

ality, and are determined by the Secretary to be necessary and appropriate for supporting the activities and programs of the Department of Defense outside the United States;

(B) directly support the mission of a defense intelligence component or counter-intelligence organization of the Department of Defense; or

(C) directly support the mission of the special operations command of the Department of Defense.

(2) The contracting officer for a personal services contract under this subsection shall be responsible for ensuring that—

(A) the services to be procured are urgent or unique; and

(B) it would not be practicable for the Department to obtain such services by other means.

(3) The requirements of section 3109 of title 5 shall not apply to a contract entered into under this subsection.

(Added Pub. L. 101-510, div. A, title XIV, §1481(b)(1), Nov. 5, 1990, 104 Stat. 1704; amended Pub. L. 102-190, div. A, title X, §1061(a)(2), Dec. 5, 1991, 105 Stat. 1472; Pub. L. 108-136, div. A, title VIII, §841(a), (b)(1), Nov. 24, 2003, 117 Stat. 1552.)

Editorial Notes

PRIOR PROVISIONS

Provisions similar to those in this section were contained in Pub. L. 101-165, title IX, §9002, Nov. 21, 1989, 103 Stat. 1129, which was set out as a note under section 2241 of this title, prior to repeal by Pub. L. 101-510, §1481(b)(3).

AMENDMENTS

2003—Pub. L. 108-136, §841(b)(1), substituted “Authority to procure personal services” for “Experts and consultants: authority to procure services of” in section catchline.

Subsec. (d). Pub. L. 108-136, §841(a), added subsec. (d). 1991—Pub. L. 102-190 inserted “of” after “services” in section catchline.

§ 129c. Medical personnel: limitations on reductions

(a) **LIMITATION ON REDUCTION.**—For any fiscal year, the Secretary of Defense may not make a reduction in the number of medical personnel of the Department of Defense described in subsection (b) unless the Secretary makes a certification for that fiscal year described in subsection (c).

(b) **COVERED REDUCTIONS.**—Subsection (a) applies to a reduction in the number of medical personnel of the Department of Defense as of the end of a fiscal year to a number that is less than—

(1) 95 percent of the number of such personnel at the end of the immediately preceding fiscal year; or

(2) 90 percent of the number of such personnel at the end of the third fiscal year preceding the fiscal year.

(c) **CERTIFICATION.**—A certification referred to in subsection (a) with respect to reductions in medical personnel of the Department of Defense for any fiscal year is a certification by the Secretary of Defense to Congress that—

(1) the number of medical personnel being reduced is excess to the current and projected needs of the Department of Defense; and

(2) such reduction will not result in an increase in the cost of health care services provided under the Civilian Health and Medical Program of the Uniformed Services under chapter 55 of this title.

(d) **POLICY FOR IMPLEMENTING REDUCTIONS.**—Whenever the Secretary of Defense directs that there be a reduction in the total number of military medical personnel of the Department of Defense, the Secretary shall require that the reduction be carried out so as to ensure that the reduction is not exclusively or disproportionately borne by any one of the armed forces and is not exclusively or disproportionately borne by either the active or the reserve components.

(e) **DEFINITION.**—In this section, the term “medical personnel” means—

(1) the members of the armed forces covered by the term “medical personnel” as defined in section 115a(e)(2) of this title; and

(2) the civilian personnel of the Department of Defense assigned to military medical facilities.

(Added Pub. L. 104-106, div. A, title V, §564(a)(1), Feb. 10, 1996, 110 Stat. 325; amended Pub. L. 105-85, div. A, title X, §1073(a)(4), Nov. 18, 1997, 111 Stat. 1900.)

Editorial Notes

PRIOR PROVISIONS

Provisions similar to those in this section were contained in Pub. L. 101-510, div. A, title VII, §711, Nov. 5, 1990, 104 Stat. 1582, as amended, which was set out as a note under section 115 of this title, prior to repeal by Pub. L. 104-106, §564(d)(1).

AMENDMENTS

1997—Subsec. (e)(1). Pub. L. 105-85 substituted “section 115a(e)(2)” for “section 115a(g)(2)”.

