# Acquisition & Assistance Policy Directive (AAPD)

**From the Director, Office of Acquisition & Assistance**  
**Issued:** February 16, 2022

**AAPD 18-02 Revision 2**

## Revisions to Medevac Policies for USPSCs and TCNPSCs

**Subject Category:** Personal Services Contracts  
**Type:** POLICY

AAPDs provide information of significance to all agency personnel and partners involved in the Acquisition and Assistance process. Information includes (but is not limited to): advance notification of changes in acquisition or assistance regulations; reminders; procedures; and general information. Also, AAPDs may be used to implement new requirements on short-notice, pending formal amendment of acquisition or assistance regulations.

AAPDs are EFFECTIVE AS OF THE ISSUED DATE unless otherwise noted in the guidance below; the directives remain in effect until this office issues a notice of cancellation.

This AAPD: ☑ Is New  ☑ Replaces/ ☐ Amends AAPD 18-02 Revised

<table>
<thead>
<tr>
<th>Applicable to:</th>
<th>Precedes change to:</th>
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<tbody>
<tr>
<td>☑ Existing awards; ☑ Modification required</td>
<td>☐ FAR Part(s)</td>
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<td>☑ No later than</td>
<td>☑ AIDAR Part(s) <strong>Appendices D and J</strong></td>
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<tr>
<td>☑ As noted in guidance below*</td>
<td>☑ USAID Automated Directives System (ADS) Chapter</td>
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<td>☑ All applicable solicitations and new awards issued after the effective date of this AAPD.</td>
<td>☑ Other Code of Federal Regulations</td>
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<td>☐ Other</td>
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<td>☐ No change to regulations</td>
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☒ New Provision/Clause Provided Herein: If checked, scheduled update to GLAAS: **February 17, 2022**

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DEBORAH RYAN BRODERICK (affiliate)  
Digitally signed by DEBORAH RYAN BRODERICK (affiliate)  
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Deborah Broderick  
Acting Director, Office of Acquisition and Assistance
I. PURPOSE:

The purpose of this AAPD is to update the Medevac clause for U.S. personal services contractors (USPSCs) performing abroad, and USPSCs who are on official travel status abroad on temporary duty or training. This AAPD 18-02 was originally issued on May 23, 2018. Revision 1 to this AAPD, issued on December 18, 2019, substantively updated the Medevac clause for Third-Country National Personal Services Contractors (TCNPSCs). The purpose of this Revision 2 is to reflect an extension to the class deviation, resulting in a new AAPD expiration date.

II. REQUIRED ACTION:

1. Contracting Officers (COs), including warranted EXOs, must incorporate the revised AIDAR Appendix D, General Provision contract clause (GP) 25, “Medical Evacuation (Medevac) Services” or the Appendix J, GP 21, “Medical Evacuation (Medevac) Services”, in Attachment 1, as applicable, in all new solicitations and awards for USPSCs or TCNPSCs effective as of the issuance date of this AAPD.

2. COs must also modify existing awards to USPSCs and TCNPSCs to replace the previous clause with the revised AIDAR Appendix D, GP 25 or Appendix J, GP 21, as applicable. COs, at their discretion, may replace the GP immediately or when executing the next modification.

III. BACKGROUND:

As approved under class deviation number M-OAA-DEV-AIDAR-18-3c, USAID authorized contractors to be provided Medevac services directly through the Department of State, Bureau of Medical Services (MED). Class deviation number M-OAA-DEV-AIDAR-20-3c further revised AIDAR Appendix D to extend the provision of Medevac services also to U.S.-based USPSCs and Resident-Hire USPSCs while on official travel status abroad on temporary duty or training. That deviation also revised AIDAR Appendix J to reinstate and refine the AIDAR Appendix J clause in the code of federal regulations (CFR) that requires TCNPSCs to obtain their own private Medevac insurance. Based on consultations with MED after the initial issuance of AAPD 18-02, M/OAA was informed that complications with obtaining visas for TCNPSCs make it impossible in some cases for MED to directly provide Medevac services to TCNPSCs. The revised AIDAR Appendix J clause is necessary to ensure that TCNPSCs can be provided Medevac services that are logistically feasible to both State MED and non-MED Medevac countries. The revised clause also requires all TCNPSCs to obtain international health insurance coverage to ensure that medical care costs will be covered in countries outside the contractor’s primary place of performance. Finally, the revised clause provides that USAID will fully reimburse the cost of private Medevac coverage obtained by such contractors for the duration of the contract period of performance.

