

118TH CONGRESS  
2D SESSION

# H. R. 7214

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

FEBRUARY 1, 2024

Ms. STEFANIK (for herself and Ms. SEWELL) introduced the following bill;  
which was referred to the Committee on Armed Services

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## 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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