



## DoD INSTRUCTION 5101.15

### DoD MEDICAL MATERIEL MANAGEMENT

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<b>Originating Component:</b>	Office of the Under Secretary of Defense for Acquisition and Sustainment
<b>Effective:</b>	September 29, 2023
<b>Releasability:</b>	Cleared for public release. Available on the Directives Division Website at <a href="https://www.esd.whs.mil/DD/">https://www.esd.whs.mil/DD/</a> .
<b>Reissues and Cancels:</b>	DoD Instruction 5101.15, "DoD Medical Materiel Executive Agent (MMEA) Implementation Guidance," May 4, 2012, as amended
<b>Approved by:</b>	William A. LaPlante, Under Secretary of Defense for Acquisition and Sustainment

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**Purpose:** In accordance with the authority in DoD Directive (DoDD) 5135.02, this issuance:

- Implements the policy in DoDD 5101.09E by assigning responsibilities to the DoD Medical Materiel Executive Agent (MMEA).
- Assigns responsibilities and prescribes procedures for the management of DoD supply class VIIIA medical materiel.
- Establishes the Defense Medical Logistics Supply Chain Council (DMLSCC) in accordance with DoD Instruction (DoDI) 5105.18.

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## **SECTION 1: GENERAL ISSUANCE INFORMATION**

### **1.1. APPLICABILITY.**

a. This issuance applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands (CCMDs), the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

(2) The management of the DoD supply class VIIIA medical materiel: medical supplies, equipment, and medical repair parts to support that equipment, not including blood and blood products.

b. This issuance does not apply to the management of the DoD supply class VIIIB medical materiel: blood and blood components (e.g., whole blood, platelets, plasma, packed red cells).

### **1.2. POLICY.**

a. The DoD MMEA is the single point of contact for orchestrating DoD medical materiel supply chain support.

b. The DoD:

(1) Supports global engagement, force protection, warfighting, and Defense Support of Civil Authorities capabilities with a jointly interoperable DoD military health system (MHS).

(2) Integrates and synchronizes DoD medical materiel acquisition and logistics programs from DoD MHS customers to suppliers.

(3) Maintains a consistent level of worldwide medical materiel support throughout the full spectrum of military operations.

c. The supply and use of DoD medical materiel is an integral part of the DoD MHS.

## **SECTION 2: RESPONSIBILITIES**

### **2.1. UNDER SECRETARY OF DEFENSE FOR ACQUISITION AND SUSTAINMENT (USD(A&S)).**

The USD(A&S):

- a. Establishes policy, prescribes procedures, and provides oversight to ensure implementation of this issuance.
- b. Promotes the use of efficient business processes for the current and future medical materiel supply chain.

### **2.2. ASSISTANT SECRETARY OF DEFENSE FOR SUSTAINMENT.**

Under the authority, direction, and control of the USD(A&S), the Assistant Secretary of Defense for Sustainment:

- a. Provides oversight of the medical materiel supply chain.
- b. Coordinates with the MMEA and DoD Component heads to develop, establish, and maintain the medical materiel supply chain and meet sustainment objectives.

### **2.3. ASSISTANT SECRETARY OF DEFENSE FOR ACQUISITION.**

Under the authority, direction, and control of the USD(A&S), and in coordination with the Director, Defense Health Agency (DHA), the Assistant Secretary of Defense for Acquisition:

- a. Performs as the milestone decision authority for the Program Executive Office, Defense Healthcare Management Systems portfolio of programs (e.g., the Joint Operational Medicine Information Systems programs).
- b. Provides strategic recommendations and direction on health-related acquisition programs, including those within the Program Executive Office, Defense Healthcare Management Systems.

