COMMONWEALTH of VIRGINIA

Department of Health

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August 25, 2025

MEMORANDUM

TO: The Honorable Louise Lucas
Chair, Senate Finance & Appropriations Committee

The Honorable Luke Torian
Chair, House Appropriations Committee

The Honorable Mark Sickles
Vice Chair, House Appropriations Committee

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: 2023 Report to the General Assembly on HB 1567 Perinatal Health Hubs

This report is submitted in compliance with the 2023 Virginia Acts of the Assembly – Chapter 654, which states:

That the Department of Health, in collaboration with the Virginia Neonatal Perinatal Collaborative, the Virginia Maternal Quality Care Alliance, and Urban Baby Beginnings, shall convene a work group to evaluate strategies to reduce maternal and infant mortality rates and make recommendations to enhance maternal health and public health support systems through expansion of the perinatal health hub model... The Department of Health shall report on the results and recommendations of the work group to the Chairmen of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by December 1, 2023.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/KB
Enclosure

Pc: The Honorable Janet Kelly, Secretary of Health and Human Resources

PERINATAL HEALTH HUB WORK GROUP

REPORT TO THE GENERAL ASSEMBLY

2023

VIRGINIA DEPARTMENT OF HEALTH

PREFACE

During the 2023 General Assembly session, Delegate Samuel Rasoul introduced and the legislature passed HB 1567, which directed the Virginia Department of Health (VDH), in collaboration with the Virginia Neonatal Perinatal Collaborative (VNPC), the Virginia Maternal Quality Care Alliance, and Urban Baby Beginnings (UBB), to convene a work group to evaluate strategies to reduce maternal and infant mortality rates and make recommendations to enhance maternal health and public health support systems through expansion of the perinatal health hub model. The bill, promulgated as Chapter 654 of the 2023 Virginia Acts of the Assembly, requires VDH to submit a report to the General Assembly by December 1, 2023, communicating the results and recommendations of the work group.

WORKGROUP MEMBERS

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

During the 2023 General Assembly session, Delegate Samuel Rasoul introduced and the legislature passed HB 1567, which directed the Virginia Department of Health (VDH), in collaboration with the Virginia Neonatal Perinatal Collaborative (VNPC), the Virginia Maternal Quality Care Alliance (MQCA), and Urban Baby Beginnings (UBB), to convene a work group to evaluate strategies to reduce maternal and infant mortality rates and make recommendations to enhance maternal health and public health support systems through expansion of the perinatal health hub model. The bill, enacted as Chapter 654 of the 2023 Virginia Acts of the Assembly, required VDH to submit a report to the General Assembly by December 1, 2023, communicating the results and recommendations of the work group.

The work group convened three times during the months of November and December 2023 to review perinatal health hub definitions, discuss related efforts by community-based organization (CBOs) and VDH, and gather input from the public and the work group members on expanding and funding the perinatal health hub model in the Commonwealth of Virginia. The recommendations of the work group are listed below.

RECOMMENDATIONS

The perinatal health hub model provides a framework for administering and managing services for pregnant and post-partum women that is client-centered and responsive to community needs. Work through the perinatal health hub model is already happening across the Commonwealth; this report identifies mechanisms to expand it and the resources that are needed to do so. Expansion of the model would allow the Commonwealth to organize pregnant and post-partum care services and maximize the services' impact on improving maternal and infant health outcomes.

In examining existing perinatal health hubs in Virginia and in other states, the work group concluded that, although perinatal health hubs share common characteristics, there is no singular, accepted definition of a 'perinatal health hub' in the maternal and child health field. Additionally, hubs function and are funded in a variety of ways. To ensure clarity in Virginia, the work group therefore initially recommends that the Commonwealth adopt the following definition of a perinatal health hub:

A perinatal health hub serves as a community-based multidisciplinary care model that values and prioritizes perinatal health outcomes related to a reduction in maternal and infant mortality and morbidity. These spaces are dedicated to delivering a spectrum of comprehensive culturally responsive perinatal support services from trusted community providers. Hubs provide care during the period before, during, and for no less than 1 year following pregnancy. These hubs provide vital support to the community, perinatal health providers, and hospital systems through their access to a diverse workforce collaborating to improve outcomes via coordinated wraparound care (e.g. doulas, Community Health Workers (CHWs), peer support specialists, birth workers, and other perinatal specialists). A perinatal health hub can come in a variety of forms that is tailored to the unique needs of the community it serves.

The work group developed several additional recommendations in response to the three work group mandates outlined in the language of Chapter 654 of the 2023 Virginia Acts of the

Assembly. Summaries of the work group's recommendations are below; more detailed recommendation language is located at the end of this report:

Mandate (i) – Analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs:

The work group recommends that the Department of Medical Assistance Services (DMAS) review their current funding streams and provide suggestions for how DMAS can reallocate existing funding to support perinatal health hubs, as well as explore how Medicaid can provide reimbursement for quality perinatal health hub services. The group also recommends that VDH report how VDH's Maternal and Child Health Services Title V Block Grant (Title V) funding currently supports local health districts and community-based organizations doing perinatal health work, in an effort to identify how VDH could best support hub-based work moving forward. In addition, the work group recommends that the Healthcare Insurance Reform Commission (HIRC) consider coverage for perinatal health hubs, doula care services, and Community Health Workers (CHWs) as essential health benefits, as defined in code §38.2-3406.1.

Mandate (ii) – Review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs

Recommendations for this mandate include proposing that VDH produce annual reporting to demonstrate effectiveness of the hub model, define performance metrics that hubs would be required to track, and provide technical assistance and data support to hubs. Initial funding could also specifically support technical assistance from VDH to CBOs to help them identify what metrics to track as well as provide support to the CBOs for managing data collection and sharing this data back to VDH in order to contribute to building an evidence base for work happening in the Commonwealth. The work group also recommends that any perinatal health hubs that receive state funding be required to participate in a state learning collaborative in order to provide opportunities for continual education.

Mandate (iii) – Project estimated costs of implementing the work group's recommendations for the next five years

The work group recommends that the General Assembly provide an initial general fund appropriation in the amount of $2.5 million per year in the next biennial budget to support three pilot sites for perinatal health hubs, with the understanding that the hubs would need additional funding after this initial appropriation to ensure the sustainability of pilot sites and future expansion. Following the work group's recommendation for funding, VDH intends to explore submitting an agency budget request for this work in the next fiscal year.

INTRODUCTION

WORK GROUP MANDATE

Chapter 654 of the 2023 Virginia Acts of Assembly mandated that the Virginia Department of Health convene a work group to make recommendations to enhance maternal health and public health support systems through expansion of the perinatal health hub model (Appendix A). Chapter 654 directed the work group to incorporate guidance from the Virginia Health Care Foundation and to include representatives from DMAS, managed care organizations (MCOs), the Maternal Mortality Review Team (MMRT), licensed and unlicensed providers of maternal child health services, community health workers, faith-based organizations, and community-based organizations.

The work group was specifically tasked with three mandates: (i) analyzing federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs; (ii) reviewing evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs; and (iii) projecting estimated costs of implementing the work group's recommendations for the next five years. Chapter 654 requires the work group to submit a report to the General Assembly by December 1, 2023.

WORK GROUP ACTIVITIES

The work group held a series of three meetings between November and December 2023. Meetings were open to the public and meeting minutes were posted for the public on Virginia's Regulatory Town Hall (Appendix D). VDH staff convened and facilitated the meetings.

NOVEMBER 16, 2023 IN-PERSON MEETING

The initial meeting of the work group was held in person on November 16, 2023. Lauren Kozlowski, Maternal and Infant Health Consultant (VDH), facilitated this meeting. Ms. Kozlowski presented on HB1567, gave an overview of common characteristics of perinatal health hubs, and provided examples of what different perinatal health hubs look like in Virginia and in other states. Cindy deSa, Maternal and Child Health/Title V Director (VDH), presented on the VDH programs and associated funding streams that currently support pregnant and postpartum families in Virginia. Programs include the BabyCare program supported in part by Title V funding and DMAS billing revenue (with two districts receiving donated program funds), home visiting services funded by federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding, and Resource Mothers (RM) funded by federal Temporary Assistance for Needy Families (TANF) funding.

