



Learning Community

Reflecting on the Past Year, and
Looking Ahead
July 19, 2021



Agenda

- **Overview of Maternal Health Hub and Commonwealth Fund Health Equity Portfolio**
- **Current State of Maternity Care in the US**
- **Driving Transformation in Maternity Care: Learnings from the Maternal Health Hub**
- **Building the Business Case for the Community-Based Maternity Model**
- **Panel Discussion: What's next: Looking toward the future**

Today's Speakers



Carmen Green, MPH
Vice President of Research and Strategy at the National Birth Equity Collaborative



Carol Sakala, PhD, MSPH
Director for Maternal Health at the National Partnership for Women and Families



Laurie Zephyrin, MD, MBA, MPH
Vice President of Advancing Health Equity at The Commonwealth Fund



Joshua Traylor, MPH
Director at the Health Care Transformation Task Force



Tanya Alteras, MPP
Senior Director at the Health Care Transformation Task Force



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Maternal Health Hub Overview

- The Health Care Transformation Task Force, under a grant from the Commonwealth Fund, established the *Maternal Health Hub (MHH)* in 2020
- The Maternal Health Hub lives within the *Advancing Health Equity* initiative at the Commonwealth Fund; the effort has focused on ways to improve health equity in maternity care via various drivers.
- **The Hub comprises two components:**
 1. **Online repository** at www.maternalhealthhub.org for findings, tools, and resources to support implementation and scale of high-value maternity care.
 2. **The MHH Learning Community**, a multi-stakeholder group of providers, payers, patients, purchaser, community-based organizations, policymakers, and others, all seeking to learn from each other about how to transform maternity care.



Maternal Health Hub Evolution

Original Vision

- Leverage the Learning Community and the online repository for the purpose of identifying and disseminating information on VBP strategies for maternity care that reduce health disparities and advance health equity.

Two-Pronged Pivot

- Based on input received during the January 2020 Expert Panel meeting, the Task Force recognized the need to address the broader issue of appropriateness of funding for maternity care, before delving into alternative payment models.
- The emergence of the COVID-19 changed the focus from payment to innovations in care delivery due to pandemic restrictions on in-person care

Learning Community Agenda & Objectives

Trimesters	Topic	Objective
Oct – Dec 2020	<i>Building a business case for investing in community-based, equity-centered care</i>	Develop components of a business case for payers and purchasers to invest in community-based, equity-centered care, including addressing benefit and network design, state and federal regulatory barriers, and how to measure quality and value.
Jan – March 2021	<i>High-value & equitable maternity care in the time of COVID</i>	Share experiences with maternity care delivery during COVID and identify best practices, payment reform opportunities, and policy recommendations to address disparities in access to and experience with equitable virtual care.
April – June 2021	<i>Advancing alternative payment models for maternity care</i>	Develop strategies to advance the implementation of effective alternative payment models for maternity care delivery and develop recommendations for payers and policymakers to incorporate a focus on improved health equity and addressing social determinants of care into value-based payment for maternity care.

