and document whether that patient possesses health insurance (other than TRICARE) via the **DD Form 2569**, “Third Party Collection Program/Medical Service Account/Other Health Information.” MTFs must manage the TPC program according to **DHA-Procedures Manual (PM) 6015.01**, “Military Treatment Facility Uniform Business Office Manual.” (DoD CAC required). Collections must be deposited in the current O&M appropriations for the MTF that provided the care.

6.2 Medical Services Account Program

6.2.1. **Medical Services Account (MSA)**. MSA activities involve billing and collecting funds for medical and dental services, including elective cosmetic procedures, provided in the DHP fixed facilities from the following entities: DoD beneficiaries; other government agencies; DoD civilian employees and contractors; Non-Appropriated Fund employees; Secretarial designees; authorized foreign military members; DoD dependent school employees; Army and Air Force Exchange Services employees; civilian emergency patients; and other non-DoD beneficiary patients authorized to receive treatments in Military MTFs.

6.2.1.1. **10 U.S.C. §1074a**, “Medical and dental care: members on duty other than active duty for a period of more than 30 days”, 10 U.S.C. §1079b, **10 U.S.C. §1085**, 14 U.S.C. §506, 38 U.S.C. §8111, and other authorities govern the MSA.

6.2.1.2. MSA bills and collects funds for healthcare services provided to non-beneficiary patients authorized to receive care in an MTF.

6.2.1.3. The MSA Officer is a collection agent of the local Disbursing Office and bills and collects fees for healthcare services and subsistence provided at the MTF, safeguards patient valuables, and serves as a Change Fund Custodian.

6.2.1.4. MTFs must manage the MSA program in accordance with DHA-PM 6015.01. Collections must be deposited to the MTF DHP appropriation that provided the care.

6.2.2. Collections from the U.S. Coast Guard. In lieu of the reimbursement required under 10 U.S.C. §1085, the Secretary of Homeland Security as per 14 U.S.C. §506 must make a prospective payment to the Secretary of Defense of the actuarial valuation for the treatment or care that the MTFs provide to current and former members of the Coast Guard, and their dependents.

6.2.2.1. Former members and dependents who are Medicare-eligible beneficiaries or for whom the payment for treatment or care is made from the Medicare-Eligible Retiree Health Care Fund are not included.

6.2.2.2. No prospective payment is made for periods during which the Coast Guard operates as a service in the Navy. The prospective payment requirement does not apply to care provided in the private sector under TRICARE.

6.2.3. Collections from the Department of Veterans Affairs (VA). The VA functions as a health insurance carrier for its beneficiaries, similar to how the DoD operates through TRICARE for DoD's medical beneficiaries. DoD and the VA established agreements under the authority of 38 U.S.C. §8111 permitting the VA to reimburse DoD for healthcare services provided to VA beneficiaries through DoD facilities. Consistent with 38 U.S.C. §8111(c)(3)(G) and 10 U.S.C. §1095(g), collections received from the VA corresponding to DHA medical invoices for clinical healthcare services must be deposited into the DHP appropriation available when the collection is received. This does not apply to non-clinical services provided to VA, such as laundry and other services for which funds must be obligated before services are provided.

6.3 Medical Affirmative Claims Program

6.3.1. Title 42 U.S.C. §§2651 – 2653 and 10 U.S.C. §1095 govern the Medical Affirmative Claims (MAC) program and authorizes DoD to recover expenses from third parties, for medical care provided to an injured or diseased person, when authorized or required by law. The DoD may recover the cost of pay for service members who are unable to perform duties because of said injuries or disease. DoD pursues recovery of medical and/or salary expenses from third parties through the MAC program. DoD may file MAC claims against all insurance, including but not limited to automobile, products, premises, and general casualty, homeowners', renters', medical malpractice (by civilian providers), and workers' compensation (other than federal employees).

6.3.2. The MAC program is a collaborative effort between the DHA MTFs, DHA Contract Resource Management (CRM) / TRICARE, DHA Office of the General Counsel (OGC), and the

MilDep Judge Advocate General (JAG) offices. Specifically, the MTFs and TRICARE report to the OGC/JAG any injuries or diseases that may have been caused by third parties, and in turn, the OGC/JAG reviews pertinent documentation to determine whether legal action may be pursued to recover the healthcare expenses and/or salaries of the injured person(s).

