



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

SEP - 2 2025

Dear Mr. Chairman:

The Department's response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests that the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, provide an annual report on the Department's use of hiring and compensation authorities to recruit and retain health care providers in critical need occupations.

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Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees, the Committee on Homeland Security and Governmental Affairs of the Senate, and the Committee on Oversight and Government Reform of the House of Representatives.

Sincerely,



Merlynn Carson, MD
Performing the Duties of the Deputy Under
Secretary of Defense for Personnel and
Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member





PERSONNEL AND
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OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

SEP - 2 2025

Dear Madam Chair:

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Enclosure:
As stated

cc:
The Honorable Patty Murray
Vice Chair





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4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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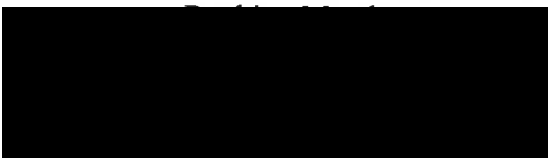
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Merlynn Carson, MD
Performing the Duties of the Deputy Under
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Enclosure:
As stated

cc:
The Honorable Adam Smith





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OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable Tom Cole
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Performing the Duties of the Deputy Under
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Enclosure:
As stated

cc:
The Honorable Rosa L. DeLauro
Ranking Member





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4000 DEFENSE PENTAGON
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The Honorable Rand Paul
Chairman
Committee on Homeland Security and
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United States Senate
Washington, DC 20510

SEP - 2 2025

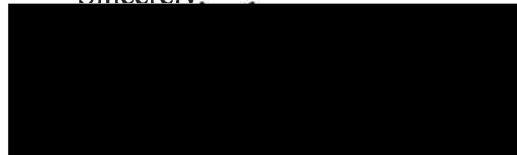
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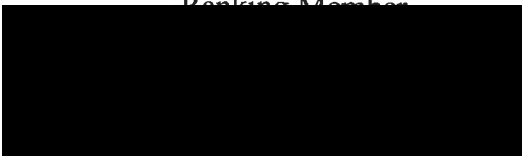
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Marilynn Carson, MD
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The Honorable Gary C. Peters
Ranking Member





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4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable James R. Comer
Chairman
Committee on Oversight and Government Reform
U.S. House of Representatives
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As stated

cc:
The Honorable Robert Garcia
Ranking Member

**Report to the Congressional Defense Committees,
the Committee on Homeland Security and
Governmental Affairs of the Senate, and the
Committee on Oversight and Government
Reform of the House of Representatives**



**Health Care Provider Appointment and
Compensation Authorities**

September 2025

The estimated cost of this report or study for the Department of Defense is approximately \$7,500 in Fiscal Years 2024 - 2025. This includes \$0 in expenses and \$7,500 in DoD labor.

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BACKGROUND

Senate Report 112–173, pages 132-133, accompanying the National Defense Authorization Act for Fiscal Year (FY) 2013, requests that the Department of Defense (DoD) report annually to Congress on its use of appointment and compensation authorities to recruit and retain experienced civilian health care professionals in critically needed health care occupations. This report summarizes the extent to which such authorities were used successfully throughout the DoD during FY 2024 to attract and retain high quality providers, as well as close gaps in shortage category and critical need health care occupations. As requested, the Department consulted with the Office of Personnel Management (OPM) on this report.

TYPES OF APPOINTMENT AND COMPENSATION AUTHORITIES

Appointment and pay authorities for DoD health care personnel are made under the provisions of title 5, United States Code (U.S.C.). DoD regularly uses agency-specific Direct Hire Authorities (DHAs) approved by OPM to fill a myriad of health care positions, as well as a full range of government-wide hiring authorities administered by OPM. A summary of the authorities most widely used is provided in Table 1 below. Statistics on the use of these authorities are provided within this report.

