

118TH CONGRESS
2D SESSION

S. 3722

To require a report on access to maternal health care within the military health system, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 1, 2024

Mr. RUBIO (for himself and Mr. TESTER) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To require a report on access to maternal health care within the military health system, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Access to
5 Maternal Health for Military and Dependent Moms Act
6 of 2024”.

7 **SEC. 2. DEFINITIONS.**

8 In this Act:

9 (1) COVERED INDIVIDUAL.—The term “covered
10 individual” means—

1 (A) a covered beneficiary; or

2 (B) a dependent.

3 (2) COVERED BENEFICIARY; DEPENDENT;
4 TRICARE PROGRAM.—The terms “covered bene-
5 ficiary”, “dependent”, and “TRICARE program”
6 have the meanings given those terms in section 1072
7 of title 10, United States Code.

8 (3) MATERNAL HEALTH.—The term “maternal
9 health” means care during labor, birthing, prenatal
10 care, and postpartum care.

11 (4) MATERNITY CARE DESERT.—The term
12 “maternity care desert” means a county in the
13 United States that does not have—

14 (A) a hospital or birth center offering ob-
15 stetric care; or

16 (B) an obstetric provider.

17 (5) PRENATAL CARE.—The term “prenatal
18 care” means medical care provided to maintain and
19 improve fetal and maternal health during pregnancy.

20 (6) SECRETARY.—The term “Secretary” means
21 the Secretary of Defense.

22 **SEC. 3. REPORT ON ACCESS TO MATERNAL HEALTH CARE**
23 **WITHIN THE MILITARY HEALTH SYSTEM.**

24 (a) IN GENERAL.—Not later than 2 years after the
25 date of the enactment of this Act, the Secretary shall sub-

1 mit to the Committee on Armed Services and the Com-
2 mittee on Appropriations of the Senate and the Committee
3 on Armed Services and the Committee on Appropriations
4 of the House of Representatives a report on access to ma-
5 ternal health care within the military health system for
6 covered individuals, during the preceding 2-year period.

7 (b) CONTENTS.—The report required under sub-
8 section (a) shall include the following:

9 (1) With respect to military medical treatment
10 facilities:

11 (A) An analysis of the availability of ma-
12 ternal health care for covered individuals who
13 access the military health system through such
14 facilities.

15 (B) An identification of staffing shortages
16 in positions relating to maternal health and
17 childbirth, including obstetrician-gynecologists,
18 certified nurse midwives, and labor and delivery
19 nurses.

20 (C) A description of specific challenges
21 faced by covered individuals in accessing mater-
22 nal health care at such facilities.

23 (D) An analysis of the timeliness of access
24 to maternal health care, including wait times
25 for and travel times to appointments.

1 (E) A description of how such facilities
2 track patient satisfaction with maternal health
3 services.

4 (F) A process to establish continuity of
5 prenatal care and postpartum care for covered
6 individuals who experience a permanent change
7 of station during a pregnancy.

8 (G) An identification of barriers with re-
9 gard to continuity of prenatal care and
10 postpartum care during permanent changes of
11 station.

12 (H) A description of military-specific
13 health challenges impacting covered individuals
14 who receive maternal healthcare at military
15 medical treatment facilities, and a description
16 of how the Department tracks such challenges.

17 (I) For the 10-year period preceding the
18 date of the submission of the report, the
19 amount of funds annually expended—

20 (i) by the Department of Defense on
21 maternal health care; and

22 (ii) by covered individuals on out-of-
23 pocket costs associated with maternal
24 health care.

1 (J) An identification of each medical facil-
2 ity of the Department of Defense located in a
3 maternity care desert.

4 (K) Recommendations and legislative pro-
5 posals—

6 (i) to address staffing shortages that
7 impact the positions described in subpara-
8 graph (B);

9 (ii) to improve the delivery and avail-
10 ability of maternal health services through
11 military medical treatment facilities and
12 improve patient experience; and

13 (iii) to improve continuity of prenatal
14 care and postpartum care for covered indi-
15 viduals during a permanent change of sta-
16 tion.

17 (2) With respect to providers within the
18 TRICARE program network that are not located at
19 or affiliated with a military medical treatment facil-
20 ity:

21 (A) An analysis of the availability of ma-
22 ternal health care for covered individuals who
23 access the military health system through such
24 providers.

1 (B) An identification of staffing shortages
2 for such providers in positions relating to ma-
3 ternal health and childbirth, including obstetri-
4 cian-gynecologists, certified nurse midwives, and
5 labor and delivery nurses.

6 (C) A description of specific challenges
7 faced by covered individuals in accessing mater-
8 nal health care from such providers.

9 (D) An analysis of the timeliness of access
10 to maternal health care, including wait times
11 for and travel times to appointments.

12 (E) A description of how such providers
13 track patient satisfaction with maternal health
14 services.

15 (F) A process to establish continuity of
16 prenatal care and postpartum care for covered
17 individuals who experience a permanent change
18 of station during a pregnancy.

19 (G) An identification of barriers with re-
20 gard to continuity of prenatal care and
21 postpartum care during permanent changes of
22 station.

23 (H) The number of dependents who choose
24 to access maternal health care through such
25 providers.

1 (I) For the 10-year period preceding the
2 date of the submission of the report, the
3 amount of funds annually expended—

4 (i) by the Department of Defense on
5 maternal health care; and

6 (ii) by covered individuals on out-of-
7 pocket costs associated with maternal
8 health care.

9 (J) Recommendations and legislative pro-
10 posals—

11 (i) to address staffing shortages that
12 impact the positions described in subpara-
13 graph (B);

14 (ii) to improve the delivery and avail-
15 ability of maternal health services through
16 the TRICARE program and improve pa-
17 tient experience;

18 (iii) to improve continuity of prenatal
19 care and postpartum care for covered indi-
20 viduals during a permanent change of sta-
21 tion; and

22 (iv) to improve the ability of contrac-
23 tors under the TRICARE program to build
24 a larger network of providers for maternal
25 health, including obstetrician-gynecologists,

- 1 certified nurse midwives, and labor and de-
- 2 livery nurses.

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