Advancing Maternal Health Equity

Laurie C. Zephyrin MD, MPH, MBA

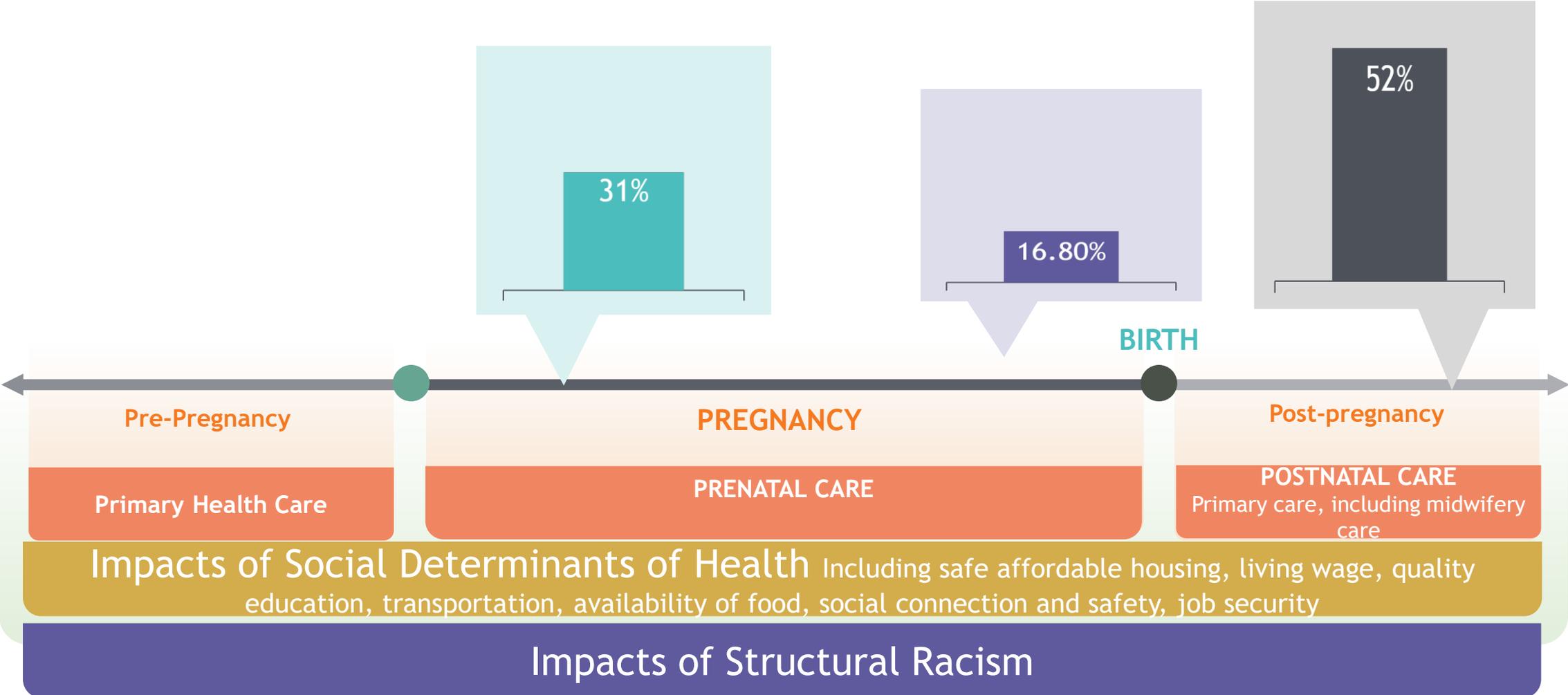
Vice President, Advancing Health Equity

The Commonwealth Fund



The
Commonwealth
Fund

Common Drivers of Maternal Mortality



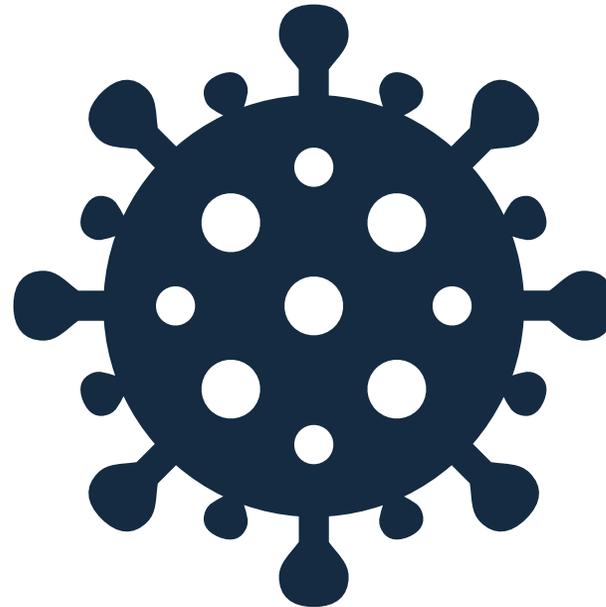
COVID-19 Has Shifted The Landscape – Opening Policy Windows For...

Advancing Racial Equity

- Increased awareness of the structural Causes of Unequal Outcomes and Treatment
- Inequities have been highlighted revealing necessity of health equity and racial equity
- Importance of advancing diverse leadership

Advancing Maternal Health Care

- New models of high value care emerging (midwifery, birthing centers, tele health)
- Importance of community partners, integration of social needs, CHW/doula models
- An increase in uninsured- likely more requiring Medicaid



Levers for Systems Change



Payment and policy reform ultimately drive change, but change progresses at different speeds.

Community investment is a key lever for change.

Commonwealth Fund Advancing Health Equity Program Goal

Eliminate unequal treatment, experience, and outcomes in health and health care for people of color by reducing systemic racism in health care policy and practice.

**Dismantling Racism
in Care Delivery**



**Using Policy
to Bring About
Equitable Access**



**Changing Culture,
Beliefs, and Attitudes**



WHAT SHOULD CHANGE

- Use policy and program levers
- Promote systemic change and antiracism in health policy and payment models
- Center community-based solutions

- Promote institutional change through new models of care in delivery systems
- Health care delivery systems should achieve measurable progress towards equity
- Disseminate resources on how systemic racism manifests in health care systems

WHAT ACTION & IMPACT

- ↑ State and Federal legislators enact policies that address systemic inequities in maternal health
- ↑ States and communities have resources to implement changes in policy, programs, and practice
- ↑ Spread and scale of promising/proven equity-centered models of care for maternal health)

- ↑ Health system leaders, payers pursue antiracism practices
- ↑ Spread and scale of promising/proven equity-centered models of care to improve maternal health
- ↑ Health care organizations performance measurement and QI focus explicitly on equity

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Current State of Maternity Care

- The U.S. spends approximately \$111 billion per year on maternal, prenatal, and newborn care but has some of the worst outcomes of any high-income nation. (*NPWF tackling maternal health disparities brief*)
- Many rural and urban hospitals have closed their obstetric units due to economic pressures and high costs of providing maternity care and over half of the U.S. counties have no hospital maternity unit or provider (<https://www.birthcenters.org/page/babies-act>)
- Black women are more likely to die of pregnancy-related causes than other racial and ethnic groups, regardless of education level (*Racial/Ethnic Disparities in Pregnancy-Related Deaths, 2007 – 2016, CDC*)
- One-third of pregnancy related deaths in women occur between one week and one year after delivery
- Black, American Indian, and Alaska Native women are more likely to experience complications during pregnancy and nearly four times more likely to die from pregnancy or childbirth than white women (*NPWF*).
- Black and Hispanic women have been disproportionately affected by COVID-19 compared with other racial/ethnic groups (*Rep. Lauren Underwood on how 'Momnibus' package will help the Black maternal health crisis - The Lily*)

Cross-Cutting Priority Issues and Topics

- Need for pay parity for midwives and doulas by both commercial payers and Medicaid
- Lack of stable, consistent reimbursement – by commercial payers and Medicaid – for stand-alone birth centers
- Need for extension of postpartum coverage to 12 months
- Integration of strategies that specifically target health equity, via payment, mandatory implicit bias training, anti-racism training in the workforce, and mentorship for people of color seeking to join the perinatal care workforce
- Recognition that the traditional model of prenatal care (12-14 in-person visits) and postpartum care (1 visit at the six-week mark) are antiquated and do not meet the needs of birthing people.