Table 1. DoD and OPM Hiring Authorities

Authority/Flexibility	Scope & Coverage	DoD Specific	Gov't Wide
Direct Hire Authority for the Department of Defense in 5 U.S.C. § 9905 enacted December 20, 2019	Authority to appoint qualified candidates to any category of medical or health professional positions within the Department designated by the Secretary as a shortage category or critical need occupation. Appointments may be made to positions in the competitive service in the DoD without regard to chapter 33, subchapter I of title 5, U.S.C., other than sections 3303 and 3328. This authority expires September 30, 2025.	✓	
Delegated Examining processes	OPM authorizes agencies to fill competitive civil service jobs with applicants from outside the federal workforce or federal employees with or without competitive service status.		✓
Various non-competitive authorities	Such as Veterans Recruitment Appointment Authority, which allows non-competitive appointment of 30 percent disabled veterans leading to the conversion of career or career conditional appointment.		✓
Temporary and term appointments	Temporary and term appointments are used to fill positions when there is not a need for the job to be filled on a permanent basis.		✓
Pathways Program	Targets internships and recent graduates.		✓

Additionally, 10 U.S.C. § 1599c(a), authorizes DoD to use *any* authority under chapter 74 of title 38, U.S.C, which are the appointment and pay authorities for Department of Veterans Affairs' (VA) health care personnel. OPM has delegated *certain* authorities from chapter 74 of title 38, U.S.C., to DoD, as shown below in Table 2. A side-by-side comparison of VA and DoD's health care personnel authorities is provided in the Appendix.

Table 2. OPM Delegation of Title 38 U.S.C., Chapter 74 Authorities to DoD

Authorities Delegated and Available for Use	Other Authorities Delegated
Special Salary Rate Authority – § 7455(a)(1), (a)(2)(A) and (B), (b), (c), and (d)	Authority to Establish Qualifications – § 7402(a), (b), (d), and (f)
Baylor Plan and Alternate Work Schedules – § 7456 and § 7456A	Qualification-based Grading System – § 7403(a), (b)(4), (c), (e) and (f)(1)
Premium Pay – § 7453, § 7454, and § 7457(a) and (b)	Nurse and Other Health-Care Personnel: Competitive Pay System – § 7451(a), (b), (c), (d), (e), and (f)
Head Nurse Pay and Nurse Executive Special Pay – § 7452(a)(2) and (g)	Special Incentive Pay for Pharmacist Executives – § 7410(b)
Hours of Employment – § 7421(a) and § 7423(a)	
Pay for Physicians, Podiatrists, and Dentists – § 7431(a), (b), (c), (d), (e), (f) and (h); § 7432; and § 7433	

DOD ALIGNMENT WITH VA

During FY 2024, the Department agreed to implement five concurrent initiatives to increase health care personnel capacity to more effectively care for and improve medical support to our readiness posture, pursuant to personnel authorities in Chapter 74 of Title 38 U.S.C. One of the initiatives includes expanding implementation of the authorities in Table 2. The status of this initiative and others is detailed later in this report.

UTILIZATION OF APPOINTMENT AND COMPENSATION AUTHORITIES

Servicing Human Resources Offices continue to make good use of the DHA under title 5 (and previously, the Expedited Hiring Authority (EHA), which ended in April 2020), demonstrating a solid Military Health System (MHS) commitment to using the enhanced hiring authorities and streamlining the hiring processes. Use of this critical hiring authority has continued to rise in the past five years and is shown below.

FY 2020, 62 percent of all hiring actions filled by using EHA/DHA
FY 2021, 75 percent of all hiring actions were filled using DHA
FY 2022, 81 percent of all hiring actions were filled using DHA
FY 2023, 80 percent of all hiring actions were filled using DHA
FY 2024, 82 percent of all hiring actions were filled using DHA

Additional compensation authorities used to attract candidates and retain employees in health care occupations are summarized below.