6.3.3. OGC/JAG legal action may or may not recover medical and/or salary expenses; and cases may take several years before achieving resolution (e.g., settlements). Therefore, consistent with Federal Accounting Standards Advisory Board (FASAB) *Statements of Federal Accounting Standards (SFFAS) 7*, “Accounting for Revenue and Other Financing Sources and Concepts for Reconciling Budgetary and Financial Accounting,” the OGC/JAG claims are non-exchange revenue. Recognize nonexchange revenue when a reporting entity establishes a specifically identifiable, legally enforceable claim to cash or other assets.

6.3.4. FASAB conservatively recognizes revenue. SFFAS 7 states that nonexchange revenue is recognized if a collection is probable (i.e., more likely than not) and the amount is measurable (i.e., reasonably estimable). MAC cases may take several years before achieving resolution; therefore, MAC non-exchange revenue will be recorded upon the receipt of cash. This averts the potential for overstating the DHP’s financial position.

6.3.5. Deposit the healthcare portion of settled MAC claims (cash is received) to the DHP appropriation available for the activity that funded the care (MTF or TRICARE).

6.3.6. Deposit the service member salary portion of settled MAC claims to the pertinent MilDep’s Military Personnel Appropriation.

6.3.7. MAC program recoveries are reimbursements, not refunds.

6.4 Waived and Discharged Medical Debts

6.4.1. Under 10 U.S.C. §1079b, the DHA Director must discount certain medical fees for non-beneficiary civilian patients who receive care in MTFs. The DHA Director also has discretionary authority to waive certain fees under 10 U.S.C. §1079b.

6.4.2. For debts waived by the DHA Director under 10 U.S.C. §1079b, the debt collection termination date and the discharge date in the medical billing system must be the same. After debt collection termination, no active or passive collection actions may be pursued.

6.4.3. For tax reporting, the DHA Director’s decision to waive a medical debt in the amount of \$600 or more is an identifiable event pursuant to 26 C.F.R. 1.6050P-1 and must be reported to the Internal Revenue Service (IRS). The DHA reports the debt to the IRS and issues a Form 1099-C, Cancellation of Debt, to the debtor by the IRS-established timeline (generally January 31st of each calendar year). A debt is considered canceled on the date that the authorized individual approves the debt waiver.

6.4.4. Form 1099-C must be issued to the debtor if the collection of delinquent medical debts that have been transferred to the Department of the Treasury Cross-Servicing Program by

DHA MTFs are subsequently terminated by the Treasury. Treasury prepares the Form 1099-C and issues it with approval from the DHA.

6.4.5. Medical debts for which collection is terminated by the Department of Justice (DOJ) are reported to the IRS and a Form 1099-C is issued to the debtor. The DHA reports the debt and issues the Form 1099-C. The termination of collection date is the notification letter date that the DOJ issues to DHA. The discharge date in the medical billing system is also the date of the DOJ letter. DHA issues the Form 1099-C by the IRS-established timeline (generally January 31st of each calendar year).

***7.0 DHP BUDGET ACTIVITY GROUPS (BAGS) AND PE STRUCTURE**

OUSDC allots the DHP appropriation in DHP unique BAGs and corresponding PEs. The BAG and PE structure for the DHP Budget Activity 1, Operations & Maintenance, is provided in Table 21-1. The DHP Budget Activity 2, Research, Development, Test, and Evaluation (RDT&E) PE Structure is found in Table 21-2. The DHP Budget Activity 3, Procurement PE Structure is found in Table 21-3. The PE definitions are included in the FYDP Structure Management System that is maintained by the Office of Cost Assessment and Program Evaluation.