Maternity Care Innovation: Theory of Change

HCTTF Report “Promoting Equity and Value in Maternity Care” laid out a theory of change that includes three primary drivers for transforming maternity care delivery and outcomes

Primary Drivers



Culture of Health Equity



Value-Based System



Public Policy Enablers



Aim



To reduce maternal morbidity and mortality and eliminate health disparities in the U.S.

Digging Deeper into the Theory of Change Model

Primary Drivers	Secondary Drivers
Culture of Health Equity	<ul style="list-style-type: none">• Addressing Structural Racism• Workforce Development and Training• Equity-focused Quality and Safety Initiatives
Value-Based System	<ul style="list-style-type: none">• High-value Care• Full Complement of Birth Workers• Value-Based Payment• Data Sharing and Rapid Cycle Program Evaluation
Public Policy Enablers	<ul style="list-style-type: none">• Comprehensive Health Coverage• Supporting Maternity Care Workforce• Federal State Partnerships

The Community-Based Maternity Model comprises the primary and secondary drivers.

It requires policy and payment changes to secure consistent and stable reimbursement and investment to succeed.

Community- Based Maternity Model Overview

Four overlapping models that can provide exemplary care and support now:

- Midwifery care
- Community birth settings: birth centers, home birth
- Doula support
- Community-led perinatal health worker groups

Community-based versions of these models are superpowers

Improving Our Maternity Care Now, National Partnership for Women & Families, September 2020

Community- Based Maternity Model: Cost Effectiveness

- Midwifery-led Birth Center Care: From 2013 to 2017, CMS conducted the Strong Start initiative for Mothers and Newborns and found that birth centers, a midwifery model of care, resulted in lower rates of preterm birth, low birthweight, and cesarean birth, with 1-year cost savings of about \$2,000 per mother-infant pair. (CMS Joint Informational Bulletin on Strong Start for Mothers and Newborns Initiative, 11/9/18)
- Doulas: Evidence that doula support correlates with lower preterm birth and cesarean birth rates for Medicaid beneficiaries; cost-effectiveness analysis shows potential savings associated with doula support to range from \$929 - \$1047 per beneficiary. (Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery - PubMed (nih.gov))

Community- Based Maternity Model: Vehicle for Addressing Maternal Outcome Disparities

- Provides access to expanded prenatal, childbirth, and postpartum support that is culturally congruent and respectful of birthing people's needs and preferences
- Assists birthing people in connecting with social services, bridges cultural gaps, and provides access to midwives, doulas, and birth companions¹
- Provide training and support to expand the breadth of community health workers

¹. *Tackling Maternal Health Disparities: A Look at Four Local Organizations with Innovative Approaches, National Partnership for Women & Families*

birth equity (*noun*):

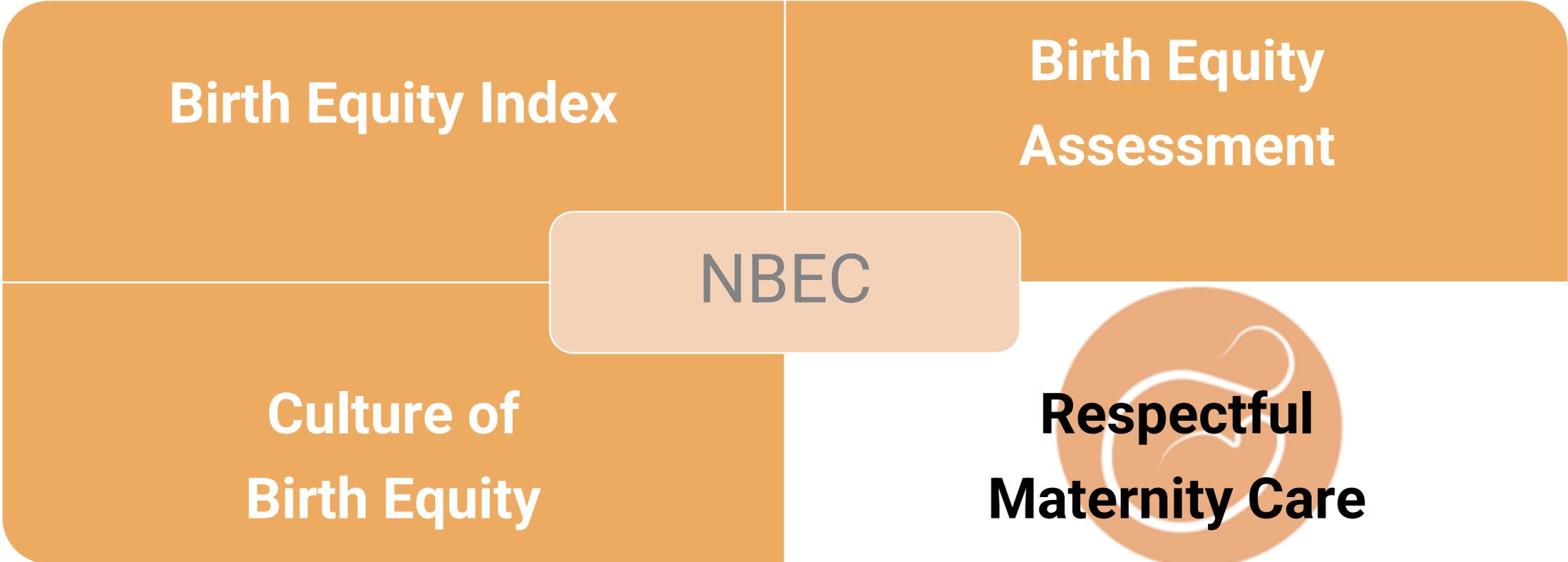
1. The assurance of the conditions of optimal births and wellbeing for all people, with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative

Creating a Culture of Health Equity: Perspectives from the National Birth Equity Collaborative

All Black mamas, babies and their villages thrive

NBEC creates global solutions that optimize Black infant health, maternal health, sexual and reproductive wellbeing. We shift systems and culture through training, research, TA, policy, advocacy and community centered collaboration.