- Special Salary Rates (SSRs) and Superior Qualifications and Special Needs Pay-Setting Authority (SQA). DoD continues to review SSR tables to ensure comparability with VA's salary ranges. In FY 2024, there were more than 300 SSRs approved. A total of 12,725 (or 29 percent) employees within the Medical Functional Community¹ (MFC) were covered by SSRs and SQAs. Usage of SSRs and SQAs was highest among the following mission critical occupations (MCOs): Pharmacist, Practical Nurse, and Nurse.
- Physicians, Podiatrists, and Dentists Pay Plan (PPDPP). In FY 2024, DoD updated policy to include podiatrists in the PPDPP. Conversion of DoD podiatrists to PPDPP is underway. As of September 30, 2024, the MHS had approximately 2,098 physicians and 196 dentists under the PPDPP. This pay plan allows DoD to offer competitive salaries and benefits to physicians, podiatrists, and dentists, not only in comparison to VA but also with the external market. Additionally, it allows DoD to pay physicians, podiatrists, and dentists a market pay that reflects the recruitment and retention needs for the specialty or assignment at a facility. The market pay of all PPDPP employees is reviewed at least once every two years for internal and external equity. DoD continues to recruit and retain physicians and dentists by offering a combination of the recruitment, retention, and relocation incentives (commonly referred to as the 3R incentives) along with SQAs, as appropriate, in addition to the market pay allowed under PPDPP.
- Recruitment, Retention, Relocation (3R) Incentives. DoD continues to use 3R incentives to the maximum extent possible. Use of the incentives to recruit employees has proven invaluable in appointing new candidates into difficult to fill positions. Similarly, relocation incentives have aided in relocating employees to different geographic areas where hard to fill jobs exist. Retention incentives also helped in keeping current employees who were likely to leave DoD for a different federal position or leave the federal service altogether. During FY 2024, DoD provided a total of 2,231 3R incentives (equating to more than \$26.5M). As can be predicted, 3R incentive usage was highest among the following MCOs: Nurse, Practical Nurse, and Social Work.
- Student Loan Repayment Program (SLRP). The SLRP permits agencies to repay certain types of federal student loans (including certain student loans that are made through federal programs or are federally insured or guaranteed) to attract and retain highly qualified employees. During FY 2024, DoD provided SLRP benefits equating to more than \$1.1M within the MFC. SLRP usage was highest among Nurses, Practical Nurses, and Psychologists.

¹ Department of Defense Instruction 1400.25, Volume 250, "DoD Civilian Personnel Management System: Civilian Strategic Human Capital Planning (SHCP)," June 7, 2016, defines a Functional Community as: "A group of one or more occupational series or specialties with common functions, competencies, and career paths to accomplish a specific part of the DoD mission."

In addition to these compensation authorities, DoD continues to offer funding for employee development training, work-life benefits, such as flexible work schedules and service credit for leave accrual, to attract high quality candidates. However, the Military Departments continue to report that the ability to achieve and maintain comparability with VA and private sector compensation is paramount for recruitment and retention successes.

