This document is scheduled to be published in the Federal Register on 2026-11-24 and available online at https://www.federalregister.gov/d/2026-23947, and on https://govinfo.gov

BILLING C

DEPARTMENT OF DEFENSE

Office of the Secretary

Renewal of Department of Defense Federal Advisory Committees–Defense Health Board

AGENCY: Department of Defense (DoD).

ACTION: Renewal of Federal Advisory Committee.

SUMMARY: The DoD (referred to herein as "the Department of War" or "DoW") is publishing this notice to announce it is renewing the Defense Health Board ("the DHB") as a discretionary Federal advisory committee.

FOR FURTHER INFORMATION CONTACT: Jim Freeman, Advisory Committee Management Officer for the Department of War (DoW), 703-692-5952.

SUPPLEMENTARY INFORMATION: The DoW is renewing the DHB in accordance with chapter 10 of title 5 U.S.C. (commonly known as the "Federal Advisory Committee Act" or "FACA"), and 41 Code of Federal Regulations (CFR) part 102-3, "Federal Advisory Committee Management," [90 Federal Register 58417; December 16, 2025], and DoW policies and procedures. The public or interested organizations may submit written statements about the DHB mission and functions. Written statements may be submitted at any time or in response to the stated agenda of planned meetings of the DHB. All written statements shall be submitted to the DHB's Designated Federal Officer (DFO), and this individual will ensure that all written statements are provided to the membership for their consideration. The DHB's DFO is CAPT Shawn Clausen, U.S. Navy, and she may be contacted at 703-275-6060, or shawn.s.clausen.mil@health.mil.

Consistent with 41 CFR 102–3.65(a), the DoW is publishing the DHB's Public Interest Determination.

Pursuant to 41 CFR 102-3.60(a), to establish, renew, reestablish, or merge a discretionary (agency discretion) advisory committee, an agency must first consult with the General Services

Administration's Committee Management Secretariat (the Secretariat) and, as part of the consultation, provide a written public interest determination approved by the head of the agency to the Secretariat with a copy to the Office of Management and Budget. In addition, pursuant to 41 CFR 102-3.35, an agency shall follow the same consultation process and document in writing the same determination of need before creating a subcommittee under a discretionary committee that is not made up entirely of members of a parent advisory committee.

Information on the following factors for the Defense Health Board ("DHB") is provided to the Secretariat to demonstrate that renewing the DHB is in the public interest:

1. Annual Budget: The DoW estimates annual operating costs to support the DHB are $1,369,539, which includes personnel travel, meetings, and contract support.

a. Federal personnel on a full-time equivalent (FTE) basis: The estimated annual personnel costs to the DoW are 1.5 full-time equivalent at $422,044, which includes basic pay with cost of living allowance (COLA).

b. Other Federal internal costs: Program element to support DHB contract and supplies costs are $862,495.

c. Proposed payments to members: Consistent with 10 U.S.C. 173, members of the DHB are not compensated for their services, except for travel and per diem reimbursement for official DHB related business.

d. Proposed number of members: As authorized by the Secretary of War (SecWar), the DHB will be composed of not more than 20 members. The DHB's total parent-level and subcommittee-level membership cannot exceed 50 members unless otherwise directed by the DoW Appointing Authority.

e. Reimbursable costs: The estimated reimbursement costs, to include travel, for DHB staff and members are $85,000.

2. If applicable, the total dollar value of grants expected to be recommended during the fiscal year: Not applicable

3. Criteria for selecting members to ensure the committee has the necessary expertise and fairly balanced membership: As described in its proposed charter and membership balance plan, the DHB is composed of members who are talented, innovative private and public sector health care leaders with expertise in at least one of the following disciplines:

a. clinical medicine;

b. surgery;

c. public health/preventive medicine;

d. mental health;

e. health care policy;

f. safety/quality of care;

g. and health technology.

This diverse expertise will equip the DHB to respond to high level Departmental taskings in support of warrior and beneficiary health, a ready medical force, and Military Health System operations. In evaluating candidates for the DHB, the DoW considers education, life experience, and professional credentials concerning the subject matters anticipated to be tasked to the DHB. The DoW has found that viewing the complex issues facing the DoW through the lens of a multidisciplinary advisory committee provides the DoW and, more importantly, the American public with a broader understanding of the issues on which subsequent policy decisions are based. Membership shall be fairly balanced in terms of points of view represented and the functions to be performed by the DHB. The DHB's membership balance is not static, and the DoW Appointing Authority may change the membership based upon work assigned to the DHB.