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Culture of Health Equity: Addressing Structural Racism

- **Roots Community Birth Center (Minneapolis, MN)**
 - Provides whole person, whole family care that is culturally and relationship-centered, and aligned with racial justice
 - Currently provides a higher volume of prenatal and postpartum care than the standard care systems in Minneapolis, despite lower reimbursement rates
 - In 2020 they had a 66% VBAC success rate, 99% breastfeeding rate at six months, 60% water birth rate, 17% hospital transfer rate, 0% low birth weight rate, 0% 5-minute APGAR score less than 7, and 0% episiotomy rate
- **Birth Detroit (Detroit, MI)**
 - Mission is to provide safe, quality, loving care through pregnancy, birth, and beyond, guided by values of safety, trust, and justice
 - Seeks to create Detroit as a leader in community-based maternal and infant care, using innovative and equitable solutions to address high maternal and infant death rates.
 - Provides midwifery-led prenatal and postpartum care, as well as childbirth education
 - Centers access, connection, knowledge, and empowerment as keys to a healthy pregnancy, birth, and baby



Culture of Health Equity: Workforce Development and Training

- **Commonsense Childbirth (Winterpark, FL):**
 - Created the Commonsense Childbirth Institute, providing midwife education, as well as training and certification programs for healthcare professionals, para-professionals, maternity care systems, and medical institutions
- **Mamatoto Village (Washington, D.C.):**
 - Perinatal Health Worker Training (PHWT) program prepares individuals to provide care within their own communities, to increase the number of highly skilled and culturally congruent people of color employed in public health and human services.
 - Training includes a focus on reproductive justice and birth justice



Culture of Health Equity: Quality and Safety Initiatives

- **Commonsense Childbirth (Winterpark FL):**
 - Initiated the National Perinatal Task Force: A movement to create “Perinatal Safe Spots (PSS) in every “Materno-Toxic Area;” areas where it is not safe or conducive to being pregnant or parenting young children.
- **Mama Sana Vibrant Woman (Austin TX)**
 - Support Circles Program: A free program for families of color from all economic background, providing an 8-week program of culturally-specific support groups as well as free exercise classes, nutrition support, birth companions/doulas, and prenatal midwifery. Post-partum support includes Mama 4 Mama circles that include free childcare, meals, and transportation assistance.



Value-Based System: Value-Based Payment in the Commercial Sector

- **Anthem**
 - Implemented a P4P model and a maternity episode. Goals are to encourage early and consistent prenatal care, and reduce preterm births and cesarean section births; working closely with the U.S. Women's Health Alliance to improve data collection capabilities.
- **Blue Cross Blue Shield of North Carolina**
 - Implementing a retrospective payment maternity episode, with a goal of better integrating primary and specialty/maternity care.
- **Purchaser Business Group on Health**
 - Working with United Healthcare and Qualcomm to design a prospective payment maternity episode for Qualcomm employees



Value-Based System: Value-Based Payment in Medicaid

- **Health First Colorado**
 - Implemented the Maternity Bundled Payment Program in November 2020. Three large provider groups are participating in the currently voluntary model which covers prenatal, labor and birth, and postpartum care up to 60 days (for the birthing person).
 - Includes participation options for non-delivery OB provider; offers participating providers special incentives for addressing substance use disorder and mental health issues; shared savings model that requires participants to meet health equity thresholds in order to receive savings
- **TennCare**
 - Mandatory maternity episode model implemented in 2014. Covers prenatal, labor and birth, and postpartum care up to 60 days (for the birthing person). Exclusions for high-risk patients with cancer, HIV, MS, blood clotting disorders, or three or more gestations. Uses quality measures to determine shared savings.



Value-Based System: Other APM Efforts Across the U.S.

- **Metro Nashville Public Schools (MNPS) My Maternity Health Bundle:** MNPS offers public school employees a comprehensive set of maternity services (via the Vanderbilt University Medical Center (VUMC)), including prenatal care, labs, imaging, labor and birth, three months of postpartum care for the birthing person and infant, childbirth class, and lactation support.
- **Microsoft:** Through its *Health Connect Plan*, Microsoft contracts with Premera Blue Cross to administer a doula benefit (available only to employees in King and Snohomish counties)
- **Pioneer Construction (Michigan):** Offers doula coverage (via contract with Gold Coast Doulas) to all employees in recognition of the impact that pregnancy, childbirth, and newborn/infancy can have on employee and building safety.
- **CVS Health:** Offers employees who work at least 30 hours/week \$1200 toward doula services



Public Policy Enablers: Current Legislative Efforts

- **The BABIES Act (H.R. 3337 / S. 1716): seeks to promote accessible and affordable use of freestanding birth centers by Medicaid Beneficiaries**
 - Co-sponsored by Assistant Speaker Katherine Clark (D-MA-5), Representative Jaime Herrera Beutler (R-WA-3), Representative Lucille Roybal Allard (D-CA-40) and Representative Ashley Hinson (R-IA-1) in the House, and in the Senate by Senator Ben Ray Luján (D-NM).
 - Builds off the Strong Start initiative by creating a demonstration payment program under Medicaid.
 - Develops a cost-based payment model to reimburse birth centers for prenatal care, perinatal, and postpartum mother and infant care.



Public Policy Enablers: Current Legislative Efforts

- **Midwives for MOMS Act (H.R 3352/S.1697):** Seeks to increase the number of midwives and create a more culturally diverse maternity care workforce by expanding educational opportunities for Certified Nurse-Midwives (CNMs), Certified Midwives (CMs) and Certified Professional Midwives (CPMs).
 - Introduced in the House by Representatives Lucille Roybal-Allard (D-CA), Jamie Herrera-Beutler (R-WA), Katherine Clark (D-MA) and Ashley Hinson (R-IA) and in the Senate by Senators Ben Ray-Lujan (D-NM) and Lisa Murkowski (R-AK)
 - Establishes two new funding streams for accredited midwifery education, one in Title VII Health Professions Training Programs, and one in the Title VIII Nursing Workforce Development Programs.
 - Prioritization will be given to programs that seek to increase racial and ethnic representation and those who agree to serve in a Health Professional Shortage Area.



