DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

BUMEDINST 6700.13H
BUMED-N4
24 Apr 2025

BUMED INSTRUCTION 6700.13H

From: Chief, Bureau of Medicine and Surgery

Subj: MANAGEMENT OF EXPEDITIONARY MEDICINE FAMILY OF SYSTEMS AUTHORIZED MEDICAL AND DENTAL ALLOWANCE LISTS

Ref: (a) OPNAVINST 6700.3
(b) DoD Conference Guidance, Version 4.0
(c) NAVSUPINST 6710.1D (NOTAL)
(d) DoD Instruction 6430.02 of 23 August 2017
(e) DoD Instruction 1322.24 of 15 February 2022
(f) DoD Directive 5101.09E of 12 September 2019
(g) DoD Instruction 4140.01 of 6 March 2019
(h) OPNAVINST 4040.39E
(i) SECNAVINST 5050.6A
(j) SECNAVINST 5200.44A
(k) SECNAVINST 5400.15D of 19 January 2021
(l) PEO USC and BUMED MOA dtd of 08 Jul 2024 (NOTAL)
(m) NAVSEAINST 4790.8D
(n) NAVMED P-117 Chapter 21 of 17 April 2023
(o) DoD Instruction 6000.11 of 22 June 2018
(p) CJCSI 5123.01I of 30 October 2021
(q) Joint Capabilities Integration and Development System Manual

1. Purpose. To ensure the effective management of operational medical and dental assemblages for the Expeditionary Medicine (EXMED) Family of Systems (FoS) within the Naval Expeditionary Health Services Support framework. This instruction provides comprehensive guidance on policy, roles, responsibilities, processes, and establishes guidelines for the management of these assets, enabling efficient and responsive health service support in accordance with references (a) through (q). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation: BUMEDINST 6700.13G.

3. Policy

a. To ensure the effective and continuous evaluation of medical and dental materiel readiness, the roles and responsibilities in the EXMED FoS assemblage management process must be clearly defined. Authorized medical allowance lists (AMAL) and authorized dental allowance lists (ADAL) are clinically driven documents that identify the required quantity of

equipment and consumable materiel that systems within the EXMED FoS must carry to meet the required scope and standard of medical and dental care in accordance with their corresponding required operational capabilities and projected operating environment.

b. Comply with references (a) and (b) conference requirements for Department of Navy hosted meetings that result in any cost to the Navy. Per reference (b), any meeting that involves travel could be considered as a conference.

4. Scope and Applicability. Program Executive Office Unmanned and Small Combatants Expeditionary Missions (PMS 408) is responsible for the management of the EXMED FoS AMALs and ADALs, coordinated by the Bureau of Medicine and Surgery (BUMED) in collaboration with Naval Medical Forces Atlantic (NAVMEDFORLANT) and Naval Medical Forces Pacific (NAVMEDFORPAC).

5. Development. AMAL and ADAL development is the mechanism through which medical and dental materiel is evaluated to define new assemblages suitable for the relevant system's mission, functions, and tasks. The development flow is outlined in subparagraphs 5a through 5f and displayed in the AMAL and ADAL Management Process Flowchart available on the Director, Logistics, Supply, and Support (BUMED-N4) SharePoint site: https://esportal.med.navy.mil/bumed/N4/Documents/AMAL%20ADAL%20MANAGEMENT%20PROCESS%20FLOWS.pdf?d=w921d74c471b640f99f8990066c47741f. Each set of tasks must be completed in the order they appear.

a. PMS 408 identifies the AMAL and ADAL to develop, then notifies BUMED-N4.

b. Within 14 calendar days (includes weekdays, holidays, and weekends) BUMED-N4 will:

(1) Identify stakeholders which will, at a minimum, include BUMED, PMS 408, NAVMEDFORLANT, NAVMEDFORPAC, Naval Medical Forces Development Command (NAVMEDFORDEVCOM), Naval Health Research Center (NAVHLTHRSCHCEN), Defense Logistics Agency (DLA), Naval Medical Readiness Logistics Command (NAVMEDREADLOGCOM), Defense Health Agency (DHA), U.S. Pacific Fleet, and U.S. Fleet Forces Command.