### **2.4. DIRECTOR, DEFENSE LOGISTICS AGENCY (DLA).**

Under the authority, direction, and control of the USD(A&S), through the Assistant Secretary of Defense for Sustainment, in addition to the responsibilities in Paragraph 2.7, and as the MMEA, the Director, DLA:

- a. Develops and implements acquisition and distribution programs for medical materiel in coordination with the Military Departments, the DHA, and United States Transportation Command (USTRANSCOM).

b. Supports the medical materiel requirements of the CCMDs and the Military Departments with integrated, end-to-end supply chain processes and logistics support plans.

c. Recommends the designation of theater lead agents for medical materiel (TLAMMs) to the Chairman of the Joint Chiefs of Staff as necessary to ensure effective and efficient medical materiel supply chain support to the CCMDs, in coordination with the Combatant Commanders (CCDRs) and the Secretaries of the Military Departments.

d. Develops a consolidated program objective memorandum (POM) and budget estimate submissions for medical materiel surge and sustainment requirements, programs, initiatives, and process improvements.

e. Coordinates with the CCDRs, the Chairman of the Joint Chiefs of Staff, and the Secretaries of the Military Departments to acquire, maintain, and pre-position medical materiel, or provide access to materiel, as necessary to meet global DoD contingency requirements for surge and sustainment across the full range of military operations.

f. In coordination with the Assistant Secretary of Defense for Health Affairs (ASD(HA)), leads collaborative development of a comprehensive defense medical logistics (DML) enterprise architecture that supports end-to-end medical materiel supply chain activities from commercial sources to customers.

g. Establishes the DMLSCC to serve as a collaborative forum to facilitate and integrate the development of strategic and operational relationships, capabilities, performance standards, and system integration necessary for effective and efficient medical materiel supply chain support.

h. Designates a senior leader to tri-chair the DMLSCC and represent DLA interests at DMLSCC meetings.

i. Coordinates with the ASD(HA), who exercises authority and direction for management of medical materiel required to effectively execute the DoD medical mission.

j. Coordinates with the Commander, USTRANSCOM to ensure responsive, efficient, and effective distribution support for medical materiel.

k. In coordination with the DoD Components:

(1) Establishes supply chain risk management programs, processes, and tools for monitoring and mitigating the risk of potential supply chain disruptions from:

- (a) Counterfeit materiel as described in DoDI 4140.67.
- (b) Unauthorized supply chain activities that introduce supply chain risks as described in Volume 1 of DoD Manual 4140.01.
- (c) Critical medical materiel shortages due to events such as a pandemic.

(2) Identifies, assesses, and mitigates threats, vulnerabilities, and disruptions to the DoD supply chain for medical materiel from beginning to end to:

- (a) Ensure mission effectiveness.
- (b) Maintain the integrity of medical materiel.
- (c) Establish processes to prevent disruptions to the flow of medical materiel needed to meet mission requirements.

1. In coordination with the Military Departments and the CCDR's, coordinates the TLAMM recommendation and sends the recommendation to the Joint Staff for review, formal coordination, and approval by the Chairman of the Joint Chiefs of Staff.

## **2.5. ASD(HA).**

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(HA):

- a. Develops, monitors, and evaluates MHS policies, procedures, and resources required for DoD medical logistics in accordance with DoDD 5136.01.
- b. Exercises authority and direction for management of medical materiel required to effectively execute the DoD medical mission in accordance with DoDD 5136.01.
- c. Designates a functional lead agent as required to achieve unit of effort for medical materiel supply chain support.

## **2.6. DIRECTOR, DHA.**

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the ASD(HA), and in addition to the responsibilities in Paragraph 2.7, the Director, DHA:

- a. Implements policies, plans, programs, and standards to:
  - (1) In coordination with the Military Departments, promote the commonality, interoperability, and interchangeability of medical materiel across the MHS and its continuum of care for institutional and operational health care.
  - (2) Reduce unwanted variability in the medical materiel supply chain.
- b. Develops information technology tools to:
  - (1) Enable medical logistics business processes.

- (2) Support health care delivery for both institutional direct care and deployed operations.
- (3) Capture and analyze supply chain performance data.
- (4) Promote joint solutions, interoperability, and sustainability in medical logistics capabilities in accordance with DoDIs 6430.02, 5000.02, and 5000.75.
- (5) Capture and coordinate for proper management of medical logistics records for the DoD Records Management Program in accordance with DoDI 5015.02.

c. Designates a senior leader for the tri-chair for the DMLSCC and to represent the DHA interests at DMLSCC meetings.

d. In coordination with the MMEA, the Assistant Secretary of Defense for Sustainment, and the Secretaries of the Military Departments, establishes joint standards and metrics for medical materiel supply chain performance.

e. In coordination with the MMEA and the Military Services, leads collaborative development of the DML enterprise to ensure integration with MHS and Military Service medical operational capabilities.

f. Develops a program and budget for the DML enterprise architecture based on documentation of the medical logistics business processes, system interoperability, and the functional, technical, and data requirements necessary to support the delivery of military health care across the range of military operations.

g. In coordination with the Secretaries of the Military Departments, identifies critical medical materiel requirements and support agreements for DoD MHS-wide preparedness to respond to major health threats such as pandemic disease.

