

116TH CONGRESS
2D SESSION

S. 3826

To require the Secretary of Defense to provide additional resources, including doula support, for pregnant beneficiaries under the TRICARE program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 21, 2020

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

A BILL

To require the Secretary of Defense to provide additional resources, including doula support, for pregnant beneficiaries under the TRICARE program, 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 “TRICARE Coverage
5 for Doula Support Act”.

1 **SEC. 2. ADDITIONAL RESOURCES, INCLUDING DOULA SUP-**
2 **PORT, FOR PREGNANT BENEFICIARIES**
3 **UNDER THE TRICARE PROGRAM.**

4 (a) FINDINGS.—Congress finds the following:

5 (1) In 2018, 52,535 members of the Armed
6 Forces and their dependents gave birth at military
7 medical treatment facilities or civilian hospitals
8 where the Department of Defense purchased care.

9 (2) As required pursuant to the House report
10 accompanying H.R. 5515, 115th Congress (House
11 Report 115–874), under the heading “*Report on rate*
12 *of maternal mortality among members of the Armed*
13 *Forces*” under the heading “LEGISLATIVE PROVI-
14 SIONS NOT ADOPTED”, the report submitted by the
15 Secretary of Defense titled “Maternal and Infant
16 Mortality Rates in the Military Health System”
17 showed that rates of maternal and infant mortality
18 in the military health system are lower than national
19 averages but also recommended expanding available
20 resources for prenatal, childbirth, and postnatal
21 communication, as well as education for pregnant
22 beneficiaries under the TRICARE program.

23 (3) Doula support, which includes continuous
24 non-clinical one-to-one emotional, physical, and in-
25 formational support around the time of birth, as well

1 as support during pregnancy and postpartum, could
2 be one such resource for pregnant beneficiaries.

3 (4) Studies have shown that doula support can
4 decrease maternal anxiety and depression that can
5 contribute to postpartum depression, and also that
6 doula support reduces the likelihood of consequential
7 and costly interventions, such as cesarean birth and
8 epidural pain relief.

9 (5) Research has also shown that doula support
10 increases the likelihood of a shorter labor, a sponta-
11 neous vaginal birth, higher Apgar scores for babies,
12 and a positive childbirth experience, which subse-
13 quently lowers the cost of maternity care while im-
14 proving the health of women and infants.

15 (6) The Expert Panel on Improving Maternal
16 and Infant Health Outcomes in Medicaid and the
17 Children's Health Insurance Program of the Centers
18 for Medicare & Medicaid Services recommends pro-
19 viding coverage for continuous doula support during
20 labor.

21 (7) Members of the Armed Forces and military
22 spouses are uniquely positioned to maximize the ben-
23 efits of doula support due to the nature of training,
24 deployments, frequent permanent changes of station,
25 and other mission requirements that can contribute

1 to isolation during pregnancy and birth, or prevent
2 birthing partners from being present during child-
3 birth.

4 (8) Members of the Armed Forces who are sin-
5 gle, members of the Armed Forces and military
6 spouses with deployed birthing partners, and minor-
7 ity women who face racial bias in access to health
8 care might find doula support particularly beneficial.

9 (9) There are currently no specific programs of
10 the Department of Defense for labor support, but
11 the My Career Advancement Account program of the
12 Department provides funding for military spouses to
13 receive training to become doulas.

14 (b) ADDITIONAL RESOURCES FOR PREGNANT
15 TRICARE BENEFICIARIES.—

16 (1) IN GENERAL.—In providing maternity care
17 for pregnant beneficiaries under the TRICARE pro-
18 gram under chapter 55 of title 10, United States
19 Code, the Secretary of Defense shall provide to such
20 beneficiaries additional resources for prenatal and
21 postnatal communication and education, including
22 doula support.

23 (2) PROHIBITION ON COST SHARING.—The Sec-
24 retary shall not require a beneficiary under the
25 TRICARE program to pay any fee or other cost-

1 sharing requirement for the receipt of additional re-
2 sources under paragraph (1).

3 (3) IMPLEMENTATION.—Not later than one
4 year after the date of the enactment of this Act, the
5 Secretary shall finalize implementation of the provi-
6 sion of additional resources required under para-
7 graph (1).

8 (c) ADVISORY COMMITTEE.—

9 (1) IN GENERAL.—Not later than 180 days
10 after the date of the enactment of this Act, the Sec-
11 retary of Defense shall establish an advisory com-
12 mittee to assist the Department of Defense in car-
13 rying out the requirements under this section.

14 (2) SELECTION OF MEMBERS.—The Secretary
15 shall select the members of the advisory committee
16 required under paragraph (1), which shall include
17 the selection of—

18 (A) members who are racially and eth-
19 nically diverse;

20 (B) members who are trained doulas; and

21 (C) members who are members of the
22 Armed Forces or family members of members
23 of the Armed Forces.