(2) Release an official notification (e.g., Enterprise Task Management Software Solution (ETMS2) or naval message) that identifies dates and venue in accordance with the timeline outlined in subparagraphs 5c and 5d, and tasks stakeholders with identifying relevant subject matter experts (SME), to include functional areas, commodity owners, and other groups as appropriate. The combination of stakeholders and relevant SMEs will constitute the working group.

c. Concurrently, within 30 calendar days:

(1) PMS 408 completes the tasks outlined in subparagraphs 5c(1)(a) and 5c(1)(b) and sends to NAVMEDFORLANT:

(a) Gather signed foundational documents, outlined in reference (a), in coordination with Director, Requirements and Capabilities (BUMED-N9) and other codes as necessary to ensure alignment with the medical and dental materiel solutions for the mission set.

(b) Download and provide existing assemblages from the authoritative EXMED FoS assemblage management system to use as a starting point, if it is decided that those pre-existing assemblages would assist in development.

1. Compare like systems with similar capacity and capability.

2. Cross-reference existing AMALs and ADALs with new requirements or established missions.

(2) BUMED-N4 will consolidate the list of working group members and forward to NAVMEDFORLANT.

d. Within 14 calendar days, NAVMEDFORLANT will distribute the relevant documents and pre-existing assemblages, referenced in subparagraph 5c, to the working group. Upon distribution, NAVMEDFORLANT will allow up to 3 months for those identified in the working group to prepare as necessary (e.g., line-item review, added capability requests, and replacement national stock numbers (NSN)).

e. Within 14 calendar days of completing the tasks outlined in subparagraph 5d, the working group will meet in accordance with the dates and venues outlined in subparagraph 5b(2) of this instruction to complete the guidance outlined in subparagraphs 5e(1) through 5e(5).

(1) Discuss individual line items and identify the best-suited medical and dental materiel for the mission. Special considerations include, but are not limited to, cost, weight, cube, kitting, packaging requirements, and environmental constraints. Additional considerations include interoperability, patient movement items (PMI), and DLA stocked medical and dental materiel.

(a) Prioritize standardized materiel in the AMAL and ADAL development process when applicable and reasonable to align with Joint Forces.

(b) Coordinate and prioritize the purchase of United States Transportation Command (TRANSCOM) approved PMI to maximize interoperability and interchangeability between TRANSCOM and Navy PMI. If not approved by TRANSCOM, then obtain approval by appropriate certification.

(c) Select joint medical and dental materiel with NSNs procurable from DLA Troop Support to facilitate replenishment or sustainment from the theater lead agent for medical materiel when deployed.

(2) Follow the requirements outlined in subparagraph 5e(1) if not referencing a pre-existing assemblage.

(3) Use the signed foundational documents, referenced in subparagraph 5c(1)(a) of this instruction, to create materiel solutions when no existing assemblage can meet the operational requirements.

(4) Determine impact, if any, to other AMALs and ADALs, or tables of allowances (TOA) that support applicable systems, within the EXMED FoS.

(5) Develop draft line-listing for the AMAL and ADAL.

f. Following completion of the working group meeting, the approval process will continue as outlined in subparagraphs 5f(1) through 5f(4). Each set of tasks must be completed in the order they appear.

(1) Within 6 months, PMS 408:

(a) Produces a final post-development report that will provide detailed recommendations by the working group, including but not limited to, a final line listing of the AMAL and ADAL, summary of actions per system, and updated procurement, sourcing and commonality metrics.

(b) Forwards the post-development report to Chief Medical Officer (BUMED-N01CMO).

(2) Within 14 calendar days, BUMED-N01CMO will:

(a) Review and endorse or reject the post-development report.

(b) Forward the post-development report back to PMS 408 for final approval.

(3) Within 3 months, PMS 408:

(a) Provides final approval on the AMAL and ADAL.

(b) Updates the authoritative EXMED FoS assemblage management system.

(c) Begins establishing NSNs as needed for newly added line-items in coordination with NAVMEDREADLOGCOM and identifies NSN changes across the EXMED FoS AMALs and ADALs.

(4) Immediately upon completion of tasks outlined in subparagraph 5f(3), BUMED-N4 will release an official notification (e.g., ETMS2 or naval message) to the stakeholders with the finalized changes to the AMAL and ADAL along with the post-development report in coordination with PMS 408.

