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Economic Factors Influencing the Costs and Benefits of Breastfeeding

Initiatives and Impacts in Medicaid

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Committee on Understanding Breastfeeding Promotion, Initiation and Support Across the United States: An Analysis

May 20, 2024

Conflicts of Interest and Disclosures

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- Additional Affiliations:
  - University of Michigan Medical School, Department of Obstetrics & Gynecology
  - Community of Hope (FQHC in Washington, D.C.)

Yontii Wheeler, MPH

- None

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MISSION

Improve the lives of Medicaid enrollees

- Develop, implement, and diffuse innovative and evidence-based models of care
- Promote quality, value, and equity
- Engage individuals, families, and communities

VISION

Provide independent, unbiased, nonpartisan information → Inform Medicaid policy → Improve the health of the nation

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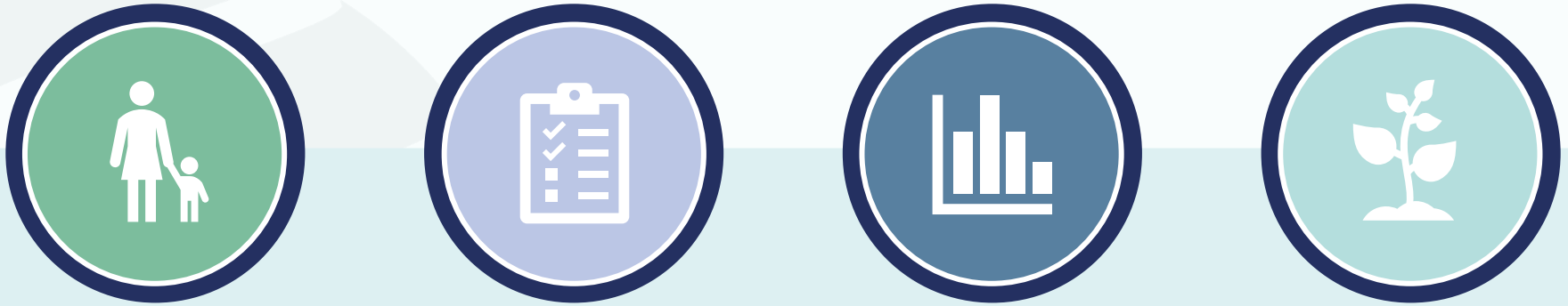
IMI Strategic Priorities



- Community and Equity
- Access, Coverage, and Outcomes
- Data and Quality
- Sustainability

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It’s not the statistics that make Medicaid real.

It’s when you love one of the numbers.

Medicaid Snapshot

Medicaid

Who is Covered

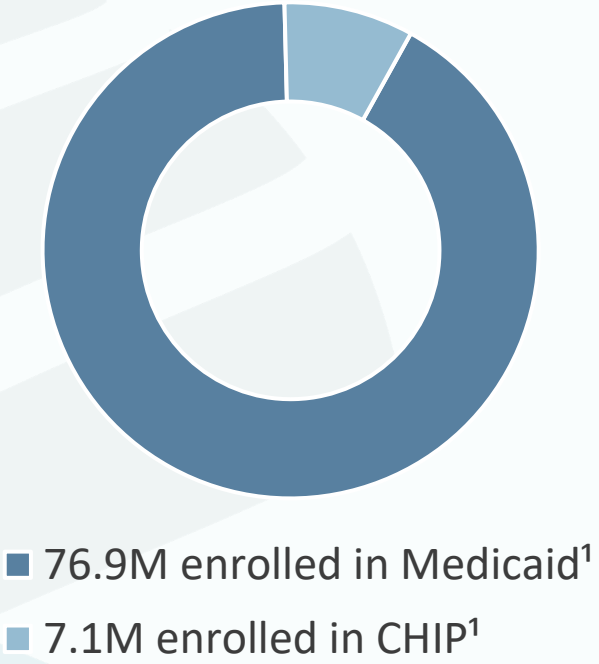
84.0 M

individuals use Medicaid for health insurance coverage

More than

70%

enrolled in managed care



How it is Funded

- Medicaid is jointly funded by federal and state funds.
- States pay for services through fee-for-service or managed care arrangements.

