

118TH CONGRESS
2D SESSION

S. 4717

To include pregnancy and loss of pregnancy as qualifying life events under the TRICARE program and to require a study on maternal health in the military health system, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 11 (legislative day, JULY 10), 2024

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

A BILL

To include pregnancy and loss of pregnancy as qualifying life events under the TRICARE program and to require a study on maternal health in 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 “Military Moms Act”.

5 **SEC. 2. DEFINITIONS.**

6 In this Act:

7 (1) COVERED BENEFICIARY; DEPENDENT;

8 TRICARE PROGRAM.—The terms “covered bene-

1 ficiary”, “dependent”, and “TRICARE program”
2 have the meanings given those terms in section 1072
3 of title 10, United States Code.

4 (2) MATERNAL HEALTH.—The term “maternal
5 health” means care during labor, birthing, prenatal
6 care, and postpartum care.

7 (3) MATERNITY CARE DESERT.—The term
8 “maternity care desert” means a county in the
9 United States that does not have—

10 (A) a hospital or birth center offering ob-
11 stetric care; or

12 (B) an obstetric provider.

13 (4) PRENATAL CARE.—The term “prenatal
14 care” means medical care provided to maintain and
15 improve fetal and maternal health during pregnancy.

16 (5) SECRETARY.—The term “Secretary” means
17 the Secretary of Defense.

18 **SEC. 3. MODIFICATION OF QUALIFYING LIFE EVENTS.**

19 (a) IN GENERAL.—Not later than one year after the
20 date of the enactment of this Act, the Secretary shall—

21 (1) update the list of qualifying life events
22 under the TRICARE program to include pregnancy
23 and loss of pregnancy; and

24 (2) issue guidance to covered beneficiaries de-
25 scribing the documentation required to make enroll-

1 ment changes under the TRICARE program due to
2 such qualifying life events, such as written confirma-
3 tion from a medical provider confirming a pregnancy
4 or loss of pregnancy.

5 (b) PROHIBITION.—This section shall not apply to a
6 covered beneficiary who seeks to claim an abortion as a
7 qualifying life event.

8 (c) DEFINITIONS.—In this section:

9 (1) ABORTION.—The term “abortion” means
10 the use or prescription of any instrument, medicine,
11 drug, or other substance or device to intentionally—

12 (A) kill the unborn child of a woman
13 known to be pregnant; or

14 (B) prematurely terminate the pregnancy
15 of a woman known to be pregnant, with an in-
16 tention other than to—

17 (i) increase the probability of a live
18 birth or preserve the life or health of the
19 child after a live birth;

20 (ii) remove a dead unborn child; or

21 (iii) treat an ectopic pregnancy.

22 (2) LOSS OF PREGNANCY.—The term “loss of
23 pregnancy” means miscarriage or stillbirth.

1 **SEC. 4. REPORT ON ACCESS TO MATERNAL HEALTH CARE**
2 **WITHIN THE MILITARY HEALTH SYSTEM.**

3 (a) IN GENERAL.—Not later than two 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 beneficiaries during the preceding two-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, the following:

15 (A) An analysis of the availability of ma-
16 ternal health care for covered beneficiaries 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 beneficiaries in accessing ma-
26 ternal 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 beneficiaries who experience a permanent
10 change 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 bene-
17 ficiaries who receive maternal health care at
18 military medical treatment facilities, and a de-
19 scription of how the Department tracks such
20 challenges.

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

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

1 (ii) by covered beneficiaries 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 bene-
18 ficiaries 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, the following:

24 (A) An analysis of the availability of ma-
25 ternal health care for covered beneficiaries 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 beneficiaries in accessing ma-
10 ternal 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 beneficiaries who experience a permanent
20 change 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 beneficiaries 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 bene-
23 ficiaries 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.

7 **SEC. 5. UPDATES TO MILITARY ONESOURCE PROGRAM.**

8 (a) IN GENERAL.—Not later than one year after the
9 date of the enactment of this Act, the Secretary shall pub-
10 lish on a publicly available website of the Military
11 OneSource program of the Department of Defense a dedi-
12 cated webpage that includes a comprehensive guide of re-
13 sources available to covered beneficiaries, including—

14 (1) a list of maternal health services that are
15 available to covered beneficiaries under the
16 TRICARE program and at military medical treat-
17 ment facilities;

18 (2) information on mental health counseling,
19 pregnancy counseling, and other prepartum and
20 postpartum services, including what services are re-
21 reportable or non-reportable for members of the
22 Armed Forces;

23 (3) information on prenatal development, in-
24 cluding anticipated prenatal appointments and avail-

1 able care for covered beneficiaries during prenatal
2 development;

3 (4) information on—

4 (A) organizations that provide services and
5 other resources to assist covered beneficiaries
6 with maternal health needs and pregnancy sup-
7 port services located at, or in vicinity of, mili-
8 tary installations; and

9 (B) Federal, State, and local maternal
10 health care resources that are either covered by
11 the TRICARE program or could otherwise be
12 made available to a covered beneficiary;

13 (5) information on resources to assist covered
14 beneficiaries who are pregnant with anticipated
15 changes and health challenges that result from preg-
16 nancy, including information on anticipated post-
17 natal appointments, available postnatal care for cov-
18 ered beneficiaries, and post-birth instructions spe-
19 cific to covered beneficiaries;

20 (6) information on financial assistance available
21 to covered beneficiaries to support pregnancy needs;

22 (7) a best practice guide for smooth continuity
23 of pregnancy care during a permanent change of
24 station; and

1 (8) information specific to pregnant members of
2 the Armed Forces, including leave options and regu-
3 lations, career field specific information and restric-
4 tions, physical fitness requirements, and uniform re-
5 sources and requirements.

6 (b) LIMITATIONS.—The guide required by subsection
7 (a) may not include information, references, or resources
8 on abortion.

9 (c) TRAINING.—The Secretary shall provide training
10 to military and family life counselors available through the
11 Military OneSource program on addressing the non-med-
12 ical needs of covered beneficiaries who are pregnant.

13 (d) NOTIFICATION OF PREGNANCY.—The Secretary
14 shall notify the head of the Military OneSource program
15 when a covered beneficiary makes the Secretary aware of
16 a pregnancy.

17 (e) PLAN.—Not later than 540 days after the date
18 of the enactment of this Act, the Secretary shall develop
19 and submit to Congress a plan for the Secretary to dis-
20 seminate to beneficiaries of the Military OneSource pro-
21 gram the guide required by subsection (a).

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