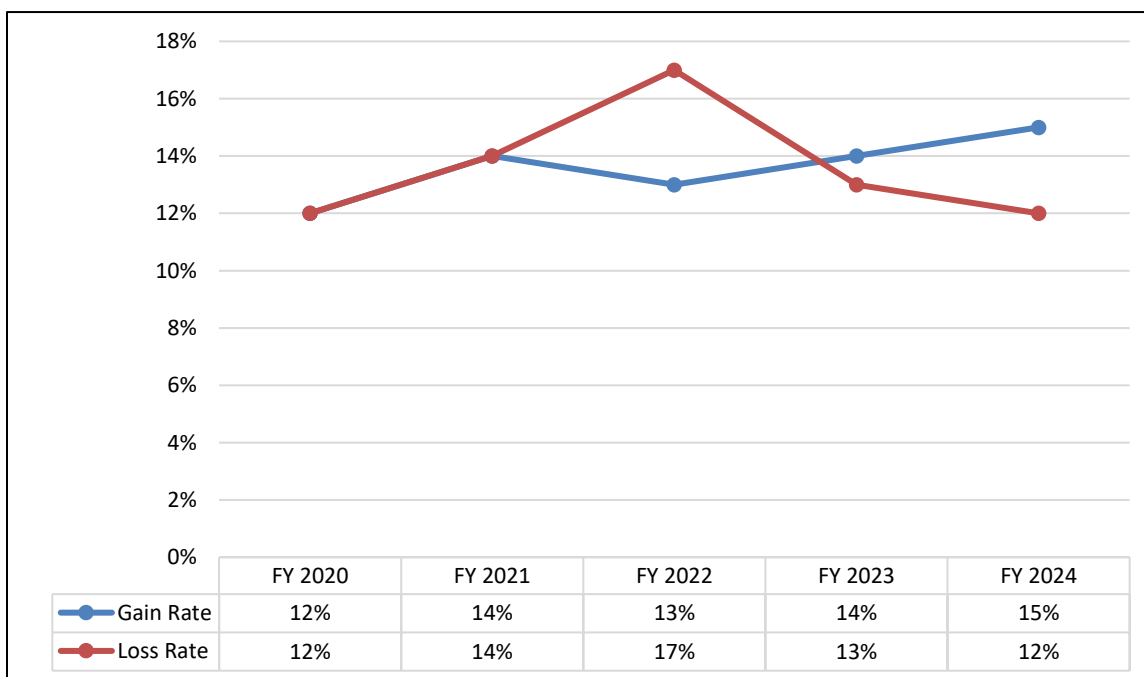
ANALYSIS OF RECRUITMENT AND RETENTION

Recruitment and retention of health care professionals was analyzed by reviewing various MFC metrics, including external hires (referred to as gains) and external separations (referred to as losses). Gain and loss rates were determined by reviewing external hires and separations and do not include internal movement, or transfers within DoD. A thorough analysis of recruitment and retention based on these metrics is provided in this section.

EXTERNAL GAIN AND LOSS RATES²

As the following figure illustrates, the external gain and loss rates for all 50 occupations in the MFC were essentially within the same margin in FY 2020 and FY 2021. In FY 2022, the loss rate increased from the previous three years but significantly decreased in FY 2023. In FY 2024, there was a slight improvement in both gain and loss rates.

Figure 1. External Gain and Loss Rates in the MFC from FY 2020 to FY 2024.



² Data in the Corporate Management Information System, which houses civilian data from the Defense Civilian Personnel Data System, is the source for rate calculations.

SEPARATIONS IN THE MFC

In FY 2024, there was a shift in external separations within the MFC, with an increase in resignations but decrease in external transfers. This trend continues to support the supposition that most MFC personnel who separate from DoD are resigning from federal service altogether (see figure 2 below). This is further substantiated by the age group of the resignation pool. As illustrated in figure 3, most employees who resigned were not of retirement age. The next highest category of external separations in FY 2024 was retirements. Retirements slightly increased, from 23 percent in FY 2023 to 24 percent in FY 2024. The Department is tracking retirement eligibility, and it is discussed later in this report. While transfers to other federal agencies significantly decreased, from 22 percent in FY 2023 to 16 percent in FY 2024, transfers to VA remain high (accounting for 82 percent of all external transfers). An analysis of external separations within the MCOs is discussed later in this section.

Figure 2. External separations in the MFC by separation type from FY 2020 to FY 2024.

