



NACPM

national association of
certified professional midwives

TRICARE REIMBURSEMENT STRATEGY

Critical policy reform in the Defense Health Agency's (DHA) in contracting requirements for midwifery care are required. This initiative addresses the current TRICARE policies that limit coverage to Certified Nurse-Midwives (CNMs), thus excluding Certified Professional Midwives (CPMs) and Certified Midwives (CMs).



NACPM proposes that the Defense Health Authority expand TRICARE's midwifery care coverage to include CPMs and CMs.

This expansion would afford beneficiaries a wider choice of providers, aligning TRICARE with national trends toward improved childbearing health outcomes and decreasing maternity care deserts. NACPM is invested in the solution, which involves revising reimbursement policies, collaborating with state licensing boards, developing integration guidelines, and evaluating the impact on health outcomes.

“Midwifery changed my family's life. We had a very dynamic situation, so having the extended care with [my CPM] was outstanding. The amazing [midwife] went the extra mile to make sure my husband, daughters, and I were supported through our pregnancy and birth. To have the tender love from them was truly an experience. Having our daughters involved during the appointments made the biggest impact. In a regular office I can't bring them with me. All my appointments I didn't get the luxury of childcare. It was very important to have our girls with us on this journey of pregnancy and birth.”
- India Langlot

Policy Reform in Defense Health Agency's Contracting Requirements

Executive Summary

This proposal by the National Association of Certified Professional Midwives (NACPM) seeks to address a critical gap in the Defense Health Agency's (DHA) contracting requirements for midwifery care. Current TRICARE policies restrict coverage to Certified Nurse-Midwives (CNMs), excluding Certified Professional Midwives (CPMs) and Certified Midwives (CMs). This exclusion not only limits the scope of accessible care for military families but also disregards the diverse education and certification paths of midwifery professionals. NACPM advocates for a policy reform aligning with the best evidence of care, addressing the reality of maternity deserts, and ensuring public safety.

Introduction

The U.S. faces significant challenges in childbearing health, marked by high maternal mortality rates and disparities in birth outcomes, particularly for people of color, indigenous people, and their infants. Midwifery care, especially from community midwives (CPMs, CNMs, and CMs), has improved outcomes in low-risk pregnancies. However, TRICARE's restrictive policies limit beneficiary access to this essential care.

Problem Statement

TRICARE's limited midwifery care coverage excludes CPMs and CMs, undermines the diverse educational paths of midwifery professionals and the states' role in occupational licensure. This policy restriction hampers service accessibility, particularly in underserved regions, and deviates from the standards of other federal and private insurance programs.

Background

Midwifery care in the U.S. is a complex interplay of national and state policies. TRICARE's policy of limiting services to CNMs restricts beneficiary choices and fails to leverage the benefits of an inclusive midwifery model. Thirty-eight states and Washington D.C. legally recognize CPMs, and twelve states recognize CMs, while CNMs are recognized nationwide.

Proposed Solution

The DHA should expand TRICARE's midwifery care coverage to include CPMs and CMs, reflecting state-level recognition and standards. This expansion would provide beneficiaries a wider choice of providers, aligning TRICARE with national trends toward improved maternal health outcomes.



Call to Action

NACPM is urging the DHA to reform TRICARE policies to include comprehensive, equitable, and high-quality midwifery care for all beneficiaries. This change is critical in addressing the maternal health crisis in the United States and ensuring the well-being of military families.

Benefits

An integrated midwifery system promises higher patient satisfaction, fewer cesarean sections, lower preterm birth rates, and increased breastfeeding rates, leading to less invasive birthing experiences and potentially significant reductions in maternal and neonatal deaths.

Conclusion

TRICARE's limited midwifery care coverage excludes CPMs and CMs, undermines the diverse educational paths of midwifery professionals and the states' role in occupational licensure. This policy restriction hampers service accessibility, particularly in underserved regions, and deviates from the standards of other federal and private insurance programs.

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Implementation

01

Review and Revise

Review and strategize TRICARE's revilement of reimbursement policies to include CPMs and CMs.

02

Collaborate and Develop Strategies

Collaborate with stakeholders to evelop comprehensive strategies to affect change and expanded care options.

03

Communicate

Develop a comprehensive communications strategy informing clients of changes and benefits of CPM services.

04

Evaluate

Evaluate the impact of policy changes on health outcomes and adjust strategies accordingly.