The work group then heard from providers at current perinatal health hubs and other collaboratives that serve the pregnant and postpartum population. Each organization shared what services they provide, what communities they serve, whether there are barriers to entry/services, how they are funded, what their fiscal strategy is, and what success looks like to them as it relates to maternal health outcomes in the Commonwealth. An attendee shared their lived experience of giving birth both when she did and did not have the support of a doula collaborative that provided her with multiple maternal health services and resources.

NOVEMBER 30, 2023, VIRTUAL MEETING

The second work group meeting was held virtually on November 30, 2023. Lauren Kozlowski (VDH) facilitated the meeting. Ms. Kozlowski reviewed the work group's three mandates included in the legislative language of Chapter 654 (Appendix A). The entirety of the meeting was organized around drafting recommendations specific to these three mandates.

The work group drafted and unanimously voted on a specific definition of "perinatal health hubs" that they recommend the Commonwealth adopts. The rest of the discussion focused on federal and state funding mechanisms and regulations pertaining to perinatal health hubs. The group was not able to identify any existing state funding streams, Virginia statutes, or regulations specific to perinatal health hubs.

The work group discussed current funding streams allocated to VDH to support perinatal health work and discussed perinatal health care services that Managed Care Organizations (MCOs) provide which fall under DMAS. The group unanimously voted to recommend that VDH produce a public report on their federal and state Title V funding streams in order to explore how VDH could support community-based organizations (CBOs) providing perinatal services and how they could support perinatal health hubs. The group also voted unanimously to recommend that DMAS examine their funding allocation and how MCOs utilize their capitation on perinatal care, and to consider Medicaid reimbursement of value-based care. Value-based care is care focused on "quality of care, provider performance and the patient experience," where providers "work together to manage a person's overall health, while considering an individual's personal health goals" and deliver "person-centered, coordinated care" (Centers, n.d.). In addition, the work group voted unanimously to approve a recommendation to request that HIRC review inclusion of coverage for perinatal health hubs, doula care, and CHWs as essential health benefits currently outlined in §38.2-3406.1.

DECEMBER 11, 2023, IN-PERSON MEETING

The third and final meeting for the work group was held in person on December 22, 2023. Lauren Kozlowski (VDH) facilitated the meeting. The work group spent the meeting continuing to discuss and refine recommendations. The work group discussed data collection on perinatal health hubs and how to illustrate the impact and effectiveness of perinatal health hubs as a model of care. The work group unanimously voted to recommend that VDH identify common performance metrics for hubs, provide technical assistance related to data collection and reporting for hubs, and publish an annual report on this model of care. In order to provide a community of practice that will support perinatal health hubs with continuing education, the group also unanimously voted to recommend that hubs be a part of the new perinatal health hubs learning collaborative that the Virginia Neonatal Perinatal Collaborative (VNPC) is already planning to convene as part of other work they are engaged in across the state.

This meeting also focused on determining a recommendation for state funding for perinatal health hubs. The work group highlighted that there are three tiers of groups that might request funding: established organizations looking to expand, start-ups or organizations in the very early stages of serving their communities, and collaborative models where organizations may be working to provide wrap-around services in partnership with other hubs/agencies. Though it would

be ideal to have a hub in each region of the state, the group recognized that provider capacity may be an issue and voted unanimously to recommend an initial request to the General Assembly of $2.5 million to support three pilot sites, with the intention to expand sites and secure additional state funding over time. This request reflects the workgroup members' lived experiences standing up and operating perinatal health hubs and was determined through discussion in which hubs and collectives shared their expenses to operate locations currently serving communities in Virginia.

Given the expected value of building an evidence base, initial funding could be dedicated to support data collection among current community-based providers in the state and to incentivize data sharing with VDH. VDH could provide technical assistance for data collection.

REPORT OUTLINE

The remainder of the report includes a discussion of why the perinatal health hub model of care is beneficial, how perinatal health hubs are defined, and identifies VDH programs and/or organizations in the Commonwealth that are currently serving pregnant and postpartum families. Current funding steams are explained with a discussion of how current capacity to serve families is limited and does not meet the need of communities across the state. A summary of the gaps in care discussed by the work group is also included and is followed by the work group's recommendations.

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PERINATAL HEALTH HUBS

Providing health care in a different manner, one that is centralized and community-based, is one way the Commonwealth may be able to improve maternal health outcomes. Perinatal health hubs present an opportunity to offer care inclusive of these characteristics. Though there is currently ongoing work both via programs funded by VDH and through CBOs, there is a need to expand the perinatal health hub model and the types of care it can provide to pregnant and parenting families. What these hubs can offer and how they may be defined is discussed below. In addition, background information is provided to illustrate a broad base of support for this model of care.

DEFINING PERINATAL HEALTH HUBS

In the maternal and infant health field, there is not one singular accepted definition of "perinatal health hubs." However, perinatal health hubs are generally understood to be a model of care, meaning they are a particular way of designing the delivery of health care services for pregnant and postpartum women. Hub models of care often aim to address two major issues people face when seeking care: access to care and care coordination. The state's Maternal Mortality Review Team (MMRT) has identified care coordination as one of the largest issues facing the pregnant and postpartum population in Virginia (Virginia Department of Health, 2019).

Perinatal hubs typically have features that increase their ability to serve their client population; this includes meeting people where they are in the form of community-based care. The work group discussed the benefits of perinatal health hubs and their community-based nature, highlighting the following "high quality characteristics," as described by the Maternal Health Hub (2021), as model characteristics for perinatal health hubs:

- Person-centered, culturally congruent, and respectful
- Consistent quality, safety, and equity of services (i.e., regardless of individual characteristics including race and ethnicity, age, language, payer or insurance status)
- Reductions in severe morbidity and mortality
- Integrated and coordinated care across physical, mental, behavioral, and social needs
- Honors the pregnant women preferences in concert with risk appropriate care
- Does no harm, reduces medical overutilization and underutilization, and provides transparent information about cost and outcomes

As the work group discussed, perinatal health hubs in Virginia and other states function in a variety of ways:

- Some hubs are physical locations where a person can receive a variety of services in one place such as doula support, access to a diaper bank, meeting with a case coordinator, or visiting with a lactation consultant. This reduces the number of places someone would need to travel to in order to receive more than one service or wrap-around care. Urban Baby Beginnings (UBB) is an example of this kind of perinatal health hub and has a presence in Newport News, Norfolk, Petersburg, Richmond, and Virginia Beach.

- Some perinatal health hubs may function more as referral centers that assist families in finding the type of provider they need and offer some care coordination. An example is the Northwest Ohio Pathways Hub (The Hospital Council of Northwest Ohio, n.d.) that was started in an effort to address infant mortality and babies born at a low birthweight. This hub coordinates care, connects families to CHWs, and tracks results associated with their interventions.
- Another example includes entities that may still be referred to as hubs but are different in that they are a centralized location for data and information pertaining to the perinatal population. In this instance, a perinatal or maternal health hub is a repository for resources like policy recommendations to improve maternal health care, and the aim is to share useful information for states or organizations seeking to improve their rates of maternal mortality and morbidity. Alternatively, a hub of this kind may also serve as a collaborative learning space for people working in maternal health. The Maternal Infant Health Hub in New Jersey (New Jersey Health Care Quality Institute, 2023) is an example of this kind of set-up and focuses specifically on strengthening the midwifery practice in the state.

Given the lack of a singular definition of a perinatal health hub and the variety of ways that these hubs can function, the work group developed and unanimously voted to pass a recommended definition of what it means to be a perinatal health hub in the Commonwealth. For the purposes of perinatal health hubs in Virginia, the work group agreed that a hub is somewhere a person receives care and/or care coordination; a detailed definition is as follows:

A perinatal health hub serves as a community-based multidisciplinary care model that values and prioritizes perinatal health outcomes related to a reduction in maternal and infant mortality and morbidity. These spaces are dedicated to delivering a spectrum of comprehensive culturally responsive perinatal support services from trusted community providers. Hubs provide care during the period before, during, and for no less than 1 year following pregnancy. These hubs provide vital support to the community, perinatal health providers, and hospital systems through their access to a diverse workforce collaborating to improve outcomes via coordinated wraparound care (e.g. doulas, Community Health Workers (CHWs), peer support specialists, birth workers, and other perinatal specialists). A perinatal health hub can come in a variety of forms that is tailored to the unique needs of the community it serves.

This definition is meant to help clarify what is meant by the term in the state, as well as assist in identifying who would be eligible for funding dedicated to supporting perinatal health hubs.