## **2.7. DOD COMPONENT HEADS.**

The DoD Component heads:

a. Develop, establish, and maintain the medical materiel supply chain and meet sustainment objectives.

b. In coordination with the Director, DLA, establish supply chain risk management programs, processes, and tools for monitoring and mitigating the risk of potential supply chain disruptions from:

- (1) Counterfeit materiel as described in DoDI 4140.67.
- (2) Unauthorized supply chain activities that introduce supply chain risks as described in Volume 1 of DoD Manual 4140.01.
- (3) Critical medical materiel shortages due to events such as a pandemic.

c. In coordination with the Director, DLA, identify, assess, and mitigate threats, vulnerabilities, and disruptions to the DoD supply chain for medical materiel from beginning to end to:

(1) Ensure mission effectiveness.

(2) Maintain the integrity of medical materiel.

(3) Establish processes to prevent disruptions to the flow of medical materiel needed to meet mission requirements.

## **2.8. SECRETARIES OF THE MILITARY DEPARTMENTS.**

In addition to the responsibilities in Paragraph 2.7., the Secretaries of the Military Departments:

a. Provide the medical logistics capabilities necessary to manage the materiel and services required by their respective health service support (HSS) systems and missions.

b. Comply with materiel items approved through the Defense medical materiel standardization process as outlined in DoDI 6430.02 for the design of medical assemblages to:

(1) Increase medical interoperability.

(2) Reduce product variability in medical materiel sustainment demands.

(3) Improve overall supply chain effectiveness.

c. Develop, in collaboration with the CCDRs; the Director, DHA; and the MMEA, accurate clinically based medical materiel sustainment requirement forecasts.

d. Collaborate with the MMEA and the CCDRs to establish key medical materiel supply chain performance indicators and metrics.

e. In coordination with the MMEA, participate in supply chain planning in support of the CCMDs and designated TLAMMs.

f. When designated as the TLAMM, resource and execute the TLAMM mission.

g. When directed, provide personnel augmentation to designated TLAMMs once validated through the Global Force Management process pursuant to Joint Publication 3-35.

h. Provide a senior service medical logistician to represent Military Service interests and provide subject matter expertise as a member of the DMLSCC board of directors.

i. Provide a senior leader to represent Military Service interests at the DMLSCC senior leader meetings.



## **2.9. CHAIRMAN OF THE JOINT CHIEFS OF STAFF.**

In addition to the responsibilities in Paragraph 2.7., the Chairman of the Joint Chiefs of Staff, in coordination with the CCDRs and the Secretaries of the Military Departments:

- a. Designates TLAMMs for the CCMDs based upon recommendations from the MMEA.
- b. Designates a senior leader to tri-chair the DMLSCC and represent JCS interests at DMLSCC meetings.

## **2.10. CCDRS.**

In addition to the responsibilities in Paragraph 2.7., the CCDRs:

- a. Incorporate end-to-end supply chain support as part of HSS plans.
- b. As required, designate a Service component command (SCC) as the single integrated medical logistics manager (SIMLM) to provide common user logistics support to other Military Services and designated multinational partners.
- c. In coordination with the MMEA, the Chairman of the Joint Chiefs of Staff, and the commanders of the Military SCC assigned to support a geographic CCMD:
  - (1) Determine the need for TLAMM designations to support the CCMD areas of responsibility.
  - (2) Determine, in coordination with the designated TLAMM, the need for personnel augmentation when required to support contingency operations and request it through the Global Force Management process pursuant to Joint Publication 3-35.
  - (3) Establish and synchronize theater medical materiel supply chain operational policy and strategies.
  - (4) Provide guidance on the use of TLAMM inventories consistent with sound business practices and operational readiness requirements.
- d. In coordination with the MMEA, ensure the logistics supportability of HSS plans.