Statutory Notes and Related Subsidiaries

LIMITATION ON REDUCTION OF MILITARY MEDICAL MAN- NING END STRENGTH: CERTIFICATION REQUIREMENT AND OTHER REFORMS

Pub. L. 117-263, div. A, title VII, §741(a), (d), Dec. 23, 2022, 136 Stat. 2676, 2680, provided that:

“(a) **LIMITATION.**—

“(1) **IN GENERAL.**—Except as provided in paragraph (2), and in addition to the limitation under section 719 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116-92; 133 Stat. 1454), as most recently amended by section 731 of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117-81; 135 Stat. 1795), during the five-year period beginning on the date of the enactment of this Act [Dec. 23, 2022], neither the Secretary of Defense nor a Secretary concerned may reduce military medical end strength authorizations, and following such period, neither may reduce such authorizations unless the Secretary of Defense issues a waiver pursuant to paragraph (6).

“(2) **EXCEPTION.**—The limitation under paragraph (1) shall not apply with respect to the following:

“(A) Administrative billets of a military department that have remained unfilled since at least October 1, 2018.

“(B) Billets identified as non-clinical in the budget of the President for fiscal year 2020 submitted to Congress pursuant to section 1105(a) of title 31,

United States Code, except that the number of such billets may not exceed 1,700.

“(C) Medical headquarters billets of the military departments not assigned to, or providing direct support to, operational commands.

“(3) REPORT ON COMPOSITION OF MILITARY MEDICAL WORKFORCE REQUIREMENTS.—The Secretary of Defense, in coordination with the Secretaries of the military departments, shall conduct an assessment of current military medical manning requirements (taking into consideration factors including future operational planning, training, and beneficiary healthcare) and submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing the findings of such assessment. Such assessment shall be informed by the following:

“(A) The National Defense Strategy submitted under section 113(g) of title 10, United States Code.

“(B) The National Military Strategy prepared under section 153(b) of such title.

“(C) The campaign plans of the combatant commands.

“(D) Theater strategies.

“(E) The joint medical estimate under section 732 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115-232; 132 Stat. 1817).

“(F) The plan of the Department of Defense on integrated medical operations, as updated pursuant to paragraph (1) of section 724(a) of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117-81; 135 Stat. 1793; 10 U.S.C. 1096 note).

“(G) The plan of the Department of Defense on global patient movement, as updated pursuant to paragraph (2) of such section 724(a).

“(H) The biosurveillance program of the Department of Defense established pursuant to Department of Defense Directive 6420.02 (relating to biosurveillance).

“(I) Requirements for graduate medical education.

“(J) The report of the COVID-19 Military Health System Review Panel under section 731 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283; 134 Stat. 3698).

“(K) The report of the Inspector General of the Department of Defense titled ‘Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic in Fiscal Year 2021 (DODIG-2022-081)’ and published on April 5, 2022.

“(L) Reports of the Comptroller General of the United States relating to military health system reforms undertaken on or after January 1, 2017, including any such reports relating to military medical manning and force composition mix.

“(M) Such other reports as may be determined appropriate by the Secretary of Defense.

“(4) CERTIFICATION.—The Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a certification containing the following:

“(A) A certification of the completion of a comprehensive review of military medical manning, including with respect to the medical corps (or other health- or medical-related component of a military department), designator, profession, occupation, and rating of medical personnel.

“(B) A justification for any proposed increase, realignment, reduction, or other change to the specialty or occupational composition of military medical end strength authorizations, which may include compliance with a requirement or recommendation set forth in a strategy, plan, or other matter specified in paragraph (3).

“(C) A certification that, in the case that any change to such specialty or occupational composi-

tion is required, a vacancy resulting from such change may not be filled with a position other than a health- or medical-related position until such time as there are no military medical billets remaining to fill the vacancy.

“(D) A risk analysis associated with the potential realignment or reduction of any military medical end strength authorizations.

“(E) An identification of any plans of the Department to backfill military medical personnel positions with civilian personnel.

