

Improve Access to Prenatal Care for Military Families Act

THE ISSUE:

Growing military families who rely on a destabilized, understaffed military health system (MHS) must be allowed to switch TRICARE plans to ensure access to vital prenatal care. Regular prenatal visits allow providers to monitor for complications and are closely correlated with positive infant and maternal outcomes. TRICARE beneficiaries who encounter barriers to access or delays in prenatal care at military treatment facilities (MTFs) must have policy flexibility to switch TRICARE plans and move their care to the civilian network.

THE ACTION:

We urge you to cosponsor the Improving Access to Prenatal Care for Military Families Act (H.R. 4381/S. 2239), which would add pregnancy as a TRICARE qualifying life event (QLE) and allow pregnant beneficiaries to switch plans outside of open season. Not only would the bill's five-year pilot program give beneficiaries the flexibility to find care in their local communities, it also would provide an important measure of accountability for MTFs.

KEY FACTS:

• **Known Access-to-Care Challenges:** Military families rely on a complex system that integrates military hospitals and clinics with purchased care from the TRICARE network. The system varies by location and presents numerous risks for accessing care – including



MTF noncompliance with TRICARE access standards, referral process breakdowns, and MTF phones that go unanswered for days.

• **Policy Restrictions:** TRICARE's enrollment policy prevents patients who encounter MTF access problems from switching TRICARE plans and moving their care to civilian providers (except at the annual open season or if they undergo a QLE). This policy aligns with civilian plans but fails to consider the unique nature of the military's direct care system – a system with the potential to trap patients in a military hospital or clinic that does not meet their needs.

• **Ongoing Staffing Problems:** Long-standing MTF appointment shortages have been magnified by congressionally directed MHS reforms and pandemic-driven health care workforce shortages, resulting in a surge of patient complaints as reported by a November 2023 DoD Inspector General Management Advisory and DoD's January 2024 plan to stabilize the MHS.

• **Not a New Fix, or a New Benefit:** Allowing beneficiaries to switch plans is not unprecedented. Prior to 2018, military families could switch between TRICARE plans at any time. And the pilot program would only allow beneficiaries to choose where they receive care, not the type of care TRICARE covers.

CONGRESS:

Please cosponsor the Improving Access to Prenatal Care for Military Families Act (H.R. 4381/S. 2239). This legislation is included in the House Armed Services Committee's chairman's mark of the FY 2026 NDAA (Section 704).



READINESS AND RETENTION

This legislation doesn't just support growing military families – it allows service-members to remain focused on the mission – not health care roadblocks and red tape – during a stressful time. By ensuring our warfighters are supported during these life events, we pave the way for their continued service as their families grow and thrive.

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