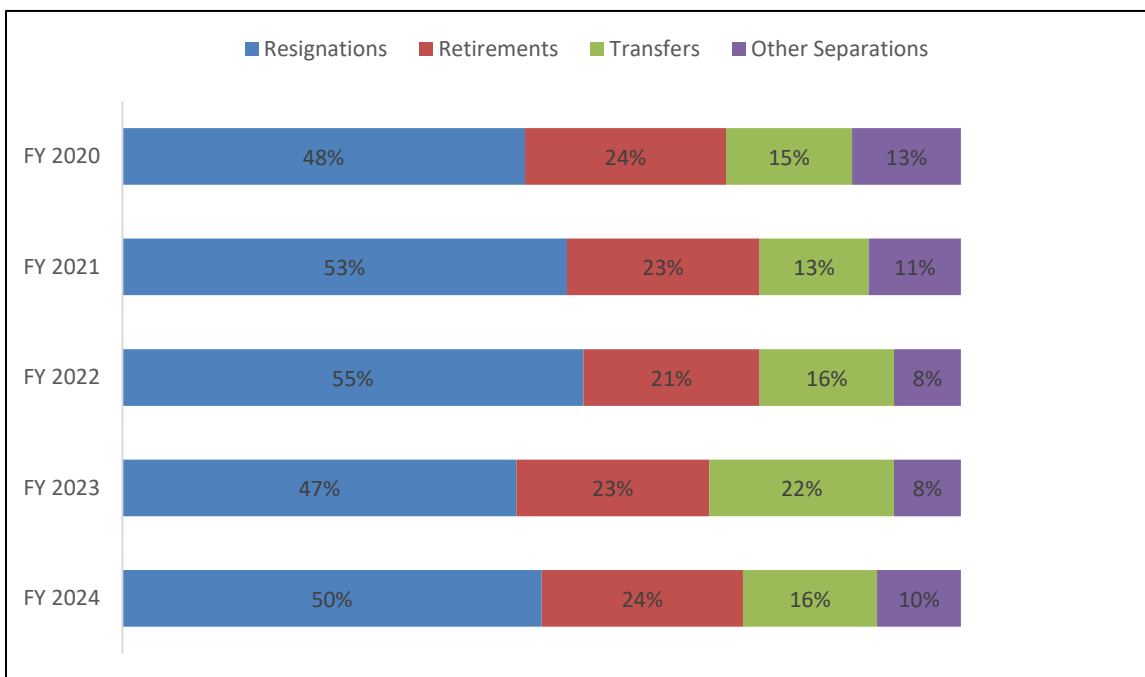
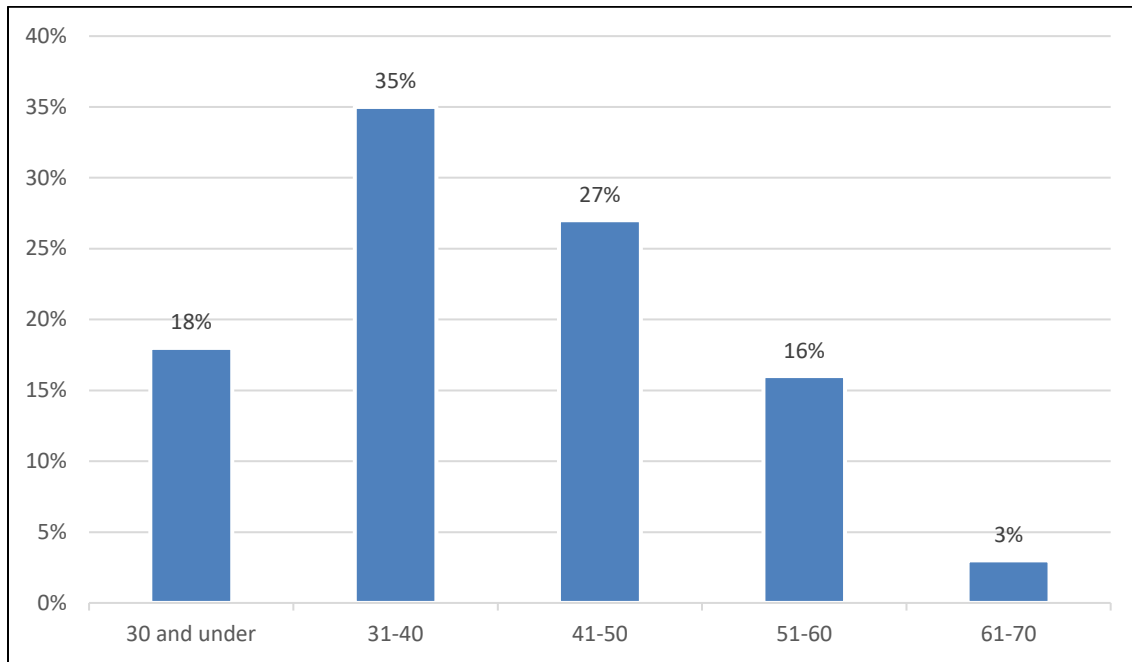