Table 21-1: DHP Budget Activity 1, O&M, BAG with Corresponding PE Structure

BAG	BAG Title	PE	Description
1	In-house Care	0807700	Defense Medical Centers, Hospitals and Medical Clinics – Continental United States (CONUS)
		0807900	Defense Medical Centers, Hospitals and Medical Clinics – Outside the Continental United States (OCONUS)
		0807701	Pharmaceuticals – CONUS
		0807901	Pharmaceuticals – OCONUS
		0807715	Dental Care Activities – CONUS
		0807915	Dental Care Activities – OCONUS
2	Private Sector Care	0807702	Pharmaceuticals – Purchased Healthcare
		0807703	Pharmaceuticals – National Retail Pharmacy
		0807723	TRICARE Managed Care Support Contracts
		0807738	MTF enrollees – Purchased Care
		0807741	Dental – Purchased Care
		0807742	Uniformed Services Family Health Program
		0807743	Supplemental Care – Health Care
		0807745	Supplemental Care – Dental
		0807747	Continuing Health Education/ Capitalization of Assets Program
		0807749	Overseas Purchased Healthcare
		0807751	Miscellaneous Purchased Healthcare
		0807752	Miscellaneous Support Activities
3	Consolidated Health Support	0801720	Examining Activities
		0807714	Other Health Activities
		0807705	Military Public/Occupational Health
		0807760	Veterinary Services
		0807724	Military Unique Requirements – Other Medical
		0807785	Armed Forces Institute of Pathology
		0807786	Joint Pathology Center
		0808735	Sexual Assault Prevention
		0808736	Special Victim Accountability and Investigation
		0808737	Integrated Primary Prevention
		0808738	Sexual Assault Response
		0903300	Support to Federal Advisory Committee Act (FACA) Advisory Board Activities

Table 21-1: DHP Budget Activity 1, O&M, BAG with Corresponding PE Structure (Continued)

BAG	BAG Title	PE	Description
4	Information Management/ Information Technology (IM/IT)	0807746	Joint Operational Medicine Information System (JOMIS)
		0807758	Cybersecurity
		0807759	Desktop to Datacenter (D2D)
		0807781	Non-Central IM/IT
		0807783	DHP IM/IT
		0807793	MHS Tri-Service IM/IT (Central)
		0807784	IT Development – Integrated Electronic Health Record
		0807787	IT Deployment and Sustainment - DoD Healthcare Management System Modernization
		0807788	DoD Medical Information Exchange and Interoperability
5	Management Activities	0807798	Management Activities (Components)
		0807704	Defense Health Agency
		0808762	Sexual Assault Prevention
6	Education and Training	0806721	Uniformed Services University of the Health Sciences
		0806761	Other Education and Training
7	Base Operations/ Communications	0806276	Facilities Restoration and Modernization (RM) – CONUS
		0806376	Facilities RM – OCONUS
		0806278	Facilities Sustainment – CONUS
		0806378	Facilities Sustainment – OCONUS
		0807779	Facilities Operations, Health Care – CONUS
		0807979	Facilities Operations, Health Care – OCONUS
		0807795	Base Communications – CONUS
		0807995	Base Communications – OCONUS
		0807796	Base Operations – CONUS
		0807996	Base Operations – OCONUS
		0807753	Environmental Conservation
		0807754	Pollution Prevention
		0807756	Environmental Compliance
		0807790	Visual Information Systems
		0808093	Demolition/Disposal of Excess Facilities

*Table 21-2: DHP Budget Activity 2, RDT&E PE Structure

PE	Description	Type of RDT&E
0601117	Basic Operational Medical Research Science	Basic Research (6.1)
0602115	Applied Biomedical Technology	Exploratory Development (6.2)
0602787	Medical Technology	
0603002	Medical Advanced Technology	Advanced Development
0603115	Medical Development	
0604110	Medical Products Support and Advanced Concept Development	
0605013	IT Development	Information Management Activities
0605026	IT Development- DoD Healthcare Management System Modernization	
0605039	DoD Medical Information Exchange and Interoperability	
0605045	Joint Operational Medicine Information System	
0605145	Medical Products and Support Systems Development	Advanced Development
0605502	Small Business Innovative Research	R&D Support Activities
0606105	Medical Program-Wide Activities	
0607100	Medical Products and Capabilities Enhancement Activities	Advanced Development
308604	DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)	Information Management Activities

*Table 21-3: DHP Budget Activity 3, Procurement PE Structure

PE	Description
0807720	Initial Outfitting
0807721	Replacement & Modernization
0807744	Theater Medical Information Program - Joint (TMIP-J)
0807746	Joint Operational Medicine Information System (JOMIS)
0807759	MHS Infrastructure Technology Sustainment
0807784	Integrated Electronic Health Record
0807787	DoD Healthcare Management System Modernization
0807788	DoD Medical Information Exchange and Interoperability