## **2.11. COMMANDER, USTRANSCOM.**

The Commander, USTRANSCOM, in addition to the responsibilities in Paragraphs 2.7. and 2.10., and as the Joint Deployment and Distribution Coordinator (JDDC) pursuant to DoDI 5158.06, establishes distribution process improvements across all DoD Components with responsive, efficient, and effective distribution support for medical materiel.

## SECTION 3: PROCEDURES

### 3.1. GENERAL.

a. The Military Departments:

(1) Receive health care from the MHS through institutional and operational capabilities across the full range of military operations.

(2) Control institutional and operational interdependent elements of an integrated HSS system.

(3) Operate DoD medical logistics capabilities with a high degree of collaboration and interoperability within a DML enterprise framework.

(4) Select and use quality medical materiel for cost effective military health care.

b. The MMEA:

(1) Jointly integrates and synchronizes a global supply chain for supply class VIIIA medical materiel from supplier to customer.

(2) Optimizes worldwide medical materiel support throughout the full spectrum of military operations.

(3) Applies supply chain best practices for supply class VIIIA medical materiel.

(4) Supports healthcare with DoD standard business processes and an integrated information architecture linking supported forces with commercial and DoD suppliers.

(5) Coordinates and synchronizes functional policy requirements for medical materiel:

(a) With the MHS through the DML enterprise governance process described in DoDI 6430.02.

(b) To maintain a consistent level of efficient and effective worldwide medical support.

c. Medical logistics units and organizations:

(1) Manage specialized medical products and services as an integral part of HSS accomplished with the oversight of the MHS.

(2) Coordinate for the distribution of medical materiel to theater medical elements as part of the integrated HSS system.

(3) Select medical materiel acquisition, management, and distribution strategies that address quality, availability, and economy.

(4) Manage the medical materiel supply chain to address:

(a) The high reliance on these specialized products and services for the delivery of health care, of which the HSS system is the exclusive user within the DoD.

(b) National statutory and regulatory standards for medical materiel (e.g., Food and Drug Administration and Drug Enforcement Agency regulations in Parts 1 through 1399 of Title 21, Code of Federal Regulations).

1. For example, the MMEA will not purchase non-FDA approved products with Defense Working Capital Funds, appropriated funds, or any other government funds unless first authorized to make the purchase of such products.

2. MMEA will process requests to use non-FDA approved investigational new drugs in accordance with DoDI 6200.02.

(c) Business practices and product identification taxonomies of commercial markets of the U.S. health care industry.

(d) Requirements driven primarily by health care activity rather than density of end-items, or weapons systems.

(e) Requirements subject to rapid changes in technology and clinical practice and that vary widely with the type and phase of HSS and military operation.

(f) Physical characteristics such as environmental protection in storage and in-transit to prevent deterioration and ensure clinical efficacy.

(g) The financial impact of rapid technological advancements and shelf-life limitations on the cost of establishing and maintaining medical materiel readiness.

(h) The protected status of medical materiel and medical logistics personnel pursuant to the Fourth Geneva Convention.

(i) CCMD-unique requirements relating to urgency, packaging, and specificity in geographic locations not supported by conventional forces or to support populations that are not DoD beneficiaries.

(j) Extension and expansion of national-level acquisition programs for:

1. Routine support to MHS medical treatment facilities.

2. Health service requirements across the range of military operations.

3. Surge capabilities for contingency operations.

(k) Use of DoD standard business processes, information systems, and authoritative commercial product identification.

(l) Contingency contracts managed by the MMEA to meet medical materiel contingency requirements forecasted by the Military Departments and CCMDs.

(m) Strategic distribution by the JDDC using either commercial or military transportation carriers as required to meet CCMD requirements and priorities.

d. DoD Components collaborate on medical materiel supply chain support.

(1) The MMEA, the Secretaries of the Military Departments, and the ASD(HA) collaborate on the delivery of medical materiel supply chain support to achieve unity of effort, reduce unnecessary redundancy, and promote positive medical outcomes.

(2) The MMEA provides the acquisition and financial framework to make medical materiel available to meet the HSS requirements of the Military Departments and synchronizes activities necessary to achieve end-to-end medical materiel supply chain support.