The new class deviation number M-OAA-DEV-AIDAR-22-3c will expire on December 17, 2023, or earlier if revised in the AIDAR through the formal rule-making process.
IV. GUIDANCE:

The revised AIDAR Appendix D, GP 25 and the revised Appendix J, GP 21, authorized by class deviation number M-OAA-DEV-AIDAR-22-3c are included in Attachment 1 to this AAPD.

The CO must include the applicable GP in all new solicitations and awards; and current awards must be modified to include the applicable revised GP, either immediately or no later than when the next modification is executed.

V. POINT OF CONTACT:

USAID COs may direct questions regarding this AAPD to the PSC Policy Mailbox at pscpolicymailbox@usaid.gov.
ATTACHMENT 1

Class Deviation M-OAA-DEV-AIDAR-22-3c

Title 48 of the Code of Federal Regulations (CFR) Chapter 7
USAID Acquisition Regulation (AIDAR)

APPENDIX D--DIRECT USAID CONTRACTS WITH A U.S. CITIZEN OR A U.S.
RESIDENT ALIEN FOR PERSONAL SERVICES ABROAD

12. General Provisions for a Contract With a U.S. Citizen or a U.S. Resident Alien for
Personal Services Abroad

25. Medical Evacuation (Medevac) Services
[Insert the following clause in all USPSC contracts.]

Medical Evacuation (Medevac) Services (DEC 2019)

A contractor who is required to relocate abroad and accompanying eligible family members; or a
contractor on official travel status abroad on temporary duty or training, will be provided
Medevac services through the Department of State, Bureau of Medical Services, similar to that
provided to U.S. Government employees in 16 FAM 300 Medical Travel. Medevac costs that
will be covered by USAID include travel and per diem, but do not include medical care costs.

To be eligible for Medevac services covered by the Department of State Medevac program,
the contractor and accompanying eligible family members must obtain and maintain
international health insurance coverage in accordance with the clause of the contract
entitled, “Insurance.”

[END CLAUSE]

APPENDIX J--DIRECT USAID CONTRACTS WITH A COOPERATING COUNTRY
NATIONAL AND WITH A THIRD- COUNTRY NATIONAL FOR PERSONAL
SERVICES ABROAD

National or With a Third-Country National for Personal Services

21. Medical Evacuation (Medevac) Services
[Insert the following clause in all TCNPSC contracts.]

Medical Evacuation (Medevac) Services (DEC 2019)

(a) The contractor, and accompanying eligible family members based on the status defined
in 16 FAM 122.2, must obtain and maintain comprehensive Medevac insurance throughout the
contract period of performance abroad. The contractor must ensure that the Medevac insurance
policy includes coverage for Medevac to Department of State’s Bureau of Medical Services
(MED) Medevac center(s) designated for the post in order for MED to assist with coordination.
The contractor and accompanying eligible family members must obtain and maintain international health insurance coverage in accordance with the clause of the contract entitled, “Insurance.”

USAID will reimburse the contractor for the total cost of Medevac insurance. The contractor must provide proof of Medevac insurance to the contracting officer in order to receive reimbursement.

(b) For the contractor or eligible family members with Health Unit access, MED may coordinate Medevac services with the contractor’s private Medevac insurance provider. If the contractor or eligible family member is not able to obtain the required visa for the country where the nearest MED Medevac center is located, MED will attempt to find an acceptable alternate Medevac site. If MED cannot find an alternate site, depending on the specific medical need, the individual may be medically evacuated to the home country of record, or may be required to remain at the current location for continuing treatment.

If the contractor or eligible family member is medically evacuated, MED may assist in coordinating medical care, and will determine if the individual is cleared to return to the Mission. If MED determines it is not able to coordinate the medical care, either at an alternate Medevac site or the home country of record, the contractor will be responsible for contacting MED Medical Clearances to obtain clearance for return to post. The contractor must provide MED the required medical documentation of diagnosis, a treatment plan and statement by the treating providers clearing the contractor or eligible family member to return to post, for MED to make a clearance decision.

(c) If the contractor has exhausted all earned leave and cannot return to post in a reasonable period of time, as determined by the contractor’s supervisor, the contracting officer may terminate the contract.

(d) Exceptions. (1) A contractor and eligible family members with a health insurance policy that includes sufficient Medevac coverage as approved by the contracting officer are not required to obtain separate Medevac insurance.

(2) The Mission Director at the place or performance may make a written determination to waive the requirement for Medevac insurance. The determination must be based on findings that the quality of local medical services or other circumstances obviate the need for such insurance for the contractor and eligible family members located at post.

[END CLAUSE]