Black Maternal Health Momnibus Act of 2021

The Black Maternal Health Momnibus Act of 2021 was introduced by Rep. Lauren Underwood (IL-14) and Senator Cory Booker (D-NJ). “Momnibus” refers to the compilation of 12 stand-alone bills that seek to build a network of supports to comprehensively address every dimension of the country’s maternal health crisis.

Momnibus Summary Goals

1. Make critical investments in **social determinants of health** that influence maternal health outcomes, like housing, transportation, and nutrition.
2. Provide funding to **community-based organizations** that are working to improve maternal health outcomes and promote equity.
3. Comprehensively study the unique maternal health risks facing **pregnant and postpartum veterans** and support VA maternity care coordination programs.
4. Grow and diversify the **perinatal workforce** to ensure that every mom in America receives culturally congruent maternity care and support.
5. Improve **data collection processes and quality measures** to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
6. Support moms with **maternal mental health** conditions and substance use disorders.



Momnibus, continued

Momnibus Summary Goals

7. Improve maternal health care and support for **incarcerated moms**.
8. Invest in **digital tools** like telehealth to improve maternal health outcomes in underserved areas.
9. Promote **innovative payment models** to incentivize high-quality maternity care and non-clinical perinatal support.
10. Invest in federal programs to address the unique risks for and effects of **COVID-19 during and after pregnancy** and to advance respectful maternity care in future public health emergencies.
11. Invest in community-based initiatives to reduce levels of and exposure to **climate change-related risks for moms and babies**.
12. Promote **maternal vaccinations** to protect the health and safety of moms and babies.

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Building the Business Case

Maternal Health Hub resource “Business Case for Community-Based Maternity Care Models” was developed to support maternal health stakeholders seeking to invest in community-based models to improve maternal health outcomes and eliminate racial disparities.

Business Case for Community-Based Maternity Care Models



Community-based maternity care models and support services offer enhanced care support to bridge cultural gaps between health care providers and the community, and provide care coordination that is grounded in reproductive justice. This resource is intended to support maternal health stakeholders in creating a business case to invest in community-based maternity care models and support services from a full complement of birth workers to improve maternal health outcomes and eliminate racial inequities. Each component of the business case is accompanied by a series of questions, considerations, and examples to address the following categories:

Current State



1. What is the current maternal health experience for birthing people in my community/patient population?
2. Are there opportunities to improve maternal health care, experiences, and outcomes, and to spend health care resources more wisely?
3. Do all birthing people have access to high-value maternity care and support services?
4. What disparities in outcomes are prevalent for pregnant and birthing people?

Objective

1. What is the purpose of the community-based maternity care and/or support service model?
2. What is the value-add of this program relative to standard clinical services?



Benefits and Justification



1. What is the expected demand for community-based care and/or support services in the community/patient population?
2. What are the expected improvements in patient experience, quality outcomes, and access to care associated with the model?
3. Consider cost efficiency of community-based care models compared to standard clinical care traditional models. Identify where the current reimbursement for community-based services is inadequate, and more longitudinal savings opportunities.

Implementation and Strategy

1. Where, when, and how will the community-based maternity care model and/or support services be implemented?
2. Consider traditional health care stakeholders that benefit from the current state/status quo and how to anticipate, coordinate, and mitigate any related barriers to implementing the community-based care model.