Figure 3. Resignations within the MFC in FY 2024 by age group.



EFFORTS TO UNDERSTAND SEPARATIONS

To identify areas for improvement in the retention of healthcare employees, DoD utilizes a variety of information and efforts including review and action of top issues identified by exit surveys and OPM Federal Employee Viewpoint Survey (FEVS) and unit climate assessments. DoD continues to track losses and gather critical qualitative information on employees' choice to exit employment with the Department. Additionally, departing employees are requested to provide their reason for resignation, however, this cannot be mandated, and some employees choose not to do so. However, as illustrated in Figure 2, DoD can determine what percentage of employees resign, retire, or transfer to another Government Agency. Based on input from the DoD Components, employees who separate from DoD go to organizations or facilities where they are paid more and/or to obtain better career progression. This is discussed further in the Challenges in Recruitment and Retention section of this report.

ANALYSIS OF LOSS RATES IN MCOS

The following table illustrates the loss rate for the MCOs in the previous 5 years. Analysis of loss rates allow the MHS to determine trends in retention. The results for FY 2024 indicate loss rates are stable across all MCOs, except for Physician Assistants. Since FY 2022, there has been significant improvement in the loss rates of Social Workers, Nurses, and Practical Nurses. Data from the past five years show that resignations account for most separations in the MCOs. Overall, attrition rates are improving across the MCOs and efforts to continue improvements are discussed later in this report.

Table 3. Loss rate of MCOs from FY 2020 to FY 2024.

Mission Critical Occupation	2020	2021	2022	2023	2024
Psychology (0180)	7%	11%	12%	9%	10%
Social Work (0185)	12%	14%	18%	14%	12%
Medical Officer (0602)	10%	11%	12%	9%	10%
Physician Assistant (0603)	12%	13%	16%	11%	14%
Nurse (0610)	12%	13%	17%	11%	11%
Practical Nurse (0620)	17%	18%	25%	16%	14%
Physical Therapist (0633)	6%	9%	9%	9%	8%
Pharmacist (0660)	9%	10%	9%	9%	7%
Dental Officer (0680)	9%	14%	14%	13%	14%

RECRUITMENT AND RETENTION MITIGATION STRATEGIES AND SUCCESSES

In addition to the utilization of appointment and compensation authorities, the DoD Components have implemented various mitigation strategies to address recruitment and retention challenges. These include:

- **Civilian Workforce Incentive Fund (CWIF)**. The Secretary of Defense established the CWIF under 5 U.S.C. § 9902(a)(3) to strategically enhance DoD’s ability to attract individuals and retain employees with particular or superior qualifications and/or abilities that will enhance the DoD’s competitive advantage. In FY 2024, the CWIF was funded at \$20M (\$10M for student loan repayment and the remaining for 3R incentives). These funds greatly assist with budgeting for incentives to the MFC and assist with recruitment and retention of health care professionals.
- **MHS Civilian Hiring Initiatives**. In October 2023, DoD agreed to implement five concurrent initiatives to improve the hiring of civilian health care personnel. These initiatives include improve time to hire; hire new Bachelor of Science nursing graduates; create a career path for Licensed Practical Nurses (LPNs); increase special salary rates; and extend and implement OPM-delegated title 38 authorities. As of the end of FY 2024, each of these initiatives is underway. To hire new Bachelor of Science nursing graduates, the Defense Health Agency has clarified its credentialing and privileging policy, which addresses the requirement of clinical competency. This clarification will enable new graduates from Registered Nurse (RN) and Advanced Practice RN programs, who meet OPM qualification standards for hiring, to receive credit towards their clinical experience credentialing requirement based on their academic programs. This will facilitate rapid onboarding and transition to practice of qualified candidates. To create a career path for LPNs, competencies to qualify LPNs have been developed and are available for use within the Civilian Human Resources Agency community. Additionally, DoD has established a Title 38 Tiger Team to explore implementation of title 38 authorities pursuant to 10 U.S.C. § 1599c.

- Defense Health Agency Headquarters Medical Recruitment Team (MRT) Cell. This group performs nationwide recruitment for medical MCO positions and generates awareness of DoD health care employment utilizing social media forums, employment sites, medical journals, and conferences. The MRT exhibited at 76 conferences in FY 2024, generating 764 leads for hard-to-fill occupations. In addition, the team conducted four focus groups in FY 2024 to ensure messaging was on target and to determine how effective recruitment tools were. As a result of their efforts, the MRT referred 2,244 qualified candidates, of which 581 entered on duty during FY 2024 and 320 were in various stages of processing by the end of FY 2024.
- Army Medical Command (MEDCOM) Hiring Streamline Meetings. MEDCOM has established bi-weekly hiring streamline meetings for each region, which is composed of all key stakeholders involved in the hiring process. These meetings identify unique or systemic issues affecting hiring actions and participants collaborate to develop solutions, including addressing and eliminating bottlenecks, alternative recruitment strategies, utilizing direct hiring authorities, incentives and hiring flexibilities to move hiring actions forward optimally. Combined efforts from streamline meetings and metric monitoring and reporting have resulted in a significant decrease in civilian fill time, which is down by over 20 percent in the most recent metrics.
- Navy “Get Real, Get Better”. In FY 2024, the Navy continued to implement several initiatives as part of the “Get Real, Get Better” process improvement plan designed to improve retention and recruitment. Exit survey, stay survey, and analysis of FEVS results and input from enterprise employee engagement groups is assisting in identifying top areas to focus on and leadership is engaged in supporting action plan recommendations. Additionally, a dedicated Civilian Corps Office is focused on dedicated leadership development support and funding and recognition of employee service and contributions. Through efforts to focus on top issues identified by exit and FEVS surveys, there has been a 4.7 percent decrease in attrition and separation rate and reduction in numbers of retirement, resignation, and movements to other agencies.
- Air Force Personnel Center (AFPC) Talent Acquisition (TA) Division Medical Career Team. The AFPC TA Division continues to work with medical units to maximize use of all potential marketing and recruiting tools. It provides strategic workforce planning, forecasting, and analysis with innovative marketing, acquisition tools, sourcing strategies, and effective hiring practices to address urgent and long-term hiring needs. The team also has licenses to use various social media platforms to expand candidate searches and reach highly qualified talent, especially for hard-to-fill occupation vacancies.

CONCLUSION

The DoD Components continue to report inability to match the compensation offered by other federal agencies and the private sector as the biggest challenge for the recruitment and retention of health care professionals. However, strides are being made and there are no additional authorities needed beyond what is already available through the OPM Delegation Agreement and 10 U.S.C. § 1599c(a). The DoD Components continue to utilize appointment and compensation authorities to maintain a world-class workforce. The utilization of appointment and compensation authorities as well as mitigation strategies and initiatives will continue to be evaluated and progress updates will be included in the FY 2025 report. DoD anticipates that the efforts of the DoD Components, in combination with efforts at the MHS enterprise level, will positively impact the ability to recruit and retain highly qualified health care professionals.