6. Review. AMALs and ADALs must be reviewed and analyzed periodically to ensure that their contents meet the requirements of medical and dental professionals. The review periodicity will not exceed 24 months. The tasks outlined in subparagraphs 6a through 6g must be completed in the order they appear. The review process is displayed in the AMAL and ADAL Management Process Flowchart on the BUMED-N4 SharePoint site.

a. PMS 408 identifies the AMAL and ADAL to review, then notifies BUMED-N4.

b. Within 14 calendar days, BUMED-N4 will:

(1) Identify stakeholders which will, at a minimum, include BUMED, PMS 408, NAVMEDFORLANT, NAVMEDFORPAC, NAVMEDFORDEVCOM, NAVHLTHRSCHCEN, DLA, NAVMEDREADLOGCOM, DHA, U.S. Pacific Fleet, and U.S. Fleet Forces Command.

(2) Release an official notification (e.g., ETMS2 or naval message) that identifies dates and venue in accordance with the timeline outlined in subparagraphs 6c and 6d, and tasks those stakeholders with identifying relevant SMEs, to include functional areas, commodity owners, and other groups as appropriate. The combination of stakeholders and relevant SMEs will constitute the working group.

c. Concurrently, within 30 calendar days:

(1) PMS 408 completes the tasks outlined in subparagraphs 6c(1)(a) through 6c(1)(c) and sends to NAVMEDFORLANT:

(a) Gather signed foundational documents, outlined in reference (a), in coordination with BUMED-N9 and other codes as necessary to ensure alignment with the medical and dental materiel solutions for the mission set.

(b) Download and provide the pre-existing assemblage for the EXMED system of interest from the authoritative EXMED FoS assemblage management system.

(c) Forward these documents and pre-existing assemblage to NAVMEDFORLANT.

(2) BUMED-N4 will consolidate the working group list and forward to NAVMEDFORLANT.

d. Within 14 calendar days, NAVMEDFORLANT will distribute the relevant documents and pre-existing assemblages, referenced in subparagraph 6c, to the working group. Upon distribution, NAVMEDFORLANT will allow up to 3 months for those identified in the working group to prepare as necessary.

e. Within 14 calendar days of completing the tasks outlined in subparagraph 6d, the working group will meet in accordance with the dates and venues outlined in subparagraph 6b(2) of this instruction and complete the tasks outlined in subparagraphs 6e(1) through 6e(4).

(1) Replace or delete materiel that is invalid, cancelled, obsolete, terminal, or no longer procurable.

(2) Process outstanding allowance change requests (ACR).

(3) Remove or add materiel as related to documented changes and medical and dental requirements.

(4) Determine impact, if any, to other AMALs and ADALs, or TOAs that support applicable systems, within the EXMED FoS.

f. Following completion of the working group meeting, the approval process will continue in the same manner as development, outlined in subparagraph 5f of this instruction.

7. Modernization. This process aims to improve clinical outcomes by increasing performance characteristics to include new or emerging technologies not currently in the fielded capabilities. Individual AMALs and ADALs are modernized over a 4-year cycle. AMAL and ADAL modernization will follow the same process as AMAL and ADAL review, as outlined in paragraph 6 of this instruction. The modernization process is displayed in the AMAL and ADAL Management Process Flowchart on the BUMED-N4 SharePoint site.

8. ACRs. ACRs are used to propose changes in quantity and additions or deletions of materiel to bridge any capability gaps between AMAL and ADAL reviews. These gaps may include, but are not limited to, improvements deemed necessary for operations or the identification of terminal NSNs and obsolescent materiel. ACRs may be initiated by various entities (i.e., medical operator, EXMED FoS SME, medical type commander (TYCOM), Fleet TYCOMs, or PMS 408). ACRs must comply with the signed foundational documents and the form, fit, and function of the system. The tasks outlined in subparagraphs 8a through 8d must be completed in sequential order. The ACR process is displayed in the AMAL and ADAL Management Process Flowchart on the BUMED-N4 SharePoint site.

a. Upon the identification of a need for an ACR, the initiator will coordinate with a cognizant stakeholder to input the ACR into the authoritative EXMED FoS assemblage management system for review.

b. Within 14 calendar days, medical TYCOMs, in coordination with Fleet TYCOMs, will review and endorse or reject the ACR.

c. Within 14 calendar days, BUMED-N10CMO will review and endorse or reject the ACR.

d. Within 3 months, PMS 408:

(1) Determines:

(a) Impact, if any, to other AMALs and ADALs, or TOAs that support applicable systems, within the EXMED FoS.