SUPPORT FOR PERINATAL HEALTH HUBS

One of the key characteristics of the perinatal health hub model as the work group defines it is that the hub offers clients access to individual care teams that include non-clinical providers such as doulas, community health workers (CHWs), and care coordinators or care navigators. There is significant research demonstrating the positive impact and utility of incorporating doula care, CHWs, and care coordination on maternal and infant health outcomes.

The National Perinatal Task Force's report from May 2018 cites a wealth of research supporting the use of doulas and birth companions. Associated outcomes with having this kind of labor support include "reduction of pain medication use, reduced rates of cesarean section,

increased rates of maternal satisfaction, improved intent/early initiation of breastfeeding, and a decrease in the likelihood of postpartum depression occurring" (National Perinatal Task Force, 2018). The report also outlines that in addition to these social and community supports, services that address social determinants of health – such as housing and nutrition - are also imperative to improving health outcomes. Perinatal health hubs provide a way to address social determinants of health because they increase "warm hand-offs" within referral networks and provide more direct access when a pregnant or postpartum woman needs assistance with things like transportation, food access, diapers, and baby supplies.

In their report from May 2020, The Institute for Medicaid Innovation (IMI) published Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid. The report included a variety of programs utilizing CHWs, some for perinatal health, that showed improved outcomes such as:

- Increased likelihood babies born to mothers that had the support of CHWs had normal birth weights
- Higher rates of breastfeeding initiation and lower rates of postpartum depression
- A return on investment dollars; an example includes for every $1.00 invested in evidence-based CHW program, $1.80 was their return
- Medicaid enrollees that work with a CHW may have better access to preventative and social services

IMI also recently released "A Blueprint for Improving Maternal and Infant Health Outcomes Under Medicaid" that included recommendations from their 2023 Maternal Health Policy Equity Summit. Some of their policy opportunities involved "creating sustainable funding to support community-based organizations" and "[building] a foundation for the postpartum year that includes services and supports from community-based organizations, doulas, and perinatal community health workers" (Institute for Medicaid Innovation, 2024).

In addition to existing research showing the importance of doulas, CHWs, and coordinated care teams, several national organizations have argued that the community-based nature of perinatal health hubs leads to improved maternal health outcomes. The National Governor's Association produced a 2023 report titled *Tackling the Maternal and Infant Health Crisis: A Governor's Playbook* that states, "there is robust evidence to demonstrate the benefits of community-based perinatal workforce providers, including improved maternal and infant health outcomes, enhanced engagement and satisfaction with maternity care, increased breastfeeding rates, improved parenting skills, lower medical costs and reduced public spending" (National Governors Association, 2023). This report highlights the advantages of care rooted in the community it serves and describes the ability of this type of care to increase the likelihood pregnant and parenting families receive respectful care. In their publication entitled *Eliminating Racial Disparities in Maternal and Infant Mortality* (2019), the Center for American Progress described "[investing] in community programs that offer one-stop comprehensive services" as a key way to enhance supports for families facing an often "fragmented" system of care (p. 44).

Finally, perinatal health hubs have the potential to help address the existing challenges to infant and maternal health, and advance recommendations that have been identified by the Commonwealth through entities such as the MMRT and the Department of Health. For example, the state MMRT report discusses not only coordination of care as an important factor for improving health care in Virginia, but also highlights the disparities seen between Black and White pregnant women and their health outcomes, particularly their loss of life (Virginia Department of Health, 2019). The Virginia Maternal Health Strategic Plan (2021) includes recommendations related to a variety of things connected to perinatal health hubs; evidence that the Commonwealth has been interested in using these to improve maternal health outcomes. This strategic plan was directly informed by community members: the recommendations came from a series of maternal health listening sessions and community forums with key stakeholders, such as public health experts, advocates, and the public. While some of the recommendations of the plan have been addressed, such as Medicaid reimbursement for doulas, there remains much work to be done to implement the plan. The expansion of a perinatal health hub model in Virginia could facilitate the ability of the Commonwealth to meet several recommendations set forth in this plan. For example, Recommendation 14 in the strategic plan is to expand access to community-led maternal health programs, followed by Recommendation 15, which suggests investing in community programs that offer one-stop comprehensive services.

CURRENT VDH AND COMMUNITY-BASED ORGANIZATIONS SUPPORTING PREGNANT AND POSTPARTUM FAMILIES

As part of Mandate (i), the work group examined existing state and federal funding mechanisms for perinatal health hubs. The group also discussed the governmental (e.g, VDH) and non-governmental organizations (e.g., CBOs) in Virginia that currently provide perinatal health care services similar to those that perinatal health hubs would provide and their funding structures.

The work group found that perinatal health hubs in Virginia and in other states are funded in a variety of ways, including through federal funds, state funds, Medicaid reimbursements, and/or philanthropic dollars. Most CBOs have a mixture of these funding resources in order to maintain fiscal sustainability over time and to reduce the likelihood they are dependent on a singular funding source.

The work group discussed that the type of services a perinatal health hub would provide are being done not only by CBOs, but also by some programs within VDH. The work group sees the need for more funds to support expansion of the perinatal health hub model in Virginia, but also recognizes that similar work supportive of the pregnant and postpartum population is happening via state programs using a variety of funding streams. The work group reviewed some of these funding streams during their meetings to gain a better picture of the braided nature of resources in the state dedicated to maternal and child health. Explanation of these major funding streams is below.

VDH FUNDING STREAMS AND PROGRAMS

The Title V Maternal and Child Health Services Block Grant (i.e., Title V) is a large federal funding stream to VDH that supports broad maternal and child health programs across the state.

Title V mandates that each state provide a three-dollar match for every four federal dollars allocated. A portion of Title V funds (either federal or state match) are distributed to each of the 35 local health districts, who in turn elect to use their Title V Funding to support their local maternal and child health (MCH) efforts. District allocation currently is based on an internal algorithm. BabyCare is one of the primary programs serving pregnant and postpartum families, up to age two of the child. It is available in 12 out of the 35 health districts across the state, with some locations having more robust programming than others. There are broad eligibility criteria for BabyCare, which is beneficial in that it can serve a wide variety of families. It can also be shaped to be responsive to the community it serves. BabyCare services are billable to Medicaid; however, the revenue generated is not enough to sustain the program fully. All BabyCare districts utilize their Title V funds for salary support to BabyCare staff.

The Virginia MIECHV program supports evidence-based models of home visiting. There are 21 local sites in 42 localities and the three evidence-based home visiting models each have specific inclusion and exclusion criteria in terms of which families qualify for services. Virginia Healthy Start (HS) is another home visiting program in Virginia and serves the Norfolk and Hopewell areas. The Resource Mothers (RM) program, funded by federal TANF funding, is another program dedicated to supporting pregnant and parenting teenagers and is available in seven areas of the state.

Some programs at VDH are supported by braided funding, not all of it is guaranteed; and with the available funding, not all of Virginia's families are receiving or have access to the services from which they would benefit. Title V and MIECHV are federal funding streams that require state matches. With the pending passage of the budget bill for this session, some programs previously supported by TANF funds will now be supplanted with general funds in fiscal year 2025. In addition, HS locations require re-application for continued funding and often do not remain in communities in perpetuity. There is a smattering of programs across the Commonwealth that serve to support the perinatal population, however, much of the state lacks resources. The programs supported by VDH are not funded to the extent required to serve the breadth of the Commonwealth.

COMMUNITY-BASED ORGANIZATIONS (CBOS)

Alongside programs supported by VDH, there are multiple CBOs that are serving the perinatal population in some version of a hub model. The work group heard from a variety of organizations during the initial meeting. Though not all are structured the same and do not have the word "hub" in their name, they are situated in communities of need and provide a variety of services to families during pregnancy and into the early years of a child's life. Summaries of the services each CBO offers and the population they serve can be found in Appendix D within the meeting minutes for December 16, 2023. A key takeaway from CBOs in the state is that they are unable to meet the need in their surrounding communities due to lack of capacity. These entities have grant funding and some philanthropic support, and in some cases insurance reimburses them for their services, but they require sustained state investment as part of their larger fiscal strategy and to expand the number of families they can serve. Grants are often time consuming to apply for, last for varying amounts of time if awarded, and smaller organizations may not have the infrastructure to qualify as applicants for all funding opportunities.