(3) The ASD(HA) provides health guidance for medical logistics, medical materiel standardization, and medical information management systems of the MHS.

(4) The Military Departments outfit and deploy capable medical units with capabilities to manage medical materiel requirements and distribute medical materiel for use in support of HSS activity.

(5) The CCMDs and their assigned SIMLM's develop HSS plans, identify the capabilities necessary for their execution, and direct theater HSS activity.

(6) TLAMMs provide direct medical materiel support to theater medical forces, ensure tactical units are integrated into the end-to-end medical materiel supply chain, and assist the CCMDs and the SCC assigned to support the CCMD in medical logistics planning.

(7) USTRANSCOM, as the JDDC, provides strategic distribution solutions in support of MMEA acquisition programs to enable the rapid movement of medical materiel from commercial sources to the theater HSS system.

e. The DMLSCC provides a joint forum for the collaborative assessment and integration of medical materiel supply chain strategies and initiatives relative to the:

(1) Acquisition, forecasting, standardization, and management of contingency requirements for medical materiel.

(2) Alignment of information systems and architectures for end-to-end medical materiel supply chain management.

(3) Development of concepts, business processes, and performance standards for acquisition and end-to-end distribution of medical materiel in all operational environments, and delineation of roles, responsibilities, and authorities among the organizations and elements that comprise the supply chain.

(4) Coordination with other government agencies such as the U.S. Coast Guard, the Department of Veterans Affairs, and the Department of Health and Human Services for planning the response to U.S. health services requirements.

### **3.2. MEDICAL MATERIEL SUPPLY CHAIN PLANNING.**

The MMEA, CCMD, Military Department, and SCC medical materiel planners coordinate on plans for meeting HSS requirements.

a. The Military Department medical materiel planners:

(1) Compute medical materiel requirements based upon planning factors provided by the CCMDs and clinical treatment protocols established within the MHS.

(2) Collaborate with the CCMD medical materiel planners for direction on operation plans, planning assumptions, constraints, and other factors relevant to the development of medical materiel requirements.

(3) Use information from common modeling and computation processes, to the extent possible, to select medical materiel that:

(a) Meets Military Department requirements based on operations plans, planning assumptions, constraints, and other factors relevant to the development of medical materiel requirements.

(b) Promotes joint interoperability.

(c) Promotes commonality between institutional and operational health care.

(4) Delineate medical materiel requirements by the HSS medical care roles:

(a) Role 1 with first responder care.

(b) Role 2 with forward resuscitative care.

(c) Role 3 with theater hospitalization capability.

(d) Role 4 with definitive care.

(5) Forecast requirements over a 180-day sustainment period and provide medical materiel sustainment requirement forecasts, synchronized with POM and budget development milestones, to the MMEA at least annually.

b. The MMEA:

(1) Provides POM and budget guidance to the Military Departments on developing programs and budgets to support MMEA programs, initiatives, and process improvements.

(2) Consolidates Military Department requirements to determine joint surge and sustainment requirements for medical materiel.

(3) Assesses the capability to meet forecast requirements with available Military Departments, DLA stock, contingency programs, or industry capacity.

(4) In coordination with the Military Departments, develops acquisition strategies and programming and budgeting requirements for a consolidated DoD POM and budget submissions for materiel needed for operational surge and sustainment.

(5) Develops DLA support plans to source and move medical materiel from commercial sources to the theater of operations sources for distribution to theater forces.

(6) Provides lift requirements to USTRANSCOM for development of strategic lift estimates and transportation feasibility assessments.

(7) Synchronizes medical materiel support plans with CCMD operational plans for HSS and Military Department plans for deployment of medical forces.

c. CCMD medical materiel planners collaborate with the MMEA, Military Departments, DLA, DHA, SIMLM, and TLAMMs.

(1) The MMEA, the DLA, and the Military Department medical planners collaborate with CCMD medical materiel planners in their development of base operational plans and supporting annexes to include:

(a) Developing and assessing theater distribution strategies (e.g., forward positioning of materiel and transportation priorities for early entry sustainment inventory).

(b) Defining and identifying operational medical logistics capabilities needed to support theater storage and distribution of medical materiel supplies through intra-theater channels to the ultimate customer.

