

AMENDMENT TO
RULES COMMITTEE PRINT 118–10
OFFERED BY MS. ADAMS OF NORTH CAROLINA

At the end of subtitle C of title VII, add the following new section:

1 **SEC. 7___.** **RECOMMENDATIONS BY DEFENSE HEALTH**
2 **BOARD RELATING TO HEALTH EFFECTS**
3 **UNIQUE TO WOMEN RESULTING FROM PFAS**
4 **EXPOSURE.**

5 (a) **RECOMMENDATIONS.**—The Defense Health
6 Board shall submit to the Assistant Secretary of Defense
7 for Health Affairs a report containing the recommenda-
8 tions of the Board to improve the approaches under the
9 military health system with respect to the unique physio-
10 logical, chromosomal, and hormonal reactions of women re-
11 sulting from exposure to perfluoroalkyl substances or
12 polyfluoroalkyl substances, recognizing the higher suscep-
13 tibility of women to severe toxic exposure, particularly dur-
14 ing pregnancy.

15 (b) **MATTERS.**—The recommendations developed
16 under subsection (a) shall include the following:

17 (1) A determination as to how the Secretary of
18 Defense should improve the care approaches under

1 the military health system for women affected by ex-
2 posure to perfluoroalkyl substances or
3 polyfluoroalkyl substances, taking into account gen-
4 der-specific epidemiologies.

5 (2) An identification of the means by which the
6 Secretary may increase clinician awareness regard-
7 ing the differences in the effects of such exposure in
8 women and increase clinician consideration of such
9 exposure in making diagnoses and offering targeted
10 testing.

11 (3) Specific recommendations as to how the
12 Secretary may effectively educate maternity care
13 providers on best practices for providing maternity
14 care services for the unique needs of members of the
15 Armed Forces serving on active duty who are women
16 and who may have experienced such exposure, as
17 well as on the increased risks for such women and
18 the infants of such women, including—

19 (A) pregnancy-induced hypertension (ges-
20 tational hypertension and preeclampsia);

21 (B) gestational diabetes;

22 (C) fetal growth restriction;

23 (D) childhood obesity;

24 (E) miscarriages; and

25 (F) stillbirths.

1 (4) An identification of means by which the
2 Secretary may address the exacerbated risk for
3 Black women who are members of the Armed Forces
4 serving on active duty and who may have experi-
5 enced such exposure, taking into account the racial
6 disparities in maternal care, including—

7 (A) disparities in maternal mortality rate
8 with respect to Black women, recognizing that
9 such rate is three times higher for Black
10 women; and

11 (B) disparities with respect to such other
12 at-risk populations as the Defense Health
13 Board considers appropriate.

14 (5) Specific recommendations to improve co-
15 ordination of care between military medical treat-
16 ment facilities and non-Department facilities, includ-
17 ing recommendations to improve—

18 (A) health record interoperability; and

19 (B) training for the directors of military
20 medical treatment facilities, the chiefs of staff
21 of such facilities, maternity care coordinators,
22 and the staff of relevant non-Department facili-
23 ties.

1 (c) SUBMISSION TO CONGRESS.—Upon receiving the
2 report under subsection (a), the Assistant Secretary of De-
3 fense for Health Affairs shall—

4 (1) submit such report to Congress; and

5 (2) make such report publicly available on a
6 website of the Department.