Another key takeaway from the work group was that not only do these organizations require funding to increase their staff capacity and ability to serve their population in need, but they also are often responsible for workforce development within the maternal and child health provider realm. Training doulas and providing supportive environments where those newer to the doula field can continue their learning is one example. Given the health care provider shortage in rural areas, the shortage particularly of mental health providers and providers of color, and the closure of birthing hospitals in the state, this cannot be overlooked as a vital reason to expand availability and capacity of perinatal health hubs. Workforce development in the perinatal sector is one of the main priority areas identified *in Tackling the Maternal and Infant Health Crisis: A Governor's Playbook* (2023).

The workgroup included in its discussion of federal resources available to support community led perinatal health hubs, the State Maternal Health Innovation Program grant from the Health Resources and Services Administration (HRSA). This grant for $1.5 million annually over five years was awarded to the VNPC, housed at Virginia Commonwealth University, in partnership with UBB in 2023 and goals include expansion of perinatal health hubs across Virginia.

SUMMARY OF NEED

As discussed by the work group, in order to reduce maternal and infant mortality and morbidity in Virginia, the way the health care system delivers care needs to change. It will take investment in a variety of evidence-based strategies to achieve this goal, one of which is funding the expansion of perinatal health hubs in combination with continuing to fund direct services. The hub model of care has been considered in areas outside of maternal health and has been explored as a way to connect CBOs, particularly ones that may address social determinants of health, and healthcare providing entities (U.S. Department of Health & Human Services, 2023). Though it is not necessarily a new model of care delivery, it may acutely benefit people navigating pregnancy and the postpartum period, which are incredibly sensitive times.

The nature of a community-based model of care is that it can be culturally responsive to the populations it serves and be connected to other resources in the area, create a more welcoming and accessible environment for pregnant and postpartum families, and increase the likelihood for successful coordination of care and positive maternal health outcomes. The Commonwealth has programs and CBOs providing multiple services like home visiting, doula care, lactation consultations, mental and behavioral health support, access to diaper banks, and referrals for other needs. However, per the discussion of the work group and review of the current funds, the state is not providing enough support to meet the perinatal health care needs of its communities. The following section includes recommendations to assist in assessing how federal and state funds could better support perinatal care and suggestions for how a funding appropriation could expand the perinatal health hub model in Virginia and increase capacity to serve pregnant and postpartum families.

RECOMMENDATIONS

The work group provides an initial recommendation on how the state should define a perinatal health hub. The group then divides their recommendations into three categories to coincide with the three mandates they are tasked with focusing on: (i) analyzing federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs; (ii) reviewing evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs; and (iii) projecting estimated costs of implementing the work group's recommendations for the next five years.

This work group recommends that the Commonwealth defines a perinatal health hub as:

A perinatal health hub serves as a community-based multidisciplinary care model that values and prioritizes perinatal health outcomes related to a reduction in maternal and infant mortality and morbidity. These spaces are dedicated to delivering a spectrum of comprehensive culturally responsive perinatal support services from trusted community providers. Hubs provide care during the period before, during, and for no less than 1 year following pregnancy. These hubs provide vital support to the community, perinatal health providers, and hospital systems through their access to a diverse workforce collaborating to improve outcomes via coordinated wraparound care (e.g. doulas, Community Health Workers (CHWs), peer support specialists, birth workers, and other perinatal specialists). A perinatal health hub can come in a variety of forms that is tailored to the unique needs of the community it serves.

MANDATE (I)

1. **Recommendation (i)A:** The Department of Medical Assistance Services (DMAS) should review how current funding streams are allocated that may support perinatal health hubs. This includes examining and reporting on how MCOs are utilizing the capitation on perinatal care and providing recommendations for how funding allocations could be adjusted and/or increased to support care provided via perinatal health hubs.

2. **Recommendation (i)B**: The Department of Medical Assistance Services (DMAS) should explore Medicaid reimbursements that support value-based care and care that addresses social determinants of health, such as CHW services, Food as Medicine, and other care coordination services. Reimbursements can serve as revenue streams for perinatal health hubs.

3. **Recommendation (i)C**: State agencies should continue to evaluate future funding mechanisms to apply for as a state to support perinatal health hubs.

4. **Recommendation (i)D:** The Virginia Department of Health should make a report publicly available that describes how Title V funding (both federal and state) is currently allocated in terms of how they support local health departments and community-based organizations providing perinatal health services and includes recommendations for how Title V funding could support perinatal health hubs.

5. **Recommendation (i)E:** The Healthcare Insurance Reform Commission should examine the inclusion of coverage for perinatal health hubs, doula care services, and community health workers (CHWs) as essential health benefits, and accordingly include these as "state-mandated health benefits" as defined in the Virginia Code §38.2-3406.1.

MANDATE (II)

1. **Recommendation (ii)A:** The Virginia Department of Health should make public an annual report from perinatal health hubs in order to illustrate the impact and effectiveness of this model of care for the perinatal population.

2. **Recommendation (ii)B**: The Virginia Department of Health should provide technical assistance to perinatal health hubs to develop their ability to produce annual reports, data stories, and other narratives/briefs/one-pagers.

3. **Recommendation (ii)C**: The Virginia Department of Health should recommend common performance metrics for perinatal health hubs to collect and track.

4. **Recommendation (ii)D**: The Virginia Department of Health should collect and report aggregate performance metrics for perinatal health hubs.

5. **Recommendation (ii)E**: The perinatal health hubs should participate in the perinatal health hubs learning collaborative convened by the Virginia Neonatal Perinatal Collaborative, which will provide a monthly community of practice to connect and engage perinatal health hubs through regular, facilitated meetings. It will include, but is not limited to, continuing education on effective mentoring techniques, cultural responsiveness, and creating inclusive and supportive environments.

MANDATE (III)

1. **Recommendation (iii)A:** The General Assembly should appropriate $2.5 million in general funds per year for the next biennium budget to support three perinatal health hub pilot sites with the intention of requesting additional funds for expansion.

APPENDIX A – CHAPTER 654 OF THE 2023 ACTS OF ASSEMBLY

Be it enacted by the General Assembly of Virginia:

§ 1. That the Department of Health, in collaboration with the Virginia Neonatal Perinatal Collaborative, the Virginia Maternal Quality Care Alliance, and Urban Baby Beginnings, shall convene a work group to evaluate strategies to reduce maternal and infant mortality rates and make recommendations to enhance maternal health and public health support systems through expansion of the perinatal health hub model. The work group shall receive guidance from the Virginia Health Care Foundation and shall include representatives from the Department of Medical Assistance Services, managed care organizations, and the Maternal Mortality Review Team, along with licensed and unlicensed providers of maternal and child health services, community health care workers, stakeholder groups, faith-based organizations, and community-based organizations. The work group shall (i) analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs; (ii) review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs; and (iii) project estimated costs of implementing the work group's recommendations for the next five years. The Department of Health shall report on the results and recommendations of the work group to the Chairmen of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by December 1, 2023.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

This is a listing of the acronyms and abbreviations appearing throughout the report and its appendices.

CBO – Community-Based Organizations

CHW – Community Health Worker

DMAS – Department of Medical Assistance Services

HRSA – Health Resources and Services Administration

HIRC – Healthcare Insurance Reform Commission

HS – Healthy Start

MCO – Managed Care Organization

MIECHV – Maternal, Infant and Early Childhood Home Visiting

MMRT – Maternal Mortality Review Team

RM – Resource Mothers

TANF – Temporary Assistance for Needy Families

UBB – Urban Baby Beginnings

VDH – Virginia Department of Health

VNPC – Virginia Neonatal Perinatal Collaborative

APPENDIX C – REFERENCES

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APPENDIX D – WORK GROUP MEETING MINUTES

Perinatal Hubs Workgroup: House Bill 1537 (2023)
November 16, 2023 – 8:30-12:30 pm
Office of Vital Records, Richmond, VA

Member Attendance	**Voting Record** Y=Yes, N=No, A=Abstain
Bold = Present *Italicized* = Absent	11/16/23 Passing Bylaws
Dr. Vanessa Harris Walker, Virginia Department of Health	Not Present
Cindy deSa, Dr. Melanie Rouse, Virginia Department of Health	Y
Heidi Dix/Doug Gray, Virginia Association of Health Plans	Y
Dr. Lisa Stevens, Department of Medical Assistance Services	Not Present
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y
Lisa Brown, Birth Sisters of Charlottesville	Y
Kenda Sutton-EL, Birth In Color	Y
Kathryn Haines, Virginia Interfaith Center for Public Policy, Faith-based Organization	Y
Dr. Jaclyn Nunziato, Dr. Arthur Ollendorf proxy, OBGYN	Y
Lauren Agyekum, American College of Nurse Midwives, provider	Y
Danielle Montague, Virginia Association of Rural Health, Rural Health	Not Present
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Y
Mandolin Restivo, Postpartum Support Virginia	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker representative	Y
Kamil Chambers, lived experience/doula	Y
Deborah Oswalt, Virginia Health Care Foundation	Not present
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y

VDH Support Staff Present: Lauren Kozlowski, Jen Macdonald, Christen Crews
Other attendees present to observe: Natalie Southerland (VDH), Fahimah Zaman (VDH)

Welcome, Introductions and Workgroup Business

The meeting was called to order at 8:53am. Lauren Kozlowski led welcome, agenda review, and introductions of workgroup members. A quorum was established.