(c) Recommending a lead Military Service for provision of SIMLM support to other SCCs, when required.

(d) Recommending the establishment or designation of a TLAMM.

(2) The MMEA, the Military Departments, the DHA, the SIMLM, and designated TLAMMs provide subject matter experts to support the CCMD medical planners in the ongoing refinement and assessment of base plans to ensure feasibility and address changing circumstances and operational requirements for HSS. These contingency requirements may include:

(a) The development of a theater pharmaceutical formulary and policies for medical materiel standardization and supply discipline.

(b) Theater management of special interest materiel such as medical, biological, and chemical defense materiel; investigational drugs and vaccines; controlled substances; and other medical materiel special programs under the purview of the joint force surgeon.

(c) The status and actions necessary to accomplish CCMD-required preparatory tasks for plan execution, such as the movement of sustainment materiel from MMEA commercial contingency programs to forward storage in the theater.

(d) Theater policies and processes for refilling prescription medications for chronic medical conditions of assigned and attached personnel. These policies and processes will be compliant with DoD privacy policies as outlined in DoDI 5400.11.

(e) Area supply support for primary care during joint reception, staging, and onward integration of arriving forces.

(f) Ongoing analysis of theater demands for medical materiel to anticipate changes in requirements resulting from HSS operations and to adjust sourcing strategies as necessary.

(g) The use of empirical medical materiel logistics data to determine the supportability and sustainability of medical materiel logistics plans.

d. The JDDC and the MMEA coordinate:

(1) For the movement of medical materiel from commercial sources in the United States to TLAMM or other intra-theater distribution points.

(2) On plans to use commercial air for inter-theater movement of medical materiel during peacetime.

(3) On adjustments to plans when changes to strategic movement channels or modes are necessary due to operational limitations.

### **3.3. TLAMM DESIGNATIONS AND ACTIVITIES.**

a. The Chairman of the Joint Chiefs of Staff makes TLAMM designations, upon the recommendation of the MMEA and in coordination with the CCMDs and the Military Departments following the steps to designate or re-designate a TLAMM:

(1) The CCMD:

(a) Determines the need for TLAMM designations or re-designation to support their respective areas of responsibility.

(b) Determines the capability requirements for their area of responsibility.

(c) Coordinates with the SCC's, the Military Departments, and the MMEA to develop a recommended TLAMM solution for analysis, validation of capabilities, and concurrence.

(2) The CCDRs provide the TLAMM recommendation to the Director, DLA, through the MMEA.

(3) Director, DLA reviews the TLAMM recommendation from the CCDRs and validates the capabilities of the proposed TLAMM. Once validation and staffing are complete the Director, DLA, in coordination with the Military Departments and the CCDR, coordinates the TLAMM recommendation and sends the recommendation to the Joint Staff for review, formal coordination, and approval by the Chairman of the Joint Chiefs of Staff.

b. Upon designation, the TLAMM unit will:

(1) Provide medical materiel supply chain support to all approved Service members assigned or attached to the CCMD and to coalition or other non-U.S. customers, as well as other U.S. Government departments or agencies (e.g., Department of State embassies when authorized by the CCMD).

(2) Coordinate medical materiel supply chain support with supported customers, the MMEA, and supporting national-level organizations.

(3) Receive joint augmentation as appropriate for the Military Departments' demographics and as validated by the CCMD and directed by the Chairman of the Joint Chiefs of Staff.

c. A TLAMM designation may be conferred upon an existing organization that is part of the institutional MHS or upon a provisional organization created as required through the deployment of operational medical logistics capabilities.

d. TLAMMs:

(1) Remain within the chain of command of their parent organization (parent Military Department, CCMD, SCC, or another DoD Component).

(2) Manage demand supported medical materiel inventory to execute HSS operations.

(3) Maintain relations with theater customers, national-level suppliers, and theater distribution management activities.

(4) May operate in the DLA Defense Working Capital Fund supply chain management business area to provide medical materiel and non-standard medical assemblage production requirements for the CCMDs and the Military Departments, within the scope of performance-based agreements or standard operating procedures established by the MMEA.

