



UNITED STATES MARINE CORPS
COMMAND ELEMENT
II MARINE EXPEDITIONARY FORCE
PSC BOX 20080
CAMP LEJEUNE, NC 28542-0080

II MEFO 6320.4
HSS/099

02 MAY 2014

II MARINE EXPEDITIONARY FORCE ORDER 6320.4

From: Commanding General
To: Distribution List

Subj: GUIDANCE FOR MARINES AND SAILORS OF II MARINE EXPEDITIONARY
FORCE SEEKING ELECTIVE CARE

Ref: (a) MANMED Article 18-25
(b) DoD 6025.18R
(c) BUMED Letter Ser 31/0776 of 02Jul98
(d) NAVMED Policy 08-013
(e) SECNAVINST 1850.4E
(f) Health Affairs Policy 05-020
(g) BUMEDINST 6300.8A
(h) BUMEDINST 6320.72
(i) 32 CFR §199.17

Encl: (1) Counseling for Marines and Sailors Seeking Elective Care at
Personal Choosing and Expense.
(2) Transplants and Donations of Organs and Tissue from Living
Donors.

1. Situation. Active duty Marines and Sailors normally access medical care via the military health systems at either a Military Treatment Facility (MTF) or through a pre-approved network provider in the civilian treatment facility. On few occasions, active duty Marines and Sailors may obtain elective care on their own choosing and expense. Reference (a) defines elective care as medical, surgical, or dental care desired or requested by the active duty member or recommended by the physician or dentist which, in the opinion of other cognizant professional authority, can be performed at another place or time without jeopardizing life, limb, health, or well-being of the member. Examples of elective care include surgical procedures for cosmetic purposes, organ and tissue donations, and other medical procedures performed in the civilian medical community at the member's choosing and expense. However, the ultimate decision to pursue a course of care shall be based solely upon the member's medical condition and handled on a case by case basis.

2. Mission. The direct objective of this Order is to provide guidelines for Marines and Sailors of II Marine Expeditionary Force (II MEF) and the procedures that must be followed when requesting elective care.

3. Execution. Availability and access to health care are important to the Department of the Navy (DON) medical department's efforts in delivering quality health care to all its beneficiaries.

a. Commander's Intent

(1) Marines and Sailors attached to II MEF will become familiar with the DON policies under references (a) through (i) when requesting elective care.

(2) Unit commanders will maintain awareness of their Marines and Sailors' medical readiness status at all times. There will be command participation in the decision-making process involving Marines and Sailors' fitness to perform and comply with the requirements of any particular mission, assignment, order, or duty as allowed under reference (b).

b. Concept of Operations

(1) Policies

(a) Per reference (c), active duty members who intend to seek elective medical or dental care (inpatient or outpatient) from a non-federal source and prior approval has not been granted for the use of non-Naval medical and dental care program, must be counseled by or in the presence of a medical department representative.

(b) Per reference (d) elective procedures should not be initiated for members whose course of treatment following elective procedure could not be completed before already approved date of separation/retirement.

(c) Per references (a) and (e), elective procedures should not be undertaken following the submission of the medical evaluation board report to the Physical Evaluation Board (PEB).

(d) Per reference (e), a member who elects to have elective procedure done at his/her own expense will not be eligible for compensation for any adverse residuals as a result unless it can be shown that such election was reasonable or resulted from a significant impairment of judgment that is a product of a ratable medical condition.

(e) Per reference (f), cosmetic surgery procedures are not a covered benefit under TRICARE. Active duty members seeking elective cosmetic surgery under the Military Health System (MHS) may be charged with full cost to include surgical fee, plus any applicable institutional and anesthesia fee for the procedure.

(f) Per reference (g), prior to becoming a living organ and tissue donor, active duty member must be counseled in writing by his or her immediate commander with a follow-on counseling by a

medical officer to ensure that the active duty member understands that his or her qualification for continued service will be contingent upon favorable medical evaluation results following organ and tissue donation. Procedure-specific counseling requirements are listed under reference (g). Prior approval from Bureau of Medicine and Surgery (BUMED) M3/5 is required when a living organ donation by an active duty member will be performed in a transplant facility other than the Army/Navy Organ Transplant Servicer. Additional information and counseling requirements are listed on enclosure (2).

(g) Per reference (h), members who fail to obtain prior approval for non-emergency civilian care will be held responsible for the cost of that care.

(2) Tasks

(a) Battalion/Squadron Commanding Officer (BN/SQDN CO) O-5 and above. Take appropriate action to approve or disapprove all requests for elective care procedure after careful consideration of the unit medical officer's professional recommendations and the unit's mission-essential requirements.

(b) Unit Medical Officer

1. Using enclosure (1), counsel the Marine or Sailor regarding individual rights and responsibilities when requesting elective medical procedure. File completed and signed copy of the written counseling in the member's medical record.

2. Make professional recommendations to the BN/SQDN CO regarding the medical necessity of the requested procedure, the risks and benefits involved, as well as plan of care after the requested procedure.