(b) If additional funding, engineering, or logistics support will be required.

(2) Coordinates approval with the Office of the Chief of Naval Operations (OPNAV) Expeditionary Health Programs for any line-item changes above $500,000.

(3) Provides final approval for ACR.

(4) Updates the authoritative EXMED FoS assemblage management system.

9. Responsibilities. Assigned responsibilities to promote improved health care, integrated life cycle maintenance, modernization, and induction of new technology.

a. BUMED-N4

(1) Facilitate, and establish responsibilities, for AMAL and ADAL processes in coordination with PMS 408.

(2) In coordination with Operational Readiness and Exercise Integration (BUMED-N37), ensure lessons learned are provided to PMS 408 and appropriate stakeholders as required, on deployment and use of EXMED units in exercises using Joint Lessons Learned Information System (JLLIS). This is to ensure system specifications continue to meet the prescribed medical and dental standards of care required.

b. BUMED-N01CMO

(1) Designate position to review and endorse or reject all ACR submissions.

(2) Review and endorse or reject final AMAL and ADAL reports.

(3) Request additions, deletions, or changes to the controlled substances authorized activities list per reference (c).

c. PMS 408

(1) Designated as the AMAL and ADAL assemblage manager for the EXMED FoS.

(2) Develop life cycle management and modernization plans for the AMAL and ADAL to include the life cycle sustainment plan.

(3) Develop plan for identifying and selecting sources of repair or support for medical and dental equipment.

(4) Identify sustainment risk areas and develop mitigation plans for medical and dental equipment items.

(5) Plan, implement and oversee the configuration management process throughout the assemblage lifecycle. AMALs and ADALs are modularly configured in standardized configurations to minimize deviations for embarkation and transportation requirements. In addition to optimizing cube and weight, the AMAL and ADAL are packed to enhance employment of health services.

(6) Designate a medical and dental equipment In-Service Engineering Agent responsible for assisting with all technical aspects of all equipment items.

(7) Evaluate new technology for inclusion in assemblages, including assessment of technology and manufacturing readiness levels to determine feasibility.

(8) Coordinate with BUMED stakeholders to ensure planning and execution activities are aligned.

(9) Create strategies for formulating, implementing, and executing the acquisition process for all EXMED FoS.

(10) Validate and approve assemblage changes that impact weight, storage, cost, aircraft, and afloat requirements for all AMALs and ADALs.

(11) Review, approve, and process ACRs within 3 months of receipt from BUMED-N10CMO.

(12) Coordinate with BUMED-N37 to use JLLIS in development and design of the EXMED FoS.

(13) Have access to the authoritative assemblage management system and download relevant data as necessary.

(14) Review and approve final AMAL and ADAL reports.

d. NAVMEDFORLANT

(1) Ensure medical countermeasures (chemical, biological, radiological, nuclear, and explosives) are included in the review process as applicable.

(2) Appoint appropriate medical and dental SMEs to conduct AMAL and ADAL reviews. Personnel assigned must assess and validate materiel requirements for the necessary level of care and required treatment protocols.

(3) Ensure subordinate units have access to the authoritative EXMED FoS assemblage management system.

(4) Provide technical assistance to PMS 408 to submit ACR when additions, deletions, or quantity changes are required to assemblages.

(5) Provide technical assistance to PMS 408 in assemblage management.

(6) Serve as the Medical and Dental Technical Manual Maintenance Activity responsible for the mitigation of any deficiency submitted via the Technical Manual Deficiency Evaluation Report system.

(7) Validate that authorized materiel is recorded in the applicable Accountable Property System of Record (APSR).

(8) Ensure all relevant and applicable configuration and maintenance APSRs (e.g., Defense Medical Logistics Standard Support (DMLSS) Equipment Maintenance Module, DMLSS Assemblage Management module, Naval Operational Supply System) are kept current to ensure materiel readiness is maintained.

10. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

11. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N4 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

D. K. VIA

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, https://www.med.navy.mil/Directives/