Bylaws were reviewed. Mary Brandenburg made a motion to approve the bylaws. Heidi Dix seconded. Vote occurred by roll call and the bylaws were approved by all members present.

Review of Workgroup Purpose

During the 2023 General Assembly Session, Chapter 654, HB1567 (Patron: Delegate Rasoul) was enacted. This legislation directs the Virginia Department of Health, in collaboration with the Virginia Neonatal Perinatal Collaborative, the Virginia Maternal Quality Care Alliance, and

Urban Baby Beginnings to convene a workgroup to evaluate strategies to reduce maternal and infant mortality rates and make recommendations to enhance maternal health and public health support systems through expansion of the perinatal health hub model. The intent is to hold two meetings so the Virginia Department of Health can report on recommendations to the 2024 General Assembly Session.

There was discussion about:

- The increase in maternal mortality rates as a foundation for why perinatal health hubs could be a helpful tactic to improve how we deliver care
- Four key tasks from the legislation were highlighted including (i) analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs; (ii) review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs; and (iii) project estimated costs of implementing the work group's recommendations for the next five years

Public Comment Period

No persons signed up to speak during the public comment period.

Work Group and Perinatal Health Hubs Overview

Lauren Kozlowski, VDH Maternal and Infant Health Consultant, presented an overview of perinatal hubs. She reviewed how a perinatal health hub model may be defined, potential funding sources, other states' experience with such hubs (New Jersey, Ohio), and an example of a model in Virginia (Urban Baby Beginnings).

Cindy deSa, Title V Director at VDH, described current VDH services and programs that support the perinatal population via home visiting, maternal child health programs, and local health district work. The goal was to provide some information on other funding in the state that currently supports work in the perinatal health realm.

- BabyCare program in Virginia is established in 12 health districts (out of 35), some more robust and interactive than others. The Virginia Title V block grant funds some salaries, but it is braided with other types of funding. BabyCare can bill Medicaid. Families are to be Medicaid eligible and receiving services. Serves the maternal and infant population (up to age 2). Utilizes a broad definition of high risk. Benefits – broad eligibility, each district can tailor the needs to their populations, aligns with Title V measurements for the state.
- MIECHV, or the Maternal, Infant, and Early Childhood Home Visiting Program – funded through the federal Maternal Child Health Bureau (MCHB - same entity as Title V). Supports evidence-based models of home visiting. MIECHV is a social determinants model (vs. BabyCare, a medical nursing model). There are 21 local sites in 42 localities. Different inclusion and exclusion criteria for each model. One centralized intake site in Hampton Roads/Newport News area.
- Virginia Healthy Start "Loving Steps" is also a home visiting program and serves Hopewell and Norfolk. Similar inclusion and exclusion criteria to MIECHV.

- Resource Mothers provides home visiting and support to pregnant and parenting teens in 7 sites. Funded by Temporary Assistance for Needy Families (TANF).
- A map was shared that highlights where these programs are available across the Commonwealth.

Period to Share Perspectives from Current Perinatal Health Hubs/Perinatal Safe Spots in Virginia

The following questions were posed to each perinatal health hub, collaborative, or entity in the room serving pregnant and postpartum families. Notes on responses from corresponding organizations follow.

1. Please tell us what services your organization provides.
2. Can you please share what communities your organization serves? Are there barriers to entry or service?
3. Can you share how you your organization is fiscally supported, what payment models you use, and what your strategy is around funding?
4. Please tell the group what success looks like to you and your organization given the drivers of maternal health outcomes in the Commonwealth.

Urban Baby Beginnings: 4 locations with a 5th coming. Primarily serves <200% FPL, high risk, Medicaid members only. Provide grant funding for those who are self-pay or private pay if qualified. We accept limited self-pay clients. Mostly serving women of color. Safe space for care. Pregnant, postpartum or child with under the age of 2. Taking advantage of federal funding and some state funding. Up to 1,000 calls per month for help. In the past, large funding was expiring and had to close one hub and was huge hit to community. Strategy of UBB is to have federal/state/foundations/Medicaid funding. Barrier seen when funding doesn't support staff expansion. Success looks like, two-fold – hope for improvement in outcomes, but really what are the recipients of services leaving with? Are their needs met, and do they have the resources and tools that they need to care for their families? Success looks like when the family is thriving, there is a high level of health and wellness, and that the community feels like they have the resources to be successful.

Birth Sisters of Charlottesville: serves the Charlottesville area and surrounding counties, support other counties or women who may be giving birth at the University of Virginia (UVA) Medical Center. Focus on Black, Indigenous, People of Color (BIPOC) and Black mothers. Race is not a factor, racism is, so there is work in the community to lessen that. Funded in several different ways – foundation funded (primarily), special interest group funding, private donors, special programs/projects funding, through hospitals that they work with. Title V has also provided some funds. Services are free if you qualify for Medicaid, but not structurally set up to receive Medicaid reimbursement yet. Organization provides deep sliding scale payment options for those that are self-pay. Growing slowly. Strategy to improve funding streams and be able to bill Medicaid in near future. Success looks like when people are coming to them, afraid that they are going to die, that they are able to work with them so that they see their birth look different from the statistics that they are seeing. How can they help them get their needs met? Work with clients prenatally throughout the perinatal period and offer postpartum services up to a year.

Birth In Color: Locations in Richmond, satellite in Hampton Roads, Danville, Roanoke and recently in Eastern Shore. Services vary by location; figuring out how services can be referred out is challenging. Populations we serve include 80% African American, 10% Latino, 10% neither. Supported by grant funding mainly, some Medicaid reimbursement, some projects funded by counties, and this helps them sustain the organization. How they sustain administrative staff is a big question, and how to figure out sustaining funding without constantly applying for grants. Funding is challenging – applying and competing for it. Would like to tap into federal funding more, a collaborative model would be beneficial. Success looks like no one going without care who wants to care and bridging gaps between community-based organizations and providers. Do the community providers know what is available? When looking at the mortality and morbidity rate and see that things are working.

Huddle Up Moms: a nonprofit serving the Roanoke, VA area and surrounding counties. Provides education, support, and connection as well as peer to peer support**:** 14 different support groups focused on shared lived experiences in the community and run by mothers in the community. Support Shop **-** Provided over 20,000 dollars' worth of diapers, wipes, basic needs w/ wrap around services to over 500 pregnant/postpartum women. Over 50% on Medicaid, 20% uninsured. Runs the Moms Under Pressure Program**-** wrap-around care focused on providing care coordination, blood pressure cuffs, and education for pregnant and postpartum women. Over the 2 years have given out over 200 blood pressure cuff kits. Maternal Health Hub that is a physical space. **-** Share a downtown location with Postpartum Support VA. To date*,* have served over 3500 individuals in the area spanning over 10 counties. Non-profit with no cost associated with any of their programs or donations, 70% grant funded (local foundations and 2 government supported grants), 30% private donations/sponsors.

Will pregnant mothers trust or access our healthcare system if they cannot afford or have access to transportation, mental health services, affordable housing, basic needs (food, shelter, transportation)? It means better communication between the hospital system and community and breaking down the barriers for collaboration. It means, truly understanding the landscape of Virginia and how under-resourced Southwest Virginia is when it comes to mental health access, provider access, and maternal health desserts. Huddle Up Moms often focuses on what is called the "gap population" those who do not qualify for government or financial assistance, are living paycheck to paycheck, and cannot afford their basic needs. Success looks like addressing inequities in research, health organization infrastructures, racial disparities, sexism disparities, and policy reconstruction.

The non-profit funding allocations could use a re-design. Most financial assistance goes directly to programs which is not a sustainable model of providing services for the community. It prohibits non-profits from expanding, valuing their staff, and creating programs that are sustainable.

