

Committee Amendment Proposed by

Mrs. Shaheen

1 At the appropriate place in title VII, insert the fol-
2 lowing:

3 **Subtitle __—Matters Relating to**
4 **Contraception**

5 **SEC. [HEY15478A]. COMPREHENSIVE STANDARDS AND AC-**
6 **CESS TO CONTRACEPTION COUNSELING FOR**
7 **MEMBERS OF THE ARMED FORCES.**

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

16 (b) CLINICAL PRACTICE GUIDELINES.—

17 (1) IN GENERAL.—Not later than one year
18 after the date of the enactment of this Act, the Sec-
19 retary of Defense shall compile clinical practice
20 guidelines for health care providers described in sub-
21 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 visits as follows:

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

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

13 (3) During annual physical examinations.

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

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

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

1 (B) in using family planning methods, in-
2 cluding information on which method was pre-
3 ferred and whether deployment conditions af-
4 fected the decision on which family planning
5 method or methods to be used; and

6 (C) with respect to women members of the
7 Armed Forces who are pregnant, whether the
8 pregnancy was intended.

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

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

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

16 **SEC. [HEY15478B]. EDUCATION ON FAMILY PLANNING FOR**
17 **MEMBERS OF THE ARMED FORCES.**

18 (a) EDUCATION PROGRAMS.—

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

1 (2) SENSE OF CONGRESS.—It is the sense of
2 Congress that the education programs described in
3 paragraph (1) should use the latest technology avail-
4 able to efficiently and effectively deliver information
5 to members of the Armed Forces.

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

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

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

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

20 (4) Current, medically accurate information.

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

1 (6) Information on all applicable laws and poli-
2 cies so that members are informed of their rights
3 and obligations.

4 (7) Information on patients' rights to confiden-
5 tiality.

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