4. List of all other DoW Federal Advisory Committees: A complete listing of DoW Federal advisory committees can be located at: https://www.facadatabase.gov/FACA/s/account/001t000000DCAooAAH/department-of-defense.

5. Justification that the information or advice provided by the Federal advisory committee or subcommittee is not available from another Federal advisory committee, another Federal Government source, or any other more cost-effective and less burdensome source:

The DHB is a Federal advisory committee dedicated to improving the health and health care of all Military Health System beneficiaries, including Service members, retirees, and their families. The DHB provides independent advice and recommendations on the accessibility, quality, safety, effectiveness, and value of health care delivered through the Military Health System; the military health care benefit; and the DoW's dual mission of medical readiness and health care delivery. Its scope encompasses the continuum of care, including preventive services, treatment, rehabilitation, and recovery, as well as medical force readiness, force health protection, and combat casualty care. The DHB considers these responsibilities within the broader context of the Defense Health Program and Departmental resource priorities. The DHB draws upon volunteer subject matter experts to develop independent, high-quality reports and recommendations. Members receive only travel and per diem reimbursement for official committee-related business.

6. If the consultation is a committee renewal, a summary of the previous accomplishments of the committee and the reasons it needs to continue: The Army Epidemiological Board was first established in 1941 and has continually adapted to meet the needs of the Department. In 2006, the Army Epidemiological Board merged with several other health-related committees to become the DHB. Since then, the DHB has produced 73 comprehensive reports related to the health and health care of military members and their families. Over 87% of recommendations from these reports have received concurrence or partial concurrence by the DoW. A few examples of reports and recommendations and their impact include:

- *Prolonged Theater Care Parts One and Two* provided clear recommendations related to trauma care training and the importance of military-civilian partnerships for both trauma care training and trauma care in the context of large-scale combat operations.

- *Tactical Combat Casualty Care (TCCC) Training for Deploying Personnel* helped accelerate the Department's adoption of standardized battlefield trauma training, reinforcing TCCC as the foundation of prehospital combat casualty care.
- *Modernization of the TRICARE Benefit* recommended transforming TRICARE into a patient- and family-centered, value-based health benefit by aligning payment incentives with quality outcomes, expanding coordinated team-based care, improving transparency, and using performance measurement to enhance beneficiary health while controlling costs.
- *Optimizing Virtual Health in the MHS* informed efforts to advance telehealth in the military.
- *Ethical Guidelines and Practices for U.S. Military Medical Professionals* led to establishment of the Defense Medical Ethics Center to address the ethical training requirements for military personnel; and others.

7. Explanation of why the committee/subcommittee is essential to the conduct of agency business: The DHB provides the SecWar and Deputy Secretary of War with a unique advisory capability specific to warrior and beneficiary health, a ready medical force, and Military Health System operations that is not otherwise available within the Department. The DHB draws on subject matter experts who are highly knowledgeable national health care leaders. Members receive only travel and per diem reimbursement for official committee-related business. The DHB provides the Secretary and Deputy Secretary of War with a unique, independent advisory capability. The DHB provides the SecWar and Deputy Secretary of War with a unique, independent advisory capability addressing the full spectrum of health care and health benefits provided through the Military Health System (MHS) to all eligible beneficiaries, including Service members, military retirees, and their families. Unlike advisory bodies focused primarily on warfighter health, readiness, and human performance optimization, the DHB examines the broader military health care benefit, including access to care; health care quality, safety,

effectiveness, and value; beneficiary health outcomes; health care delivery; and the policies, programs, and resources necessary to sustain the MHS's dual mission of medical readiness and beneficiary health care. The DHB also provides independent advice on medical force readiness, force health protection, and combat casualty care across the continuum of care. This comprehensive, beneficiary-centered perspective, informed by nationally recognized experts in clinical medicine, public health, health care delivery, health policy, and health systems management, provides independent expertise and perspectives not otherwise available within the Department. Members serve without compensation and receive only travel and per diem reimbursement for official committee-related business.

Dated: November 20, 2026.

Aaron T. Siegel,

Alternate OSD Federal Register Liaison Officer,

Department of Defense.

[FR Doc. 2026-23947 Filed: 11/23/2026 8:45 am; Publication Date: 11/24/2026]