Postpartum Support Virginia: PSVa offers direct services - care coordination, peer support groups, and warm line support in English and Spanish. They also offer training for maternal and mental health providers to become experts in perinatal mood and anxiety disorders (PMADs). Statewide nonprofit with a perinatal health coalition of over 200 members. Strongest presence is

where they have funding – Northern VA (where they were founded). Strong presence in Roanoke, Charlottesville, Hampton Roads. No barrier to entry for services. Rely heavily on foundation funding (~80% of funding). Rethinking that strategy – cannot depend on grant funding; looking at how to grow partnerships for federal and state funding. Success looks like thinking about access to quality care, screening, and support for PMADS; everyone being able to access services when they need them, and not just going to a provider for medication; and being trusted in the midst of a crisis. Want people to have the resources that they need and to be well and do well in the postpartum period. Reducing stigma and everyone being able to access experts. Success also means thinking about housing, food, jobs, childcare – there needs to be better care for the whole person to be well.

Virginia Interfaith Center for Public Policy: VICPP represents the faith community and emphasizes caring for all humans. Maternal mortality is a compelling issue for the center because this aligns with the prevention of death. Everything comes down to social determinants of health, everything is connected. VICPP recognizes it is important to work on understanding the communities. Funded by grants, regionally funded. Tasked with translating stories to decision makers, lobbying, targeting different policies. Success looks like when all of our pregnant and birthing families are valued, honored and celebrated. Noted that demand for services versus capacity of the organization is a big barrier to caring for communities and families. Highlighted that the ability to bill Medicaid for CHWs is important as they address social determinants of health and that currently this is a barrier to expanding CHW involvement though they are already involved in actively serving the community.

Community Health Workers (CHW) Association: statewide hub for CHWs as a networking opportunity with a focus on personal and professional health. Advocacy and education are offered. Currently contemplating dual certification model to connect other disciplines (eg. doula). Provide technical support and career navigation. System operates in regional coalitions. Do not exclude populations, have strong work with Latino populations, African American populations, and those of Asian descent. Funding is primarily, grants via foundations. Exploring braided models of funding that includes most recently Medicare Physician Fee Schedule – now have a code to bill and are excited about that – starts 1/1/2024. Other Medicaid opportunities are also being explored. In terms of success, ~ 250 certified CHWs – does not include the recertifications. Great interest in services of doulas and CHWs being able to cross train – survey of CHWs said they would like to pursue this (especially Latino populations). About 10% of VA population is of Latino descent. How do we grow programs that are culturally congruent to this community? Highlighted that not everyone has a social security number but a 9 digit identification number, can be a barrier to care. Also brought attention to the need to consider doulas that are independently working and need mentorship. Consider how to support these doulas and give them access to Medicaid reimbursement training that is accessible and easy to understand.

Workforce development was a service braided throughout all organizations.

<u>Opportunity for Someone with Lived Experience as Provider/Recipient to Share</u>

Shared experience as a consumer of care that then became a provider (doula) herself:
Consumer reflected on her first birth as a teenager, which occurred at home unexpectedly. As a teen, she didn't know the hospital language and as her family was out of state, she did not have support at the hospital. With a subsequent birth, she took advantage of the services of Birth Sisters of Charlottesville. Her experience was different than her first birth; she gained more confidence, and knowledge and had the birth according to her birth plan, which was important to her and her experience. Her doula helped her advocate for determining and following her own plan. She had a very peaceful, calm experience for second delivery. Now she works as a doula focusing on teenage mothers. She shared that it is a very overwhelming experience for youth; she reminds clients that it's ok to need help and that they're not the only ones that need help in our communities.

A group discussion followed regarding focus areas for the next meeting and general themes included culturally appropriate care, hospital-community coordination, language access, community education, workforce preservation and development, and the benefits of perinatal health hubs.

Next Steps
Distribute to group:
- Maternal Health data task force recommendations if available to public
- Recent MMRT report
- Maternal Health Strategic Plan from Northam administration

For next agenda:
- Funding mechanisms and options for legislature to consider to be on next agenda
- Organize agenda by tasks assigned to work group

The next meeting will be held on November 30th, virtually, from 9am – 1pm. More information will be sent to workgroup members.

Adjournment
The meeting adjourned at 12:25 pm.

Perinatal Hubs Workgroup: House Bill 1537 (2023) Meeting Minutes
November 30, 2023 – 9:00am – 1:00 pm
Virtual via Zoom

Member Attendance	**Voting Record** Y=Yes, N=No, A=Abstain
Bold = Present *Italicized* = Absent	Approve Meeting 1 Minutes 11/16/2023

Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Y
Heidi Dix/ Doug Gray, Virginia Association of Health Plans	Not present
Dr. Lisa Stevens, Department of Medical Assistance Services	Y
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y
Lisa Brown, Birth Sisters of Charlottesville	Y
Kenda Sutton-EL, Birth In Color	Not present
Kathryn Haines, Virginia Interfaith Center for Public Policy (VICCP), Faith-based Organization	Y
Dr. Jaclyn Nunziato, OBGYN	Y
Lauren Agyekum, American College of Nurse Midwives, Provider	Not present
Danielle Montague, Virginia Association of Rural Health, Rural Health	Y
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Y
Mandolin Restivo, Postpartum Support Virginia	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	Y
Kamil Chambers, Lived experience/doula	Y
Deborah Oswalt, Virginia Health Care Foundation	Not present
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y

VDH Support Staff Present: Lauren Kozlowski, Jen Macdonald, Christen Crews
Other VDH attendees present to observe: Fahimah Zaman, Natalie Southerland

Welcome, Introductions and Workgroup Business

The meeting was called to order at 9:13 a.m. Lauren Kozlowski led welcome, agenda review, and introductions of workgroup members. A quorum was established.
Meeting minutes for 11/16/23 were reviewed with the minor edits below. Stephanie Spencer made a motion to approve the meeting minutes, and Mary Brandenburg seconded. Vote occurred by roll call and the minutes were approved by all members present.
Edits to November 16, 2023 meeting minutes, tracked changes available in meeting minutes document:
For UBB, edit: provide grant funding for those who are self-pay or private pay if qualified. We accept limited self-pay clients.
For Birth Sisters, edit: add that BSC also has a deep sliding scale for paying clients
CHW Association: Language access was noted in last meeting, training independent doulas on Medicaid reimbursement.
VICPP: Comment on CHWs and working in communities, barrier of reimbursement

Public Comment Period

No members of the public signed up to speak or were present for the public comment period.

Review of Workgroup Purpose

Lauren Kozlowski, VDH, reviewed timeline and objectives of the workgroup. Although two meetings are planned, an additional meeting can be held if recommended by the workgroup.

Workgroup Discussion on Crafting Recommendations:

The workgroup discussed drafting language for recommendations on perinatal health hubs. Below are key points from the discussion, grouped by language from the bill that itemizes the tasks given to the work group.

(*i) analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs*

- The workgroup was asked to consider if there should be regulation in place and to consider offering a couple of potential options for funding and support when reporting workgroup findings to the General Assembly.
- The group didn't identify existing Virginia code or regulations specific to perinatal health hubs
- The group is not aware of existing state funding specific to perinatal health hubs. Federal funding mechanisms may include grants.
- A recommendation to direct the Department of Medicaid Assistance Services (DMAS) to explore current funding streams within DMAS infrastructure and evaluate future funding mechanisms to support perinatal health hubs was suggested. For example, examining current funding for BabyCare programs as a potential avenue. Concern expressed regarding shifting funds to perinatal health hubs as it could decrease funding from other programs with budget limitations. All health districts that have BabyCare programs receive additional funds through Title V Block Grant as the current funding allocation is not sufficient for operations.
- Proposal to look at current funding mechanisms. Comment made that for DMAS, the 1115 Waiver does not go on forever and serves to jumpstart innovations. Group discussed how managed care organizations (MCOs) within Medicaid programs operate, what services they offer and how effective they are at serving their members. There was a comment made that MCO re-procurement is current underway. There is information/dashboard on MCO expenditures. A recommendation could ask Medicaid to look at their MCOs and how they are utilizing the capitation on perinatal care. Group would like to know the outcomes of their work related to perinatal health.
- Additionally, for Medicaid funding opportunities, impact of reimbursement for new provider classes (ie CHWs) vs place based/organizational reimbursement.
- Another suggestion for a recommendation: direct DMAS to look at Community Health Worker (CHW) reimbursement.
- Work group also discussed importance of tying funding streams to outcomes. Is there an opportunity to shift funding to community-based programs? With respect to other funding mechanisms, it is important to keep our eye on the healthcare marketplace plans and what programs are included in them, including the non-clinical services that support maternal health.
- Work group also asked about the Department of Health's (VDH) current funding streams from Title V to the districts, both federal and state, and how it currently is divided to fund perinatal health work. Other organizations than BabyCare/home visiting programs face challenges in the state. It is very expensive for programs to become evidence-based, group wants to be careful of requiring the use of evidence-based programs only.