Financials and Costs



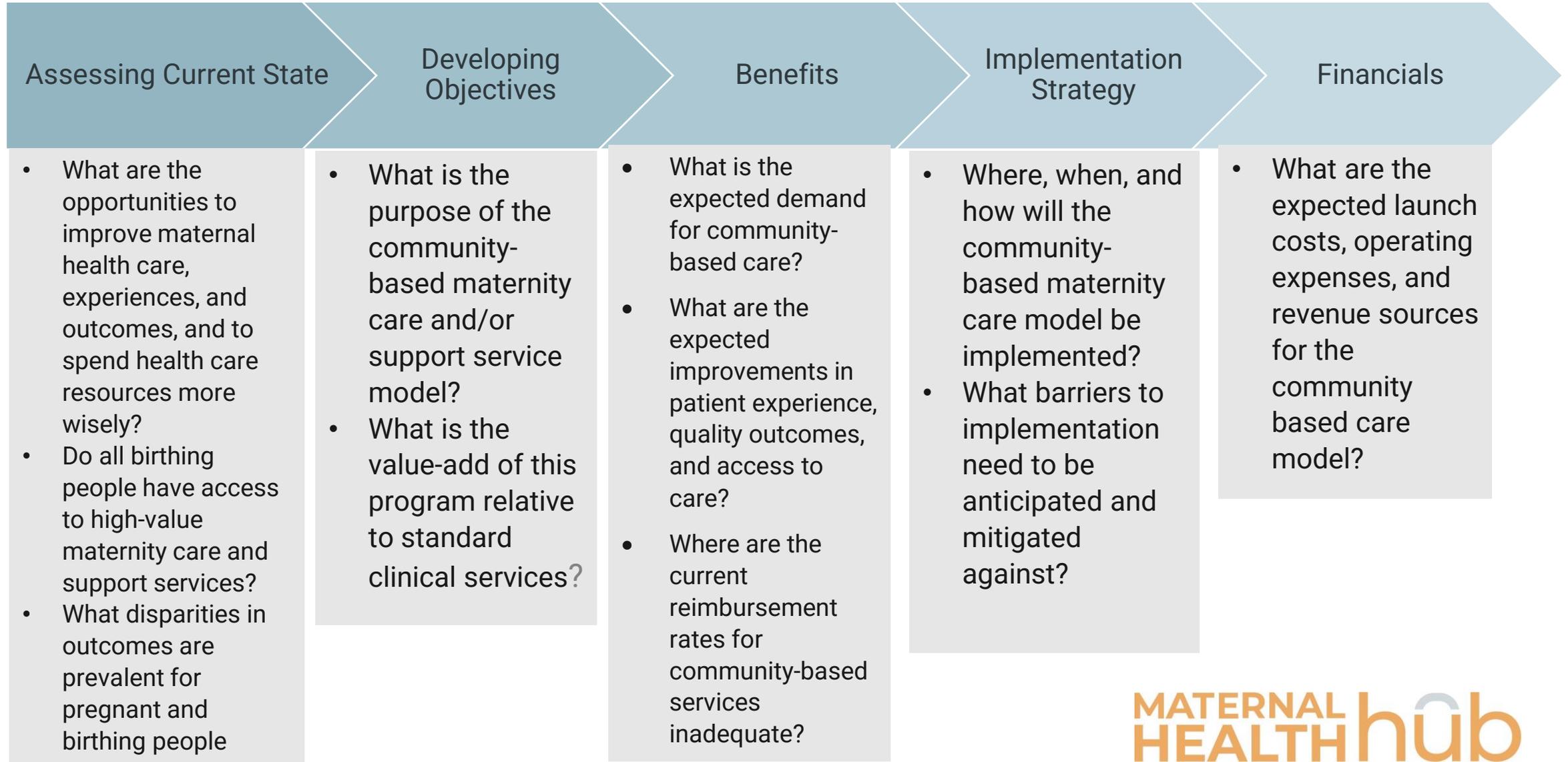
1. For new or planned services: what are the expected costs to launch the community-based care and/or support services model?
2. What are the expected operating expenses?
3. What are the expected sources of revenue?

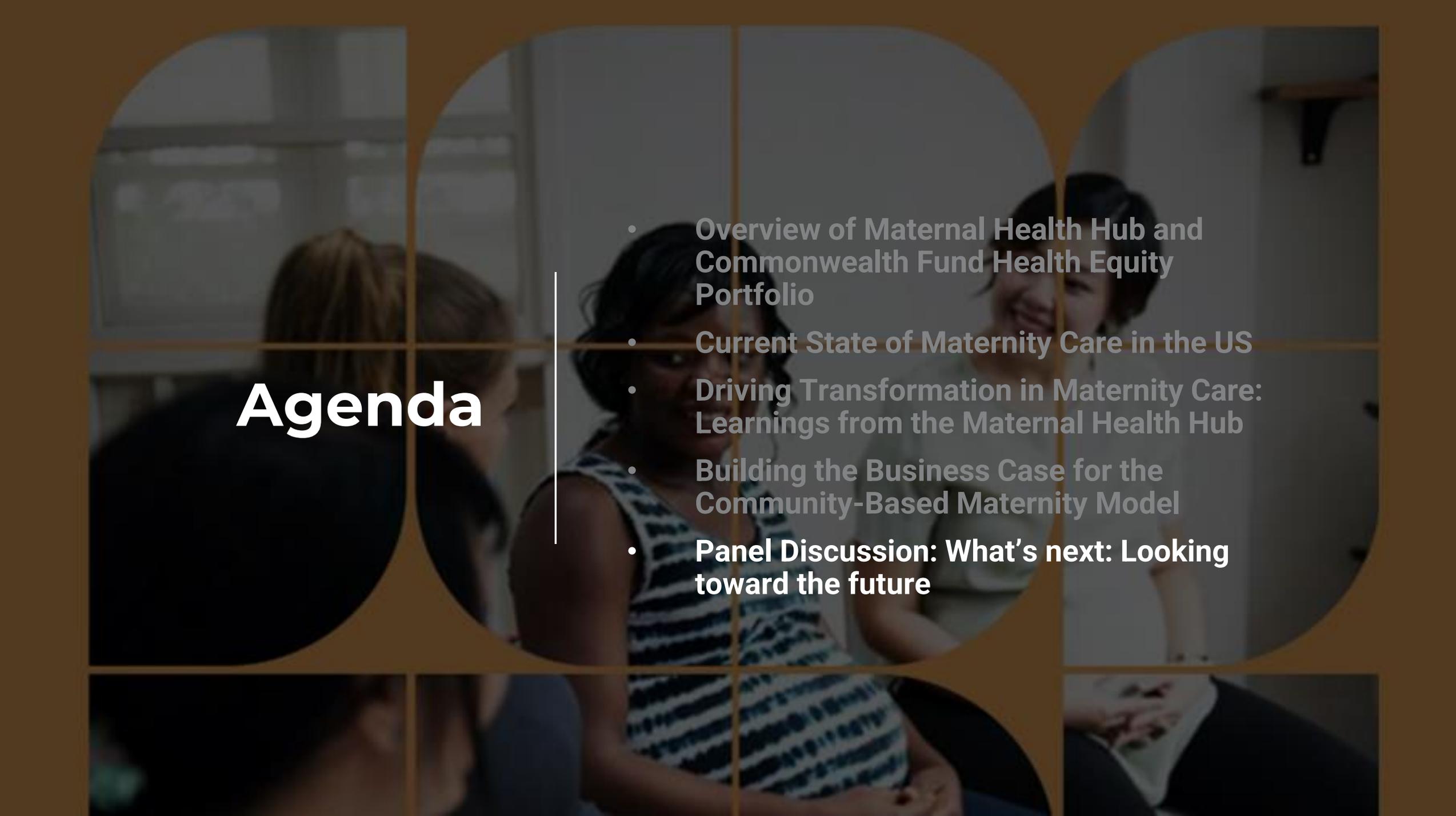
Risks

1. What are the risks associated with launching/supporting the community-based maternity care and/or support services model?
2. What are the risks associated with not launching/supporting the model?



