



(Original Signature of Member)

118TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

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

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IN THE HOUSE OF REPRESENTATIVES

Ms. STEFANIK introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**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:

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

3 (A) a covered beneficiary; or

4 (B) a dependent.

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

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

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

16 (A) a hospital or birth center offering ob-  
17 stetric care; or

18 (B) an obstetric provider.

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

22 (6) SECRETARY.—The term “Secretary” means  
23 the Secretary of Defense.

1 **SEC. 3. REPORT ON ACCESS TO MATERNAL HEALTH CARE**  
2 **WITHIN THE MILITARY HEALTH SYSTEM.**

3 (a) **IN GENERAL.**—Not later than 2 years after the  
4 date of the enactment of this Act, the Secretary shall sub-  
5 mit to the Committee on Armed Services and the Com-  
6 mittee on Appropriations of the Senate and the Committee  
7 on Armed Services and the Committee on Appropriations  
8 of the House of Representatives a report on access to ma-  
9 ternal health care within the military health system for  
10 covered individuals, during the preceding 2 year period.

11 (b) **CONTENTS.**—The report required under sub-  
12 section (a) shall include the following:

13 (1) With respect to military medical treatment  
14 facilities:

15 (A) An analysis of the availability of ma-  
16 ternal health care for covered individuals who  
17 access the military health system through such  
18 facilities.

19 (B) An identification of staffing shortages  
20 in positions relating to maternal health and  
21 childbirth, including obstetrician-gynecologists,  
22 certified nurse midwives, and labor and delivery  
23 nurses.

24 (C) A description of specific challenges  
25 faced by covered individuals in accessing mater-  
26 nal health care at such facilities.

1 (D) An analysis of the timeliness of access  
2 to maternal health care, including wait times  
3 for and travel times to appointments.

4 (E) A description of how such facilities  
5 track patient satisfaction with maternal health  
6 services.

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

11 (G) An identification of barriers with re-  
12 gard to continuity of prenatal care and  
13 postpartum care during permanent changes of  
14 station.

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

20 (I) For the 10-year period preceding the  
21 date of the submission of the report, the  
22 amount of funds annually expended—

23 (i) by the Department of Defense on  
24 maternal health care; and

1 (ii) by covered individuals on out-of-  
2 pocket costs associated with maternal  
3 health care.

4 (J) An identification of each medical facil-  
5 ity of the Department of Defense located in a  
6 maternity care desert.

7 (K) Recommendations and legislative pro-  
8 posals—

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

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

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

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

24 (A) An analysis of the availability of ma-  
25 ternal health care for covered individuals who

1 access the military health system through such  
2 providers.

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

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

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

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

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

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

1 (H) The number of dependents who choose  
2 to access maternal health care through such  
3 providers.

4 (I) For the 10-year period preceding the  
5 date of the submission of the report, the  
6 amount of funds annually expended—

7 (i) by the Department of Defense on  
8 maternal health care; and

9 (ii) by covered individuals on out-of-  
10 pocket costs associated with maternal  
11 health care.

12 (J) Recommendations and legislative pro-  
13 posals—

14 (i) to address staffing shortages that  
15 impact the positions described in subpara-  
16 graph (B);

17 (ii) to improve the delivery and avail-  
18 ability of maternal health services through  
19 the TRICARE program and improve pa-  
20 tient experience;

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

1 (iv) to improve the ability of contrac-  
2 tors under the TRICARE program to build  
3 a larger network of providers for maternal  
4 health, including obstetrician-gynecologists,  
5 certified nurse midwives, and labor and de-  
6 livery nurses.

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