

**AMENDMENT TO THE RULES COMMITTEE PRINT  
FOR H.R. 1735  
OFFERED BY MS. SPEIER OF CALIFORNIA**

Page 302, after line 18, insert the following new sections:

1 **SEC. 723. COMPREHENSIVE STANDARDS AND ACCESS TO**  
2 **CONTRACEPTION COUNSELING FOR MEM-**  
3 **BERS OF THE ARMED FORCES.**

4 (a) PURPOSE.—The purpose of this section is to en-  
5 sure that all health care providers employed by the De-  
6 partment of Defense who provide care for members of the  
7 Armed Forces, including general practitioners, are pro-  
8 vided, through clinical practice guidelines, the most cur-  
9 rent evidence-based and evidence-informed standards of  
10 care with respect to methods of contraception and coun-  
11 seling on methods of contraception.

12 (b) CLINICAL PRACTICE GUIDELINES.—

13 (1) IN GENERAL.—Not later than one year  
14 after the date of the enactment of this Act, the Sec-  
15 retary of Defense shall compile clinical practice  
16 guidelines for health care providers described in sub-  
17 section (a) on standards of care with respect to

1 methods of contraception and counseling on methods  
2 of contraception for members of the Armed Forces.

3 (2) SOURCES.—The Secretary shall compile  
4 clinical practice guidelines under this subsection  
5 from among clinical practice guidelines established  
6 by appropriate health agencies and professional or-  
7 ganizations, including the following:

8 (A) The United States Preventive Services  
9 Task Force.

10 (B) The Centers for Disease Control and  
11 Prevention.

12 (C) The Office of Population Affairs of the  
13 Department of Health and Human Services.

14 (D) The American College of Obstetricians  
15 and Gynecologists.

16 (E) The Association of Reproductive  
17 Health Professionals.

18 (F) The American Academy of Family  
19 Physicians.

20 (G) The Agency for Healthcare Research  
21 and Quality.

22 (3) UPDATES.—The Secretary shall from time  
23 to time update the list of clinical practice guidelines  
24 compiled under this subsection to incorporate into  
25 such guidelines new or updated standards of care

1 with respect to methods of contraception and coun-  
2 seling on methods of contraception.

3 (4) DISSEMINATION.—

4 (A) INITIAL DISSEMINATION.—As soon as  
5 practicable after the compilation of clinical  
6 practice guidelines pursuant to paragraph (1),  
7 but commencing not later than one year after  
8 the date of the enactment of this Act, the Sec-  
9 retary shall provide for rapid dissemination of  
10 the clinical practice guidelines to health care  
11 providers described in subsection (a).

12 (B) UPDATES.—As soon as practicable  
13 after the adoption under paragraph (3) of any  
14 update to the clinical practice guidelines com-  
15 piled pursuant to this subsection, the Secretary  
16 shall provide for the rapid dissemination of  
17 such clinical practice guidelines, as so updated,  
18 to health care providers described in subsection  
19 (a).

20 (C) PROTOCOLS.—Clinical practice guide-  
21 lines, and any updates to such guidelines, shall  
22 be disseminated under this paragraph in ac-  
23 cordance with administrative protocols devel-  
24 oped by the Secretary for that purpose.

25 (c) CLINICAL DECISION SUPPORT TOOLS.—

1           (1) IN GENERAL.—Not later than one year  
2 after the date of the enactment of this Act, the Sec-  
3 retary shall, in order to assist health care providers  
4 described in subsection (a), develop and implement  
5 clinical decision support tools that reflect, through  
6 the clinical practice guidelines compiled pursuant to  
7 subsection (b), the most current evidence-based and  
8 evidence-informed standards of care with respect to  
9 methods of contraception and counseling on methods  
10 of contraception.

11           (2) UPDATES.—The Secretary shall from time  
12 to time update the clinical decision support tools de-  
13 veloped under this subsection to incorporate into  
14 such tools new or updated guidelines on methods of  
15 contraception and counseling on methods of contra-  
16 ception.