(5) Operate within the business framework and information architectures established by the MMEA and MHS for management of medical materiel for HSS operations. TLAMMs may vary in mission capabilities assigned by their parent command; however, TLAMMs will provide:

(a) Direct or general medical materiel supply chain support to theater health services.



(b) Theater level supply chain management of medical materiel in coordination with the MMEA, the CCMD, and the SIMLM.

(c) Theater-level medical materiel storage and distribution in coordination with intra-theater distribution management activities.

(d) The capability to receive, store, perform quality control, issue, and ship narcotics and other controlled substances, temperature-sensitive medical products, medical gases, hazardous and flammable medical materiel, and medical repair parts.

(e) In-transit visibility of all shipments.

(f) The capability to use shippable, wireless temperature monitors to collect and store temperature information for temperature-sensitive medical product shipments.

(g) The primary physical link between commercial sources of supply and the theater medical materiel supply chain.

(h) A single customer support structure for all assigned medical logistics functions.

(i) Medical logistics subject matter expertise to the supported CCMDs, SIMLM, and SCCs in support of the CCMD medical materiel supply chain planning and requirements identification.

(j) Management of special items such as vaccines, investigational drugs, medical gases, special equipment (to include those needed to support operations in chemical, biological, radiological, and nuclear environments), and other materiel of special interest or control by the joint force surgeon.

(k) Access to all DLA's medical acquisition vehicles and eCommerce programs.

(6) Are responsible for theater-level medical materiel supply chain support. Provide or facilitate provision of other capabilities, e.g.:

(a) A designated TLAMM may have other medical logistics responsibilities and capabilities assigned by its parent command such as medical equipment maintenance, optical fabrication, medical logistics contracting, medical kits, push packages, or medical set assembly or reconstitution.

(b) Directing TLAMM's that do not have these medical logistics responsibilities and capabilities may be assigned to facilitate provision of these capabilities, except for medical maintenance.

(c) As required, the supported CCDR may validate requirements to augment a TLAMM to provide capabilities or capacity to support a theater HSS plan.

### **3.4. MEDICAL MATERIEL SUPPLY CHAIN PERFORMANCE MEASUREMENT.**

a. The MMEA uses metrics to:

(1) Evaluate the effectiveness, performance, and cost of medical materiel supply chain operations.

(2) Evaluate the efficiency and cost of medical materiel supply chain management performance.

(3) Measure and assess the effectiveness of HSS in protecting the health of the force and delivering positive patient outcomes, in the form of improving survivability, patient safety, and quality of care.

b. The DMLSCC:

(1) Develops metrics and comparison benchmarks appropriate for overall medical materiel supply chain performance.

(2) Determines specific segments or functional areas to target for process improvement.

(3) Uses information from the HSS systems to provide overall context for assessment of all other medical materiel supply chain performance measures.

## GLOSSARY

### G.1. ACRONYMS.

<b>ACRONYM</b>	<b>MEANING</b>
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCDR	Combatant Commander
CCMD	Combatant Command
DHA	Defense Health Agency
DLA	Defense Logistics Agency
DML	defense medical logistics
DMLSCC	Defense Medical Logistics Supply Chain Council
DoDD	DoD directive
DoDI	DoD instruction
HSS	health service support
JDDC	Joint Deployment and Distribution Coordinator
MHS	military health system
MMEA	medical materiel executive agent
POM	program objective memorandum
SCC	Service component command
SIMLM	single integrated medical logistics manager
TLAMM	theater lead agent for medical materiel
USD(A&S)	Under Secretary of Defense for Acquisition and Sustainment
USTRANSCOM	United States Transportation Command

### G.2. DEFINITIONS.

A complete glossary of DoD supply chain terms and definitions is maintained on the Deputy Assistant Secretary of Defense for Logistics website  
[https://www.acq.osd.mil/log/LOG\\_SD/policy\\_vault.html](https://www.acq.osd.mil/log/LOG_SD/policy_vault.html).

## REFERENCES

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- DoD Directive 5135.02, “Under Secretary of Defense for Acquisition and Sustainment (USD(A&S)),” July 15, 2020
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
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- Joint Publication 3-35, “Deployment and Redeployment Operations,” March 31, 2022
- The Fourth Geneva Convention, August 12, 1949