Proposed change for VDH to evaluate existing programs serving the perinatal population and program needs to expand services to become perinatal health hubs.

- Diversification of funding was also highlighted as important: state, federal, philanthropic and private foundations. Discussed the feasibility of the state managing a fund where donations could be made. VDH does not have a current process to collect alternative funds or philanthropic contributions. A fund would need to be established in code, and the Rare Disease Council has an established fund as precedent but is still working on guidelines and it is not yet operational.
- Work group is requesting that the healthcare insurance reform commission (HIRC) review adding perinatal health hub as an essential health benefit.
- Important to write in language for capacity building without being organization specific and to not lose sustainability.
- Importance of serving populations that are not insured by a Medicaid plan also highlighted. If the Medicaid population is receiving robust support, then Title V could potentially step in and fill the gap for those that are in need but are not eligible for Medicaid. However, right now, Title V is having to support other programs. If the other programs were fully leveraged, then Title V could support this gap in service. The recommendation is for VDH to clarify how Title V funding streams (federal and state) are currently allocated and how they support local health departments and CBOs providing maternal health services.
- Additional recommendation suggested for DMAS to explore Medicaid reimbursement for value-based care/social determinates of health such as CHWs, Food as Medicine, care coordination services, etc. and that may be able to provide revenue streams for perinatal health hubs.
- Group also suggested that the GA add VDH funding for community driven solutions that address maternal mortality, as VDH is currently underfunded.
- There was discussion around recommendations for an overseeing body for perinatal health hubs. Otherwise, anyone can get funding and stand a hub up, but then standards may not be the same across each hub. Group discussed hesitance on the oversight piece. Language around supporting capacity building or general operating support as opposed to limiting funding to service provision could get at the concerns expressed about not leaving out smaller/burgeoning hubs.

(ii) review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hub

- Collecting data and focusing on data related to social determinants of health was discussed by the group. Issue of some smaller community-based organizations finding data tracking and collection more challenging due to capacity and staff size. Work group considering three different buckets for a finding request to be dedicated to:
    - Established organizations looking to expand
    - Start-ups or organizations in the very early stages of serving their communities
    - Collaborative models where organizations may be working to provide wrap-around services in partnership with other hubs/agencies

- Discussed possibility of making a recommendation to create and participate in a learning collaborative for those organizations that are funded to provider perinatal health services
- Conversation around whether perinatal health hub should have liaisons on staff to engage with hospitals and connect to resources

(iii) project estimated costs of implementing the work group's recommendations for the next five year

- fiscal recommendations can be broad --as a range. Once the recommendations are public, legislators can propose the specifics based on their constituent ask
- Unless the group wants to make recommendations based on specific tiers of perinatal hubs etc. Specific asks could be for technical assistance, workforce development, specific agency recommendations

The following recommendations were work shopped live during the meeting and passed with a quorum, voting record can be seen below.

This work group recommends that moving forward the Commonwealth recognizes a perinatal health hub as:

A perinatal health hub serves as a community-based multidisciplinary care model that values and prioritizes perinatal health outcomes related to a reduction in maternal and infant mortality and morbidity. These spaces are dedicated to delivering a spectrum of comprehensive culturally responsive perinatal support services from trusted community providers. Hubs provide care during the period before, during, and no less than 1 year following pregnancy. These hubs provide vital support to the community, perinatal health providers, and hospital systems through their access to a diverse workforce collaborating to improve outcomes via coordinated wraparound care (e.g. doulas, CHWs, peer support specialists, birth workers, and other perinatal specialists). A perinatal health hub can come in a variety of forms that is tailored to the unique needs of the community it serves.

Recommendation iA: Direct DMAS to review how current funding streams are allocated that may support perinatal health hubs. This includes examining and reporting on how MCOs are utilizing the capitation on perinatal care and providing recommendations for how funding allocations could be adjusted and/or increased to support care provided via perinatal health hubs.

Recommendation iB: Direct DMAS to explore Medicaid reimbursement that supports value-based care and social determinants of health such as CHWs, Food as Medicine, and care coordination services that can provide revenue streams for perinatal health hubs.

Recommendation iC: Evaluate future funding mechanisms that we may be able to apply for as a state.

Recommendation iD: Direct VDH to make a report publicly available that describes how Title V funding streams (both federal and state) are currently allocated in terms of how they support local health departments and community-based organizations providing perinatal health services provide and recommendations for how funding could support perinatal health hubs.

Recommendation iE: Direct HIRC to examine the inclusion of coverage for perinatal health hubs, doula care services, and CHWs as essential health benefits. “state-mandated health benefit” is defined at §38.2-3406.1

Recommendations Voting Record

Member Attendance	**Voting Record** Y=Yes, N=No, A=Abstain			
Bold = Present *Italicized* = Absent	*Adopt Perinatal Hub Definition*	*Adopt iA*	*Adopt iB*	*Adopt iD and iE*
Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Motion	Y	Y	Y
Heidi Dix/ Doug Gray, Virginia Association of Health Plans	Not present	Not present	Not present	Not present
Dr. Lisa Stevens, Department of Medical Assistance Services	Not present	Not present	Not present	Not present
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y	Y	Second	Y
Lisa Brown, Birth Sisters of Charlottesville	Y	Second	Y	Second
Kenda Sutton-EL, Birth In Color	Not present	Not present	Not present	Not present
Kathryn Haines, Virginia Interfaith Center for Public Policy, Faith-based Organization	Y	Y	Y	Y
Dr. Jaclyn Nunziato, OBGYN	Y	Y	Y	Y
Lauren Agyekum, American College of Nurse Midwives, Provider	Not present	Not present	Not present	Not present
Danielle Montague, Virginia Association of Rural Health, Rural Health	Y	Y	Y	Y
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Y	Motion	Y	Y
Mandolin Restivo, Postpartum Support Virginia	Y	Y	Y	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	Second	Y	Y	Y
Kamil Chambers, Lived experience/doula	Y	Y	Y	Y
Deborah Oswalt, Virginia Health Care Foundation	Not present	Not present	Not present	Not present

Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y	Y	Motion	Motion

Next Steps

Before Next Meeting:

- Workgroup members will send proposed language for recommendations to VDH staff

For next agenda:

- Finalize recommendations
- Approve meeting minutes

A poll will be sent to the workgroup for best available dates for an in-person meeting.

Adjournment

The meeting adjourned at 12:57 pm.

Perinatal Hubs Workgroup: House Bill 1537 (2023) DRAFT Meeting 3 Minutes

December 11, 2023 – 8:30am – 12:30 pm

VDH Office of Vital Records, 1002 Maywill St.

Member Attendance	**Voting Record** Y=Yes, N=No, A=Abstain
Bold = Present *Italicized* = Absent	Approve Meeting 2 Minutes 12/11/2023
Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Y
Heidi Dix/ Doug Gray, Virginia Association of Health Plans	Not present
Rhonda Newsome, proxy for Dr. Lisa Stevens, Department of Medical Assistance Services	Y
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	motion
Lisa Brown, Birth Sisters of Charlottesville	Y
Kenda Sutton-EL, Birth In Color	second
Kathryn Haines, Virginia Interfaith Center for Public Policy (VICCP), Faith-based Organization	Y
Dr. Jaclyn Nunziato, OBGYN	Not present
Lauren Agyekum, American College of Nurse Midwives, Provider	Y

Danielle Montague, Virginia Association of Rural Health, Rural Health	Y
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Not present
Mandolin Restivo, Postpartum Support Virginia	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	Y
Kamil Chambers, Lived experience/doula	Not present
Deborah Oswalt, Virginia Health Care Foundation	Not present
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y

VDH Support Staff Present: Lauren Kozlowski, Jen Macdonald

Welcome, Introductions and Workgroup Business

The meeting was called to order at 8:55 a.m. Lauren Kozlowski led welcome, agenda review, and introductions of workgroup members. A quorum was established.