“(F) A plan to address persistent vacancies for civilian personnel in health- or medical-related positions, and a risk analysis associated with the hiring, onboarding, and retention of such civilian personnel, taking into account provider shortfalls across the United States.

“(G) A comprehensive plan to mitigate any risk identified pursuant to subparagraph (D) or (F), including with respect to funding necessary for such mitigation across fiscal years.

“(5) PROCESS REQUIRED.—The Secretaries of the military departments, in coordination with the Secretary of Defense and the Chairman of the Joint Chiefs of Staff, shall develop and submit to the Committees on Armed Services of the House of Representatives and the Senate a process for the authorization of proposed modifications to the composition of the medical manning force mix across the military departments while maintaining compliance with the limitation under paragraph (1). Such process shall—

“(A) take into consideration the funding required for any such proposed modification; and

“(B) include distinct processes for proposed increases and proposed decreases, respectively, to the medical manning force mix of each military department.

“(6) WAIVER.—

“(A) IN GENERAL.—Following the conclusion of the five-year period specified in paragraph (1), the Secretary of Defense may waive the prohibition under such subsection if—

“(i) the report requirement under paragraph (3), the certification requirement under paragraph (4), and the process requirement under paragraph (5) have been completed;

“(ii) the Secretary determines that the waiver is necessary and in the interests of the national security of the United States; and

“(iii) the waiver is issued in writing.

“(B) NOTIFICATION TO CONGRESS.—Not later than five days after issuing a waiver under subparagraph (A), the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a notification of the waiver (including the text of the waiver and a justification for the waiver) and provide to such committees a briefing on the components of the waiver.

“(d) DEFINITIONS.—In this section:

“(1) The term ‘medical personnel’ has the meaning given such term in section 115a(e) of title 10, United States Code.

“(2) The term ‘Secretary concerned’ has the meaning given that term in section 101(a) of such title.

“(3) The term ‘theater strategy’ means an overarching construct outlining the vision of a combatant commander for the integration and synchronization of military activities and operations with other national power instruments to achieve the strategic objectives of the United States.”

PROHIBITION ON CONVERSION OF MILITARY MEDICAL AND DENTAL POSITIONS TO CIVILIAN MEDICAL AND DENTAL POSITIONS

Pub. L. 110-181, div. A, title VII, §721(a)-(d), Jan. 28, 2008, 122 Stat. 198, 199, as amended by Pub. L. 111-84, div. A, title VII, §701, Oct. 28, 2009, 123 Stat. 2372, prohibited the Secretary of a military department from converting any military medical or dental position to a civilian medical or dental position on or after Oct. 1,

2007, and required restoration of certain converted positions to military positions, prior to repeal by Pub. L. 114-328, div. A, title VII, §721(c), Dec. 23, 2016, 130 Stat. 2228.

REQUIREMENT TO CERTIFY AND REPORT ON CONVERSION OF MILITARY MEDICAL AND DENTAL POSITIONS TO CIVILIAN MEDICAL AND DENTAL POSITIONS

Pub. L. 109-364, div. A, title VII, §742, Oct. 17, 2006, 120 Stat. 2306, which prohibited the Secretary of a military department from converting any military medical or dental position to a civilian medical or dental position in a fiscal year until the Secretary submitted to the Committees on Armed Services and Appropriations of the Senate and the House of Representatives with respect to that fiscal year a certification that the conversions within that department would not increase cost or decrease quality of care or access to care, was repealed by Pub. L. 110-181, div. A, title VII, §721(e), Jan. 28, 2008, 122 Stat. 199.

PROHIBITION ON CONVERSIONS OF MILITARY MEDICAL AND DENTAL POSITIONS TO CIVILIAN MEDICAL POSITIONS UNTIL SUBMISSION OF CERTIFICATION

Pub. L. 109-163, div. A, title VII, §744, Jan. 6, 2006, 119 Stat. 3360, provided that:

“(a) PROHIBITION ON CONVERSIONS.—

“(1) SUBMISSION OF CERTIFICATION.—A Secretary of a military department may not convert any military medical or dental position to a civilian medical or dental position until the Secretary submits to the Committees on Armed Services of the Senate and the House of Representatives a certification that the conversions within that department will not increase cost or decrease quality of care or access to care. Such a certification may not be submitted before June 1, 2006.

