

**AMENDMENT TO**  
**RULES COMMITTEE PRINT 119-8**  
**OFFERED BY MR. DUNN OF FLORIDA**

Add at the end of subtitle C of title VII the following new section:

1 **SEC. 7\_\_\_\_. DEPARTMENT OF DEFENSE MEDICAL SUPPLY**  
2 **CHAIN RISK IDENTIFICATION AND TRANS-**  
3 **PARENCY ENHANCEMENT.**

4 (a) ASSESSMENTS AND LIST.—Not later than 270  
5 days after the date of the enactment of this Act, the Sec-  
6 retary of Defense shall—

7 (1) conduct supply chain risk assessments  
8 across the Defense Health Agency and relevant ac-  
9 quisition offices of the Department of Defense to de-  
10 termine the origin of covered items; and

11 (2) develop and maintain a prioritized list,  
12 which may be classified, of high-risk critical medical  
13 products that rely on covered items originating from  
14 the People's Republic of China.

15 (b) ELEMENTS.—The assessments under subsection  
16 (a)(1) shall include—

17 (1) identification and prioritization of critical  
18 medical products for review;

1           (2) evaluation of dependencies on inputs origi-  
2           nating from China;

3           (3) analysis of vulnerability to supply chain dis-  
4           ruption during war, national emergency, or public  
5           health crisis;

6           (4) assessment of domestic manufacturing ca-  
7           pacity, including gaps, single points of failure, and  
8           economic threats to domestic producers;

9           (5) identification of the location of design, man-  
10          ufacturing, and packaging facilities; and

11          (6) evaluation of dependencies in deployable  
12          medical units, military medical treatment facilities,  
13          and medical logistics systems of the Department.

14          (c) REPORT.—

15               (1) REQUIREMENT.—Not later than 180 days  
16               after the date of the initial assessment conducted  
17               under paragraph (1) of subsection (a), and annually  
18               thereafter, the Secretary shall submit to the congres-  
19               sional defense committees a report detailing—

20                       (A) findings from the high-risk medical  
21                       products list developed under paragraph (2) of  
22                       such subsection;

23                       (B) strategies to strengthen stockpiles and  
24                       readiness contracts; and

1 (C) recommendations to reduce reliance on  
2 Chinese supply chains, including procurement  
3 policy revisions, alternative sourcing, expansion  
4 of domestic manufacturing, and incentives for  
5 United States-based production of covered  
6 items.

7 (2) FORM.—The report under paragraph (1)  
8 may be submitted in classified form.

9 (d) DEFINITIONS.—In this section:

10 (1) The term “covered items” means pharma-  
11 ceuticals, active pharmaceutical ingredients, personal  
12 protective equipment, medical devices, and medical  
13 diagnostic equipment, used by the Department of  
14 Defense.

15 (2) The term “critical medical product” means  
16 any covered item identified by the Secretary of De-  
17 fense as essential to national defense, force health  
18 protection, or continuity of operations.

19 (3) The term “domestic manufacturing” means  
20 the conduct in the United States of research and de-  
21 velopment, engineering, or production activities nec-  
22 essary for manufacturing a critical medical product.

23 (4) The term “foreign country of concern” has  
24 the meaning given the term “covered nations” in  
25 section 4872(f)(2) of title 10, United States Code,

1       and any additional countries so designated by the  
2       Department of State.