Meeting minutes for 11/30/2023 were reviewed with the minor edits below. Shannon Pursell made a motion to approve the meeting minutes, and Kenda Sutton-EL seconded. Vote occurred and the minutes were approved by all members present.

Pg 5 3rd line... add Mortality and Morbidity. Shannon made first motion. Kenda seconded. Unanimously approved.

Public Comment Period

No members of the public signed up to speak or were present for the public comment period.

Review of Workgroup Purpose

Dr. Walker Harris, VDH, reviewed timeline and objectives of the workgroup.

(i) *analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs*

(ii) *review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs*

(iii) *project estimated costs of implementing the work group's recommendations for the next five year*

Workgroup Discussion on Crafting Recommendations:

The workgroup discussed drafting language for recommendations on perinatal health hubs. Below are key points from the discussion, grouped by language from the bill that itemizes the tasks given to the work group.

(i)

- There is legislation from NY that uses consistent language across the state's agencies
- Questions arose regarding out of state providers or entities who want to practice or implement perinatal health hub model in Virginia. There should be consideration of border states and the providers there who serve Virginia populations, as they are useful to those who don't have ready access. They could be useful in coalition building, especially related to social drivers like housing.

- There was discussion of what regulations could mean for the implementation of the model versus providing guidelines.

(ii)

- The group discussed directing VDH to convene a workgroup to explore feasibility and necessity of establishing regulations around perinatal health hubs, defining a perinatal health hub is and how hubs are implemented.
- Requirements should consider and include cultural sensitivity and responsiveness as a training requirement for hub staff.
- Should be informed by input by community leaders, relevant stakeholders, grass roots. Should there be a collaborative learning group for those operating hubs?
- The group discussed capacity building and what that could entail.
- A perinatal hub is a centralized, safe space for support and to accept all, it is not necessarily one program.
- There was discussion on building relationships with CBOs and health departments- participating with, supporting and being interactive and collaborative, with an emphasis on information sharing as opposed to data sharing. Such collaborative information/data sharing could be incorporated into Title V district workplans.
- Tiered approach to data collection – expectations as the perinatal hubs grow and the data collection expands. Data is sensitive in nature and there are concerns regarding whom it is shared with.
- Data should be credited to the submitting community when appropriate. How data is displayed can look different for many entities. Data collection may be a burden especially with many systems in place to collect the data. Collection and reporting requires resources some organizations may not have.
- There should be common set of data metrics. Expect that partners may need technical assistance to collect and report requested metrics. Data should be presented in an unidentified and aggregated way, to help identify program impact, including which specific activities are impacting the community, where the impact is, and demonstrates that actions were favorable and the right way to go.
- VDH provides technical assistance to smaller organizations. Home visiting is an example of data collection and Early Impact Virginia provides TA to those organizations that submit data. BabyCare is an example that data collection projects can take some time. If VDH takes on the data collection piece, what does Title V need to tell organizations back? If organizations can commit to providing data, Title V can commit to providing data back. Mutually supportive of each other in the process.
- Group discussed the need to paint the picture of support they provide and provide context in the realm of the longer-term drive of maternal mortality and morbidity rates as well as reporting hub performance data in context with state outcome data. DMAS could provide data on outcome measures for Medicaid populations in places where perinatal hubs are located vs. where they are not. Examples include number and types of delivery, delivery outcome, prenatal visits, and prenatal vitamins, etc.

- This group recommends that data is collected from funded perinatal health hubs in order to illustrate the impact and effectiveness of this model of care for the perinatal population.
- The group discussed the option of VDH/Title V as the collector of data. VDH could be supportive of work without taking funding from community-based organizations. VDH also operates with an understanding of the varying capacity of organizations in the community to collect, track, analyze data.
- The group discussed defining what community population should be served by perinatal health hubs. Are they placed where there are certain high-risk parameters? Does Virginia target areas in specific low opportunities census tract to connect primary prevention activities and allow for the continuation of community-based care. There are RFP/funding opportunity examples that can be utilized in this framing.
- A perinatal health hub will need to identify a strategy around addressing inequities. State agencies are there to assist and support community driven entities, but there are communities where they might not be the most trusted re: perinatal health.

(iii)

- The group began with the following suggested recommendation language in order to start the discussion for this task: The state should fund perinatal health hubs. General funds should be put toward perinatal health hubs to complement and be in addition to other braided funding that state agencies and community-based organizations have and/or will receive.

- The group discussed a tiered funding approach at the last meeting (start-up/small, established/expanding, collaborative). The group discussed including this differentiation within the body of the report with the highlight that organizations at different current capacities would require differing levels of funds. Giving specific examples of usage at tiered levels should also be imbedded in report. Service can be defined simply as a connection. Tiered approach may be more digestible.
- Cost per family may be helpful in promoting the importance of the model as well as the number of families served annually and number of visits per family per month.
- Inclusive of anyone of childbearing age. Serving all families in Virginia, while ensuring that those with the worst health outcomes have access to the services.
- The group discussed the specific amount of general funds to recommend, modeling another Virginia initiative that has been successful, discussed the funding steps for VMAP (Virginia Pediatric Mental Health Access Line), which recently had additional funding allotted for services related to maternal mental health.
- Group talked about how it would be ideal to have a hub in each region but realize there are constraints. Decided to offer pilot site option of 3 perinatal health hubs with intention to expand over time. The consideration of provider capacity factored into the decision to request funding for a smaller number of hubs at the outset.

<u>The following recommendations were work shopped live during the meeting and passed with a quorum, voting record can be seen below.</u>

iiA: This group recommends that VDH make public an annual report from perinatal health hubs in order to illustrate the impact and effectiveness of this model of care for the perinatal population.
iiB: This group recommends that VDH provide technical assistance to perinatal health hubs to develop their ability to produce annual reports, data stories, and other narratives/briefs/one-pagers.
iiC: This group directs VDH to recommend common performance metrics for perinatal health hubs to collect and track.
iiD: This group directs VDH to collect and report aggregate performance metrics for perinatal health hubs.
iiE: This group directs the perinatal health hubs to participate in the perinatal health hubs learning collaborative convened by the Virginia Neonatal Perinatal Collaborative which will provide a monthly community of practice to connect and engage perinatal health hubs through regular, facilitated meetings. It will include but is not limited to continuing education on effective mentoring techniques, cultural responsiveness, and creating inclusive and supportive environments.
iiiA: This group recommends an appropriation of 2.5 million general funds each year of the biennium to support three perinatal health hub pilot sites with the intention of requesting additional funds for expansion.

Recommendations Voting Record

Member Attendance						
Bold = Present *Italicized* = Absent	*Adopt iiiA*	*Adopt iiA*	*Adopt iiB*	*Adopt iiC*	*Adopt iiD*	*Adopt iiE*
Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Y	Y	Y	Y	Y	Y
Heidi Dix/ Doug Gray, Virginia Association of Health Plans	Not present	Not present	Not present	Not present	Not present	Not present
Rhonda Newsome, proxy for Dr. Lisa Stevens, Department of Medical Assistance Services	Y	Y	Y	Y	Y	Y
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y	Y	Y	motion	Y	Y
Lisa Brown, Birth Sisters of Charlottesville	Y	Y	second	Y	Y	Y

Kenda Sutton-EL, Birth In Color	Not present	Not present	Not present	Not present	Not present	Not present
Kathryn Haines, Virginia Interfaith Center for Public Policy, Faith-based Organization	Y	Y	Y	Y	Y	Y
Dr. Jaclyn Nunziato, OBGYN	Not present	Not present	Not present	Not present	Not present	Not present
Lauren Agyekum, American College of Nurse Midwives, Provider	Y	Y	Y	Y	Y	motion
Danielle Montague, Virginia Association of Rural Health, Rural Health	Y	motion	motion	Y	Y	second
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Not present	Not present	Not present	Not present	Not present	Not present
Mandolin Restivo, Postpartum Support Virginia	Y	Y	Y	Y	second	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	second	second	Y	second	motion	Y
Kamil Chambers, Lived experience/doula	Not present	Not present	Not present	Not present	Not present	Not present
Deborah Oswalt, Virginia Health Care Foundation	Not present	Not present	Not present	Not present	Not present	Not present
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	motion	Y	Y	Y	Y	Y

Next Steps

Lauren will share outline for final report and send out draft meeting minutes via email.

Adjournment

The meeting adjourned at 12:30 pm.