“(2) REPORT WITH CERTIFICATION.—A Secretary submitting such a certification shall include with the certification a written report that includes—

“(A) the methodology used by the Secretary in making the determinations necessary for the certification, including the extent to which the Secretary took into consideration the findings of the Comptroller General in the report under subsection (b)(3);

“(B) the results of a market survey in each affected area of the availability of civilian medical and dental care providers in such area in order to determine whether the civilian medical and dental care providers available in such area are adequate to fill the civilian positions created by the conversion of military medical and dental positions to civilian positions in such area; and

“(C) any action taken by the Secretary in response to recommendations in the Comptroller General report under subsection (b)(3).

“(b) REQUIREMENT FOR STUDY.—

“(1) IN GENERAL.—The Comptroller General shall conduct a study on the effect of conversions of military medical and dental positions to civilian medical or dental positions on the defense health program.

“(2) MATTERS COVERED.—The study shall include the following:

“(A) The number of military medical and dental positions, by grade and specialty, planned for conversion to civilian medical or dental positions.

“(B) The number of military medical and dental positions, by grade and specialty, converted to civilian medical or dental positions since October 1, 2004.

“(C) The ability of the military health care system to fill the civilian medical and dental positions required, by specialty.

“(D) The degree to which access to health care is affected in both the direct and purchased care system, including an assessment of the effects of any increased shifts in patient load from the direct care to the purchased care system, or any delays in re-

ceipt of care in either the direct or purchased care system because of lack of direct care providers.

“(E) The degree to which changes in military manpower requirements affect recruiting and retention of uniformed medical and dental personnel.

“(F) The degree to which conversion of the military positions meets the joint medical and dental readiness requirements of the uniformed services, as determined jointly by all the uniformed services.

“(G) The effect of the conversions of military medical positions to civilian medical and dental positions on the defense health program, including costs associated with the conversions, with a comparison of the estimated costs versus the actual costs incurred by the number of conversions since October 1, 2004.

“(H) The effectiveness of the conversions in enhancing medical and dental readiness, health care efficiency, productivity, quality, and customer satisfaction.

“(3) REPORT ON STUDY.—Not later than May 1, 2006, the Comptroller General shall submit to the Committees on Armed Services of the Senate and House of Representatives a report containing the results of the study under this section.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘military medical or dental position’ means a position for the performance of health care functions within the Armed Forces held by a member of the Armed Forces.

“(2) The term ‘civilian medical or dental position’ means a position for the performance of health care functions within the Department of Defense held by an employee of the Department or of a contractor of the Department.

“(3) The term ‘affected area’ means an area in which military medical or dental positions were converted to civilian medical or dental positions before October 1, 2004, or in which such conversions are scheduled to occur in the future.

“(4) The term ‘uniformed services’ has the meaning given that term in section 1072(1) of title 10, United States Code.”

SPECIAL TRANSITION RULE FOR FISCAL YEAR 1996

Pub. L. 104-106, div. A, title V, §564(b), Feb. 10, 1996, 110 Stat. 326, provided that, for purposes of applying subsec. (b)(1) of this section during fiscal year 1996, the number against which the percentage limitation of 95 percent was to be computed would be the number of medical personnel of the Department of Defense as of the end of fiscal year 1994, rather than the number as of the end of fiscal year 1995.

§ 129d. Disclosure to litigation support contractors

(a) DISCLOSURE AUTHORITY.—An officer or employee of the Department of Defense may disclose sensitive information to a litigation support contractor if—

(1) the disclosure is for the sole purpose of providing litigation support to the Government in the form of administrative, technical, or professional services during or in anticipation of litigation; and

(2) under a contract with the Government, the litigation support contractor agrees to and acknowledges—

(A) that sensitive information furnished will be accessed and used only for the purposes stated in the relevant contract;

(B) that the contractor will take all precautions necessary to prevent disclosure of the sensitive information provided to the contractor;

(C) that such sensitive information provided to the contractor under the authority