3. Conduct a fitness for duty determination on all Marines and Sailors returning back to work after undergoing elective medical procedures. Inform the BN/SQDN CO about member's medical readiness status as a result of the elective procedure.

4. Document all related encounters on SF 600 and file in medical records. File scanned copies in electronic medical records.

(c) Marine or Sailor requesting elective medical care/procedure

1. Consult with a competent military medical authority (e.g. unit medical officer) prior to initiating any elective care procedure.

2. Obtain BN/SQDN CO's approval via the chain-of-command and the unit medical officer before scheduling any elective care procedure.


3. Report back to unit aid station before returning to work after elective surgical procedure for a fitness for duty determination.

4. Administration and Logistics. II MEF medical departments are responsible for ensuring compliance with the provisions of this Order. II MEF Health Service Support (HSS) will coordinate annual review of this order and make recommendations for update to the II MEF Surgeon as needed.

5. Command and Signal

a. Command. This Order is applicable to all Marines and Sailors attached to II MEF.

b. Signal. This Order is effective the date signed.



N. L. COOLING
Chief of Staff

DISTRIBUTION: A and B

COUNSELING FOR MARINES AND SAILORS SEEKING ELECTIVE CARE/PROCEDURE AT PERSONAL CHOOSING AND EXPENSE

1. I _____ am seeking elective care at my own choosing and expense from a civilian treatment facility for the following health care/procedure:

2. With my initials before each statement below, I acknowledge that the following were explained to me regarding my intention to seek elective care/procedure from a civilian treatment facility at my own choosing and expense.

___ a. I understand the requirement for prior approval if the government is expected to defray any costs related to this elective care/procedure.

___ b. I have been informed regarding the possible compromise of my disability benefits should a therapeutic misadventure occur as a result of this elective care/procedure.

___ c. I have been notified that should hospitalization become necessary or other time is lost from my place of duty for recovery period, such lost time may be charge as "ordinary leave."

___ d. I have been notified that the government cannot be responsible for out-of-pocket expenses that I may incur by an insurance carrier or that I am unable to pay for the cost of this elective care/procedure.

___ e. I will report back to my unit aid station (BAS/RAS/GAS) upon completion of this episode of care for a determination of fitness for continued service.

Print Name of Member

Signature

Date

Print Name of
Med Department Counselor

Signature

Date

Print Name of
Command Supervisor

Signature

Date

Name: _____

SSN: _____

TRANSPLANTS AND DONATIONS OF ORGANS AND TISSUE FROM LIVING DONORS

1. General. In some instances, Bureau of Medicine and Surgery (BUMED) must provide advice to the sponsor or other responsible family member regarding possible benefits for the individual donating organs or tissues and the recipient under the provisions of reference (i).
2. Approval. Members on active duty, who wish to donate an organ or tissue, while living, need approval from BUMED or Commandant of the Marine Corps (CMC), as appropriate. After completion of compatibility studies following paragraph 4 of this enclosure, the member must inform his or her CO and as appropriate, either the Navy Personnel Command (NAVPERSCOM) or CMC of intent to be a living donor. Make this notification by message with information copies to BUMED and to the Military Medical Support Office (MILMEDSUPPOFF) where the procedure will be performed.
3. Counseling and Evaluation. Upon receipt of notification of intent to be a living donor, the service member's CO must provide or arrange for the following:
 - a. Counseling by a Medical Corps officer (or civilian physician at member's expense) concerning the nature of donation and the surgical procedures involved. A specialist of the organ being donated should do this counseling (e.g., nephrologist for kidney donation, gastroenterologist for liver donation, etc.).
 - b. Counseling by a Medical Department officer that loss of a kidney or other organ will not become a basis for special duty assignment, and the member may not be eligible after surgery for disability benefits administered by the Navy Department or the Department of Veterans Affairs. The service member must sign a service record entry attesting the provisions of this paragraph have been explained and are understood.
 - c. Counseling that only care in a uniformed service or other federal MTF, and care provided under reference (i) when the donation is for a TRICARE standard beneficiary may be incurred at the Navy's expense.
 - d. Examination by a Medical Corps officer (or civilian physician at member's expense) to determine present physical fitness and, if qualified, evaluation of the member's fitness for donation surgery.
4. Compatibility Studies. Required of all prospective living donors:
 - a. Compatibility studies must be completed before the service member informs the Navy Personnel Command (NAVPERSCOM) or the Commandant of Marine Corps (CMC) of plans to be a living donor.
 - b. The service member must be in a leave status during the complete time of these studies unless admission to a non-federal facility is required and the member provides notification to MILMEDSUPPOFF before studies are initiated.

5. Medical Cognizance. Upon admission to the medical facility where the removal is to be accomplished:

a. The member's leave status will be canceled and medical cognizance assumed by the naval MTF serving the region.

b. After the member's surgery and convalescence period are completed, the cognizant MTF must order the member to the nearest appropriate medical facility to undergo examination to determine the member's fitness for continued service.