24 (3) DUTIES.—The duties of the advisory com-
25 mittee established under paragraph (1) are to guide

1 the Department of Defense through the implementa-
2 tion of the requirements under this section by pro-
3 viding recommendations to the Department on the
4 following items:

5 (A) Expansion of the TRICARE program
6 to cover doula support.

7 (B) Identification of appropriate certifi-
8 cations to qualify an individual to provide doula
9 support under the TRICARE program.

10 (C) Establishment of reimbursement rates
11 for doula support under the TRICARE pro-
12 gram.

13 (D) Outreach to beneficiaries under the
14 TRICARE program to educate those bene-
15 ficiaries on the benefits of doula support and
16 the availability of such support.

17 (d) SURVEY AND REPORT.—

18 (1) SURVEY.—Not later than one year after the
19 date of the enactment of this Act, and annually
20 thereafter, the Secretary shall administer a survey to
21 determine—

22 (A) how many members of the Armed
23 Forces or spouses of such members give birth
24 while their spouse or birthing partner is unable

1 to be present due to deployment, training, or
2 other mission requirements;

3 (B) how many single members of the
4 Armed Forces give birth alone; and

5 (C) how many members of the Armed
6 Forces or spouses of such members use doula
7 support, or are interested in using doula sup-
8 port, during pregnancy and childbirth.

9 (2) MATTERS COVERED BY THE SURVEY.—The
10 survey administered under paragraph (1) shall in-
11 clude an identification of the following:

12 (A) The race, ethnicity, age, sex, relation-
13 ship status, military service, military occupa-
14 tion, and rank, as applicable, of each individual
15 surveyed.

16 (B) The service- or mission-specific reason
17 the member of the Armed Forces was not
18 present during the birth, if applicable.

19 (C) If individuals surveyed were members
20 of the Armed Forces or the spouses of such
21 members, or both.

22 (D) The length of advanced notice received
23 by individuals surveyed that the member of the
24 Armed Forces would be unable to be present
25 during the birth, if applicable.

1 (E) Any resources or support that the indi-
 2 viduals surveyed found useful during the preg-
 3 nancy and birth process, including doula sup-
 4 port.

5 (3) REPORT.—The Secretary shall submit to
 6 the congressional defense committees an annual re-
 7 port on the results of the survey administered under
 8 paragraph (1) for the year covered by the report.

9 (e) DEFINITIONS.—In this section:

10 (1) CONGRESSIONAL DEFENSE COMMITTEES.—
 11 The term “congressional defense committees” has
 12 the meaning given that term in section 101(a)(16)
 13 of title 10, United States Code.

14 (2) DOULA.—

15 (A) IN GENERAL.—The term “doula”
 16 means an individual who is trained as described
 17 in subparagraph (B) to provide non-medical ad-
 18 vice, information, emotional support, and phys-
 19 ical comfort to an individual during the individ-
 20 ual’s pregnancy, childbirth, and postpartum pe-
 21 riod by an organization that has been estab-
 22 lished for not less than five years and that re-
 23 quires the completion of continuing education.

24 (B) TRAINING DESCRIBED.—Training de-
 25 scribed in this subparagraph is training in na-

tionally recognized core doula competencies,
 which may include competency in reproductive
 and birth justice frameworks, race equity, cul-
 tural humility, home visiting skills, and knowl-
 edge of social services.

(3) TRICARE PROGRAM.—The term
 “TRICARE program” has the meaning given that
 term in section 1072 of title 10, United States Code.

**SEC. 3. EXPANSION OF EVALUATION ON EFFECTIVENESS
 OF TRICARE PROGRAM TO INCLUDE DATA ON
 BIRTHS AT MILITARY MEDICAL TREATMENT
 FACILITIES AND CIVILIAN HOSPITALS UNDER
 THE TRICARE PROGRAM.**

Section 717(a) of the National Defense Authorization
 Act for Fiscal Year 1996 (Public Law 104–106; 10 U.S.C.
 1073 note) is amended—

(1) in paragraph (2), by striking “; and” and
 inserting a semicolon;

(2) in paragraph (3)(B)(v), by striking the pe-
 riod at the end and inserting “; and”; and

(3) by adding at the end the following new
 paragraph:

“(4) assess data relating to births at each mili-
 tary medical treatment facility or civilian hospital

1 under the TRICARE program during the one-year
2 period preceding the evaluation, including—

3 “(A) the number of births, disaggregated
4 by military service and rank of the individual
5 giving birth or their spouse, as appropriate;

6 “(B) whether the individual giving birth is
7 a member of the Armed Forces, a spouse of
8 such a member, or other dependent of such a
9 member;

10 “(C) the race, ethnicity, age, and relation-
11 ship status of the individual giving birth;

12 “(D) any effects of implicit or explicit bias
13 in maternal health care under the TRICARE
14 program, or evidence of racial or socioeconomic
15 barriers to such care; and

16 “(E) such other demographic information
17 about the individual giving birth as the Sec-
18 retary considers appropriate.”.

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