17           (3) DISSEMINATION.—Clinical decision support  
18 tools, and any updates to such tools, shall be dis-  
19 seminated under this subsection in accordance with  
20 administrative protocols developed by the Secretary  
21 for that purpose. Such protocols shall be similar to  
22 the administrative protocols developed under sub-  
23 section (b)(4)(C).

24           (d) ACCESS TO CONTRACEPTION COUNSELING.—As  
25 soon as practicable after the date of the enactment of this

1 Act, the Secretary shall ensure that women members of  
2 the Armed Forces have access to comprehensive coun-  
3 seling on the full range of methods of contraception pro-  
4 vided by health care providers described in subsection (a)  
5 during health care visits, including, but not limited to, vis-  
6 its as follows:

7           (1) During predeployment health care visits, in-  
8           cluding counseling that provides specific information  
9           women need regarding the interaction between an-  
10          ticipated deployment conditions and various methods  
11          of contraception.

12          (2) During health care visits during deploy-  
13          ment.

14          (3) During annual physical examinations.

15          (e) INCORPORATION INTO SURVEYS OF QUESTIONS  
16 ON SERVICEWOMEN EXPERIENCES WITH FAMILY PLAN-  
17 NING SERVICES AND COUNSELING.—

18           (1) IN GENERAL.—Not later than 90 days after  
19          the date of the enactment of this Act, the Secretary  
20          shall integrate into the Department of Defense sur-  
21          veys specified in paragraph (2) questions designed to  
22          obtain information on the experiences of women  
23          members of the Armed Forces—

24                   (A) in accessing family planning services  
25                   and counseling;

1 (B) in using family planning methods,  
2 which method was preferred, and whether de-  
3 ployment conditions affected the decision on  
4 which family planning method or methods to be  
5 used; and

6 (C) if pregnant, whether the pregnancy  
7 was intended.

8 (2) COVERED SURVEYS.—The surveys into  
9 which questions shall be integrated as described in  
10 paragraph (1) are the following:

11 (A) The Health Related Behavior Survey  
12 of Active Duty Military Personnel.

13 (B) The Health Care Survey of Depart-  
14 ment of Defense Beneficiaries.

15 **SEC. 724. EDUCATION ON FAMILY PLANNING FOR MEM-**  
16 **BERS OF THE ARMED FORCES.**

17 (a) EDUCATION PROGRAMS.—

18 (1) IN GENERAL.—Not later than one year  
19 after the date of the enactment of this Act, the Sec-  
20 retary of Defense shall establish a uniform standard  
21 curriculum that will be used in education programs  
22 on family planning for all members of the Armed  
23 Forces, including both men and women members.

24 (2) SENSE OF CONGRESS.—It is the sense of  
25 Congress that the education programs should use

1 the latest technology available to efficiently and ef-  
2 fectively deliver information to members of the  
3 Armed Forces.

4 (b) ELEMENTS.—The uniform standard curriculum  
5 under subsection (a) shall include the following:

6 (1) Information for members of the Armed  
7 Forces on active duty to make informed decisions re-  
8 garding family planning.

9 (2) Information about the prevention of unin-  
10 tended pregnancy and sexually transmitted infec-  
11 tions, including human immunodeficiency virus  
12 (HIV).

13 (3) Information on the importance of providing  
14 comprehensive family planning for members of the  
15 Armed Forces, and their commanding officers, and  
16 on the positive impact family planning can have on  
17 the health and readiness of the Armed Forces.

18 (4) Current, medically accurate information.

19 (5) Clear, user-friendly information on the full  
20 range of methods of contraception and where mem-  
21 bers of the Armed Forces can access their chosen  
22 method of contraception.

23 (6) Information on all applicable laws and poli-  
24 cies so that members are informed of their rights  
25 and obligations.

1           (7) Information on patients' rights to confiden-  
2           tiality.

3           (8) Information on the unique circumstances  
4           encountered by members of the Armed Forces, and  
5           the effects of such circumstances on the use of con-  
6           traception.