Business Case Components: Creating a Design Template





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Panel Discussion



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Maternal Health Hub: Online Repository

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We are committed to advancing high-value maternity care

The Maternal Health Hub compiles resources and best practices to advance a vision for high-value and equitable maternity care in the U.S. The Hub is also home to a learning community for stakeholders committed to improving maternal health outcomes.

[Learn More](#)



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Maternal Health Hub Resources

Promoting Equity And Value In Maternity Care

The Task Force, with support from The Commonwealth Fund, convened a cross-sector group of maternity health experts to identify strategies to accelerate the dissemination of effective value-based payment strategies and delivery models for maternity care. The findings are synthesized in this report: **Promoting Equity And Value In Maternity Care**. The report outlines a theory of change to chart the path towards a higher-value, more equitable maternity care system.

Payment Policy Levers To Address Maternal Health Disparities

This report encourages policymakers to address maternal health disparities by extending postpartum coverage, advocating for pay parity, expanding value-based payment and care delivery, and advancing health equity.

Business Case For Community-based Maternity Care Models

The resource serves as a template to assess the current state of maternity care and support services, create a business plan for offering or supporting the development of new maternal health services, and facilitate strategic conversations and planning to establish and support new models, financially or otherwise.

Maternity Care Delivery And Payment Changes During Covid-19: Assessing Equity And Sustaining Innovation

This resource highlights three case studies exploring blended virtual and in-person prenatal care visits, virtual doula and support services, and patient self-advocacy to improve maternal health outcomes. In planning for the post-pandemic maternity care system, it is critical to evaluate the impact of all care delivery models with a health equity lens to determine whether birthing persons of color are benefited or harmed by innovations made in response to the pandemic.



Extend postpartum coverage



Implement pay parity



Utilize value-based payment and care delivery models



Advance health equity

Coming Soon..

Transforming Payment to Improve Health Equity and Address Social Determinants of Health

This resource summarizes efforts to transform care via payment by commercial organizations **Anthem**, **Blue Cross Blue Shield of North Carolina (BCBSNC)**, and the **Purchaser Business Group on Health (PBGH)**; and for the Medicaid populations in Colorado (through **Health First Colorado**), Tennessee (through **TennCare**), and the **Washington State Health Care Authority (HCA)**. This resource reflects the learnings shared by these organizations – as well as efforts being implemented by other states, and covered in recent literature – across the following topic areas:

- Increasing Health Equity and Addressing Social Determinants of Health
- APM Operational Considerations
- APM-Enabling Data and Infrastructure
- Use of Performance Measures for Accountability





Thank You!