*Table 21-4: SAPR Active Component PE Descriptions

PE	Description
0808736	Special Victim Accountability and Investigation. Funds defense-wide investigation and accountability efforts for special victim investigation, representation (Special Victims Counsel/Victims Legal Counsel), prosecution, and defense. It supports DoD, MilDeps, and Military Criminal Investigative Organization headquarters operations. The PE includes program management, training, policy development, data reporting, and other investigation support of special victims' crimes (sexual assault, domestic abuse, and child abuse), representation of special victims, prosecution, and defense of accused service members and others subject to the Uniform Code of Military Justice. The PE also funds the Office of Special Trial Counsel. The DHA also receives funds. This PE does not include MHA resources. MHA resources are captured in PE 0808763.
0808738	Sexual Assault Response. Provides resources for sexual assault victim advocacy and associated response efforts for DoD SAPR Headquarters, DHA , and Military Services. Program management, training, victim advocacy and response, and sexual assault data reporting via the Defense Sexual Assault Incident Database are included. This PE does not include MHA resources. MHA resources are captured in PE 0808764.
0808762	Sexual Assault Prevention, MHA. Funds Sexual Assault Prevention efforts including prevention strategy development, policy, oversight, research, programs, evaluation, and training. The MilDeps, DHA , and various other organizations receive funds. This PE captures MHA resources only.
0808735	Sexual Assault Prevention. Funds prevention strategy development, policy, oversight, research, programs, evaluation, and training. The MilDeps, DHA , and various other organizations receive funds. This PE does not include MHA resources. PE 0808762 captures MHA resources.

*Table 21-5: Integrated Primary Prevention Active Component PE Descriptions

PE	Description
0808765	Integrated Primary Prevention, MHA. Covers efforts to prevent self-directed harm and prohibits abusive or harmful acts including, sexual assault, harassment, suicide, retaliation, domestic abuse, suicide, and child abuse. Include prevention strategy development, policy, oversight, manpower, research, programs, evaluation, and training. This PE captures MHA resources only.
0808737	Integrated Primary Prevention, non-MHA. Covers efforts to prevent self-directed harm and prohibits abusive or harmful acts including, sexual assault, harassment, suicide, retaliation, domestic abuse, and child abuse. Include prevention strategy development, policy, oversight, manpower, research, programs, evaluation, and training. The DHA receives funding for this PE. This PE does not include MHA resources. MHA resources are captured in PE 0808765.

*Table 21-6: Suicide Prevention Active Component PE Descriptions

PE	Description
0808755	Suicide Prevention. Prevention strategy development, policy, oversight, research, programs, evaluation, and training. This PE does not include MHA resources. MHA resources are captured in PE 0808758.
0808756	Suicide Response. All management, administrative, training, data collection, and operational costs for suicide response efforts. Suicide response is defined as “response to and care for individuals affected in the aftermath of a suicide attempt or suicide death.” This PE does not include MHA resources. MHA resources are captured in PE 0808759.
0808758	Suicide Prevention, MHA. Prevention strategy development, policy, oversight, research, programs, evaluation, and training. This PE captures MHA resources only.
0808759	Suicide Response, MHA. All management, administrative, training, data collection, and operational costs for suicide response efforts. See the suicide response definition in the previous sub-paragraph. This PE captures MHA resources only.

*Table 21-7: Family Advocacy Program Active Component PE Descriptions

PE	Description
0808701	Family Advocacy, MHA. Family Advocacy, Management Headquarters Activities include costs for specifically identified and measurable FAP Major DoD Headquarters Activities.
0808718	Defense-wide Family Assistance. Defense-wide Family Assistance provides programs, policies, and outreach to service members, their families, survivors, and other eligible members of the military community. The programs promote force and family readiness, and quality of life and are most efficiently resourced at the Department level. This PE previously included FAP resources. Those resources were moved to 0808725 in the President's Budget 2024. This PE does not include MHA resources.
0808725	Family Advocacy Program. Family Advocacy Program addresses prevention, identification, treatment, and reporting of adult-initiated family violence, including domestic abuse, intimate partner abuse, and child abuse and neglect; adult crimes against children; and child and youth-initiated serious harmful behavior. Resources align with specific prevention and education activities, advocacy, treatment, and DoD and MilDeps' support services. These resources were moved out of PE 0808718 in the President's Budget 2024. This PE does not include MHA resources.