Appendix: Comparison of Health Care Personnel Authorities Available and Exercised by VA and DoD

VA	DoD
§ 7401 – Appointments in the VHA	Not applicable
§ 7402 – Qualifications of Appointees	Partially in use via OPM Delegation of Title 38
§ 7403 – Period of Appointments; promotions	Partially in use via OPM Delegation of Title 38
§ 7404 – Grades and Pay Scales	Partially in use via OPM Delegation of Title 38
§ 7404A – Awards	In use via comparable authorities under Title 5
§ 7405 – Temporary full-time appointments, part-time appointments and without compensation appointments	In use via comparable authorities under Title 5
§ 7406 – Residencies and Internships	Not in use
§ 7407 – Administrative provisions for Section 7405 and 7406 appointments. Recruit without regard to the citizenship requirements	Not in use
§ 7408 – Appointment of additional employees	In use via comparable authorities under Title 5
§ 7409 – Contracts for scarce medical specialist services	In use via comparable authorities under Title 5
§ 7410 – Additional Pay Authorities	Partially in use via OPM Delegation of Title 38
§ 7411 – Full-time board-certified physicians and dentists: Reimbursement of Continuing Professional education expenses	In use via comparable authorities under Title 5
§ 7412 – Annual determination of staffing shortages; recruitment and appointment for needed occupations	Not in use
§ 7413 – Treatment of podiatrists; clinical oversight standards	Not in use
§ 7414 – Compliance with requirements for examining qualifications and clinical abilities of health care professionals	In use via comparable authorities under Title 5
§ 7421 – Personnel Administration in general	Partially in use via OPM Delegation of Title 38
§ 7422 – Collective bargaining	In use via comparable authorities under Title 5
§ 7423 – Personnel Administration: Full-time employees	Partially in use via OPM Delegation of Title 38
§ 7424 – Travel expenses for certain employees	In use via comparable authorities under Title 5
§ 7425 – Employees: laws not applicable	Not applicable
§ 7426 – Retirement Rights	In use via comparable authorities under Title 5
§ 7431 – Pay	Partially in use via OPM Delegation of Title 38
§ 7432 – Pay of Under Secretary for Health	Not applicable.
§ 7433 – Administrative Matters	Not applicable.

§ 7451 – Nurses and Other Health –Care Personnel Competitive Pay System	In use via OPM Delegation of Title 38
§ 7452 – Nurses and other health-care personnel: Administration of Pay	Partially in use via OPM Delegation of Title 38
§ 7453 – Nurses: Additional Pay	In use via OPM Delegation of Title 38
§ 7454 – Physician assistants and other health care professionals: additional pay	In use via OPM Delegation of Title 38
§ 7455 – Increases in rates of basic pay	In use via OPM Delegation of Title 38
§ 7456 – Nurses: Special rules for weekend duty	In use via OPM Delegation of Title 38
§ 7456A – Nurses: Alternate work schedules	In use via OPM Delegation of Title 38
§ 7457 – On-call pay	Partially in use via OPM Delegation of Title 38
§ 7458 – Recruitment and Retention Bonus Pay	In use via comparable authorities under Title 5
§ 7459 – Nursing staff: Special Rules for Overtime Duty	In use via comparable authorities under Title 5
§ 7461 – Adverse Actions: Section 7401 (1) employees	In use via comparable authorities under Title 5
§ 7462 – Major adverse actions involving professional conduct or competence	In use via comparable authorities under Title 5
§ 7463 – Other adverse actions	In use via comparable authorities under Title 5
§ 7464 – Disciplinary Appeals Boards	In use via comparable authorities under Title 5
§ 7471 – Designation of Regional Medical Education Centers	Not applicable
§ 7472 – Supervision and staffing of Centers	Not applicable
§ 7473 – Personnel eligible for training	Not applicable
§ 7474 – Consultation	Not applicable