www.maternalhealthhub.org

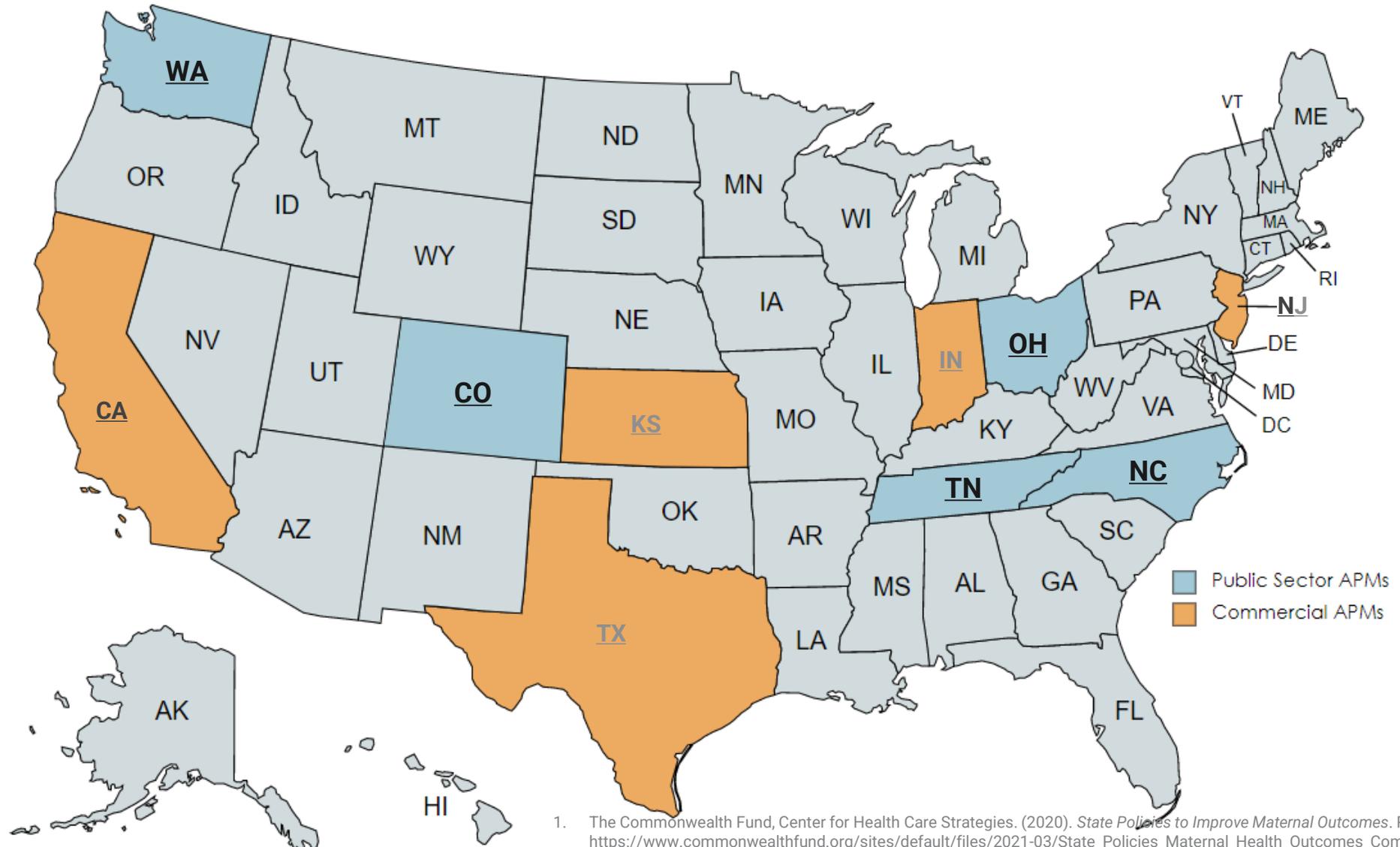
@HCTTF



@maternal_hub

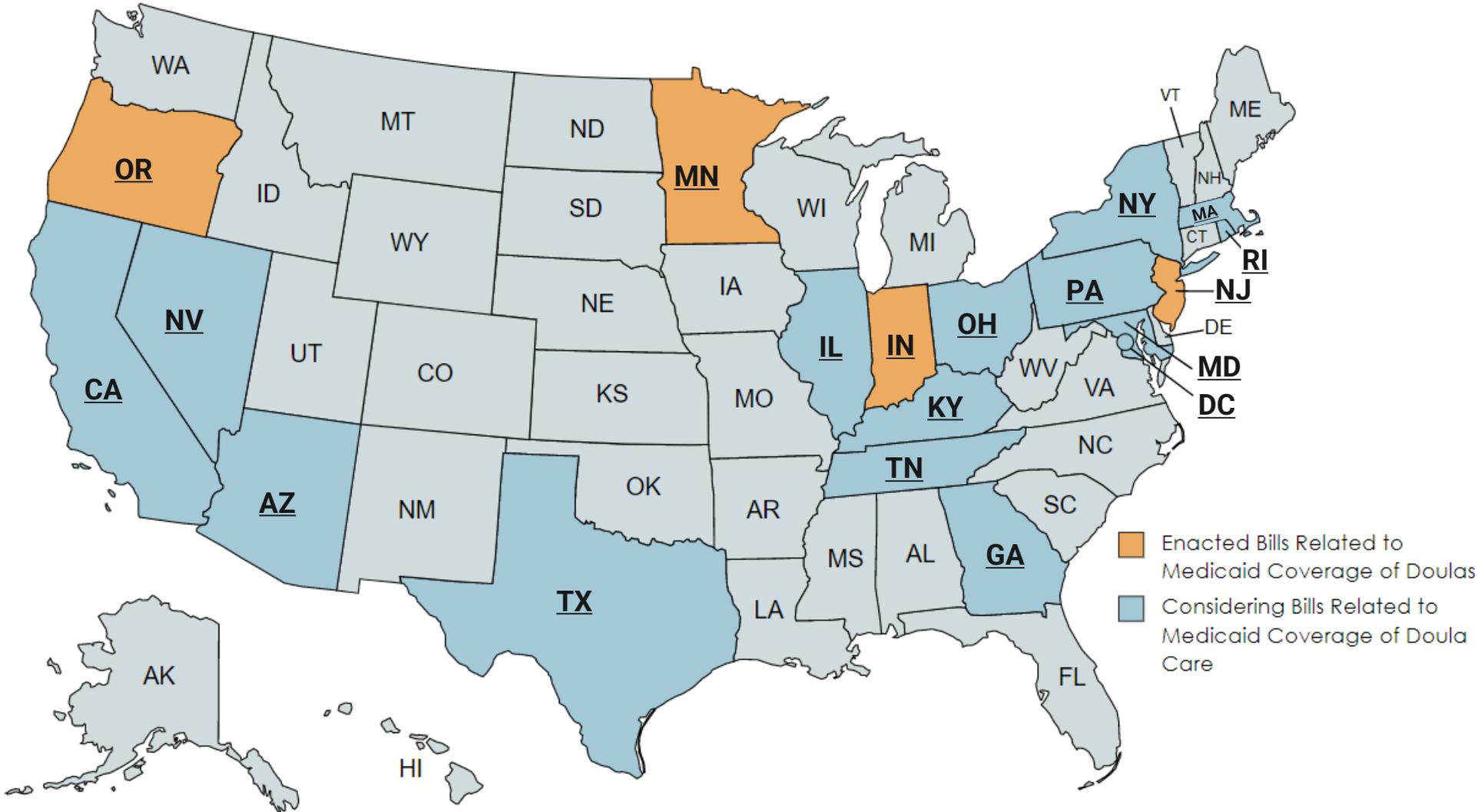
Appendix: Examples of Maternity Care Payment Models Across the Country

Alternative Payment Models for Maternity Care



1. The Commonwealth Fund, Center for Health Care Strategies. (2020). *State Policies to Improve Maternal Outcomes*. Retrieved from https://www.commonwealthfund.org/sites/default/files/2021-03/State_Policies_Maternal_Health_Outcomes_Comparison_TABLE_030821.pdf

Medicaid Coverage of Doula Services



1. The Commonwealth Fund, Center for Health Care Strategies. (2020). *State Policies to Improve Maternal Outcomes*. Retrieved from https://www.commonwealthfund.org/sites/default/files/2021-03/State_Policies_Maternal_Health_Outcomes_Comparison_TABLE_030821.pdf

2. The National Health Law Program. (n.d.). *Doula Medicaid Project*. Retrieved from <https://healthlaw.org/doulamedicaidproject/>

