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:

SEC. 723. COMPREHENSIVE STANDARDS AND ACCESS TO
CONTRACEPTION COUNSELING FOR MEMBERS OF THE ARMED FORCES.

(a) PURPOSE.—The purpose of this section is to ensure that all health care providers employed by the Department of Defense who provide care for members of the Armed Forces, including general practitioners, are provided, through clinical practice guidelines, the most current evidence-based and evidence-informed standards of care with respect to methods of contraception and counseling on methods of contraception.

(b) CLINICAL PRACTICE GUIDELINES.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall compile clinical practice guidelines for health care providers described in subsection (a) on standards of care with respect to
methods of contraception and counseling on methods
of contraception for members of the Armed Forces.

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

(A) The United States Preventive Services
Task Force.

(B) The Centers for Disease Control and
Prevention.

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

(D) The American College of Obstetricians
and Gynecologists.

(E) The Association of Reproductive
Health Professionals.

(F) The American Academy of Family
Physicians.

(G) The Agency for Healthcare Research
and Quality.

(3) UPDATES.—The Secretary shall from time
to time update the list of clinical practice guidelines
compiled under this subsection to incorporate into
such guidelines new or updated standards of care
with respect to methods of contraception and counseling on methods of contraception.

(4) DISSEMINATION.—

(A) INITIAL DISSEMINATION.—As soon as practicable after the compilation of clinical practice guidelines pursuant to paragraph (1), but commencing not later than one year after the date of the enactment of this Act, the Secretary shall provide for rapid dissemination of the clinical practice guidelines to health care providers described in subsection (a).

(B) UPDATES.—As soon as practicable after the adoption under paragraph (3) of any update to the clinical practice guidelines compiled pursuant to this subsection, the Secretary shall provide for the rapid dissemination of such clinical practice guidelines, as so updated, to health care providers described in subsection (a).

(C) PROTOCOLS.—Clinical practice guidelines, and any updates to such guidelines, shall be disseminated under this paragraph in accordance with administrative protocols developed by the Secretary for that purpose.

(c) CLINICAL DECISION SUPPORT TOOLS.—
(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary shall, in order to assist health care providers described in subsection (a), develop and implement clinical decision support tools that reflect, through the clinical practice guidelines compiled pursuant to subsection (b), the most current evidence-based and evidence-informed standards of care with respect to methods of contraception and counseling on methods of contraception.

(2) **UPDATES.**—The Secretary shall from time to time update the clinical decision support tools developed under this subsection to incorporate into such tools new or updated guidelines on methods of contraception and counseling on methods of contraception.

(3) **DISSEMINATION.**—Clinical decision support tools, and any updates to such tools, shall be disseminated under this subsection in accordance with administrative protocols developed by the Secretary for that purpose. Such protocols shall be similar to the administrative protocols developed under subsection (b)(4)(C).

(d) **ACCESS TO CONTRACEPTION COUNSELING.**—As soon as practicable after the date of the enactment of this
Act, the Secretary shall ensure that women members of the Armed Forces have access to comprehensive counseling on the full range of methods of contraception provided by health care providers described in subsection (a) during health care visits, including, but not limited to, visits as follows:

(1) During predeployment health care visits, including counseling that provides specific information women need regarding the interaction between anticipated deployment conditions and various methods of contraception.

(2) During health care visits during deployment.

(3) During annual physical examinations.

(c) Incorporation into Surveys of Questions on Service Women Experiences with Family Planning Services and Counseling.—

(1) In general.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall integrate into the Department of Defense surveys specified in paragraph (2) questions designed to obtain information on the experiences of women members of the Armed Forces—

(A) in accessing family planning services and counseling;
(B) in using family planning methods, which method was preferred, and whether deployment conditions affected the decision on which family planning method or methods to be used; and

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

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

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

(B) The Health Care Survey of Department of Defense Beneficiaries.

SEC. 724. EDUCATION ON FAMILY PLANNING FOR MEMBERS OF THE ARMED FORCES.

(a) EDUCATION PROGRAMS.—

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

(2) SENSE OF CONGRESS.—It is the sense of Congress that the education programs should use
the latest technology available to efficiently and effectively deliver information to members of the Armed Forces.

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

(1) Information for members of the Armed Forces on active duty to make informed decisions regarding family planning.

(2) Information about the prevention of unintended pregnancy and sexually transmitted infections, including human immunodeficiency virus (HIV).

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

(4) Current, medically accurate information.

(5) Clear, user-friendly information on the full range of methods of contraception and where members of the Armed Forces can access their chosen method of contraception.

(6) Information on all applicable laws and policies so that members are informed of their rights and obligations.
(7) Information on patients’ rights to confidentiality.

(8) Information on the unique circumstances encountered by members of the Armed Forces, and the effects of such circumstances on the use of contraception.