Medicaid.gov. (2024, April 30). *January 2024 Medicaid and CHIP Enrollment Trends Snapshot,* https://www.medicaid.gov/media/176211

CMS.gov, (2024, April 22). *Medicaid and Children's Health Insurance Program Managed Care Access Finance and Quality Final Rule (CMS-2439-F),* https://www.cms.gov/newsroom/fact-sheets/medicaid-and-childrens-health-insurance-program-managed-care-access-finance-and-quality-final-rule#_ftn1

Medicaid: Who is Eligible?

- Medicaid is the **single largest source of health coverage** in the United States.

- Medicaid, in conjunction with the Children's Health Insurance Program (CHIP), **provides health coverage to children, seniors, pregnant women, parents, individuals with disabilities, and certain other adults with low incomes.**

- For a state to participate in Medicaid, federal law requires coverage of certain groups of individuals.
  - For example, low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income.

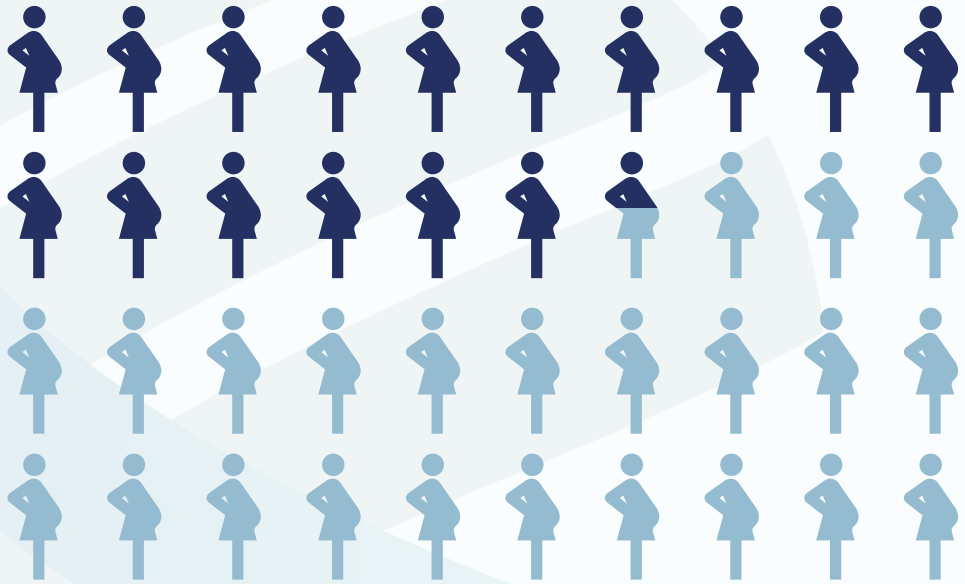
- States may also choose to cover other groups, such as children living in foster care and individuals receiving home- and community-based services.

Medicaid.gov. (n.d.). *Medicaid Eligibility*. https://www.medicaid.gov/medicaid/eligibility/index.html

Public Health, Title 42 CFR Part 435 Subpart B, Mandatory Coverage (May 2, 2024), https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435/subpart-B

Percentage of Births Covered by Medicaid Nationally

41% of all births in the United States are covered by Medicaid



Medicaid finances more than half of births:

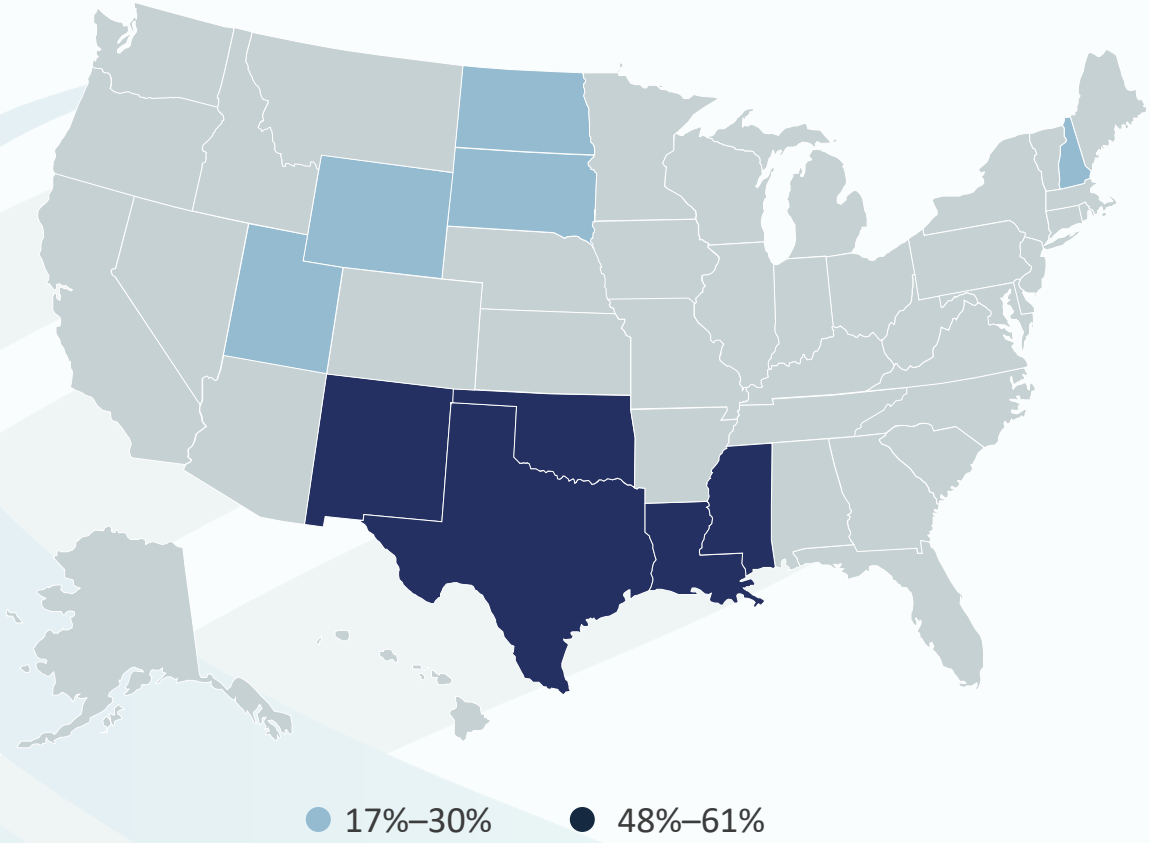
- In rural areas, and
- Among individuals under age 19, and
- Black, Indigenous and People of Color individuals.

Prevailing health inequity: Individuals enrolled in Medicaid face barriers accessing high-quality care early in pregnancy and in the postpartum period because of a variety of factors, including eligibility and coverage gaps, unmet social needs, and issues related to implicit bias and racism.

Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2024, April 4). Births: Final Data for 2022. National Vital Statistics Reports. https://www.cdc.gov/nchs//data/nvsr/nvsr73/nvsr73-02.pdf

MACPAC. (2020). Medicaid's Role in Financing Maternity Care. https://doi.org/10.26099/2w1h-h609. https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid's-Role-in-Financing-Maternity-Care.pdf

Percentage of Births Covered by Medicaid Vary



As high as:

61% in Louisiana

57% in Mississippi

55% in New Mexico

51% in Oklahoma

48% in Texas

As low as:

30% in Wyoming

27% in South Dakota

22% in North Dakota

22% in New Hampshire

17% in Utah

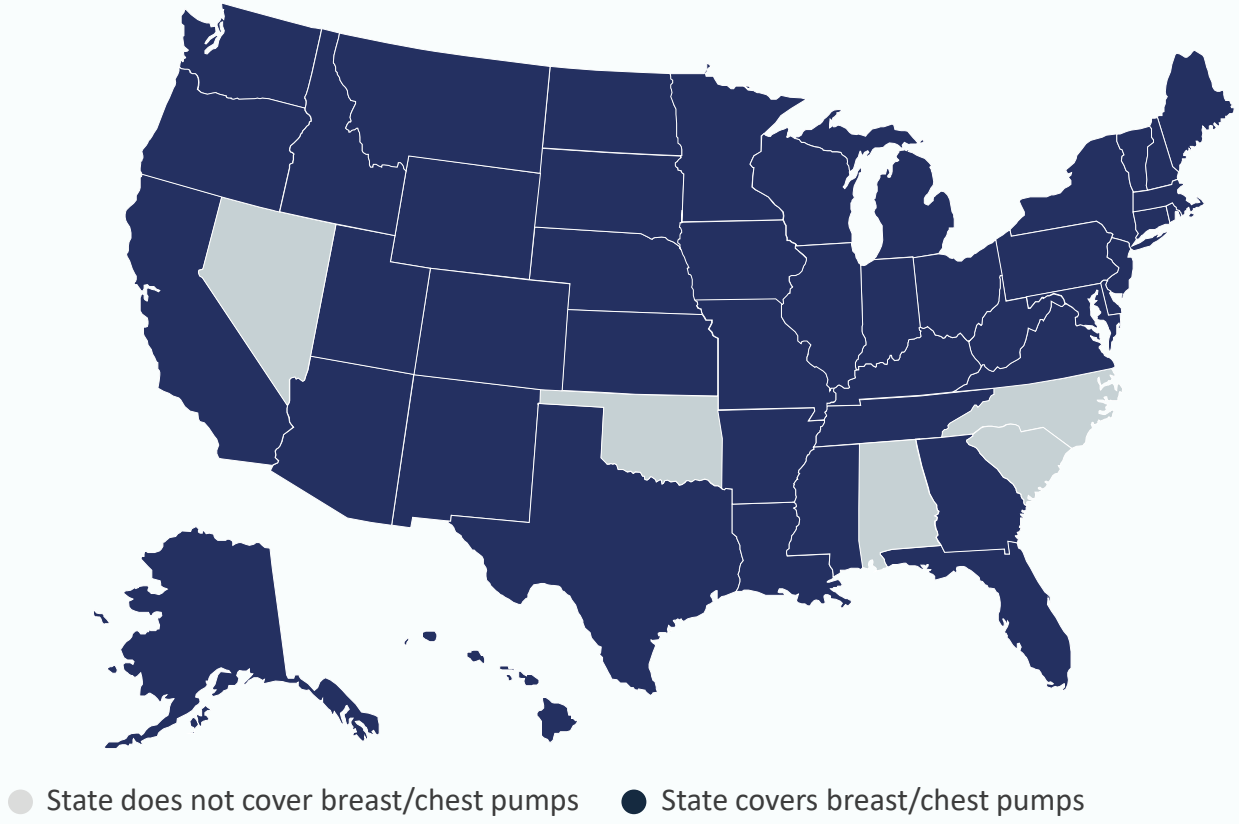
KFF. (2022). *State Facts, Births Financed by Medicaid.* https:://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?activeTab=map&currentTimeframe=0&selectedDistributions=percent-of-births-financed-by-medicaid&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

Coverage of Lactation Services

Medicaid Coverage of Key Perinatal Health Services

Lactation Services

- States required to **cover breast/chest pumps and lactation counseling** for those **in Medicaid expansion states** under the Affordable Care Act's preventive services requirement.
- For **non-expansion states, no federal requirement** for coverage.
- 37 states and D.C. cover both electric and manual pumps, while 7 states only cover electric pumps.

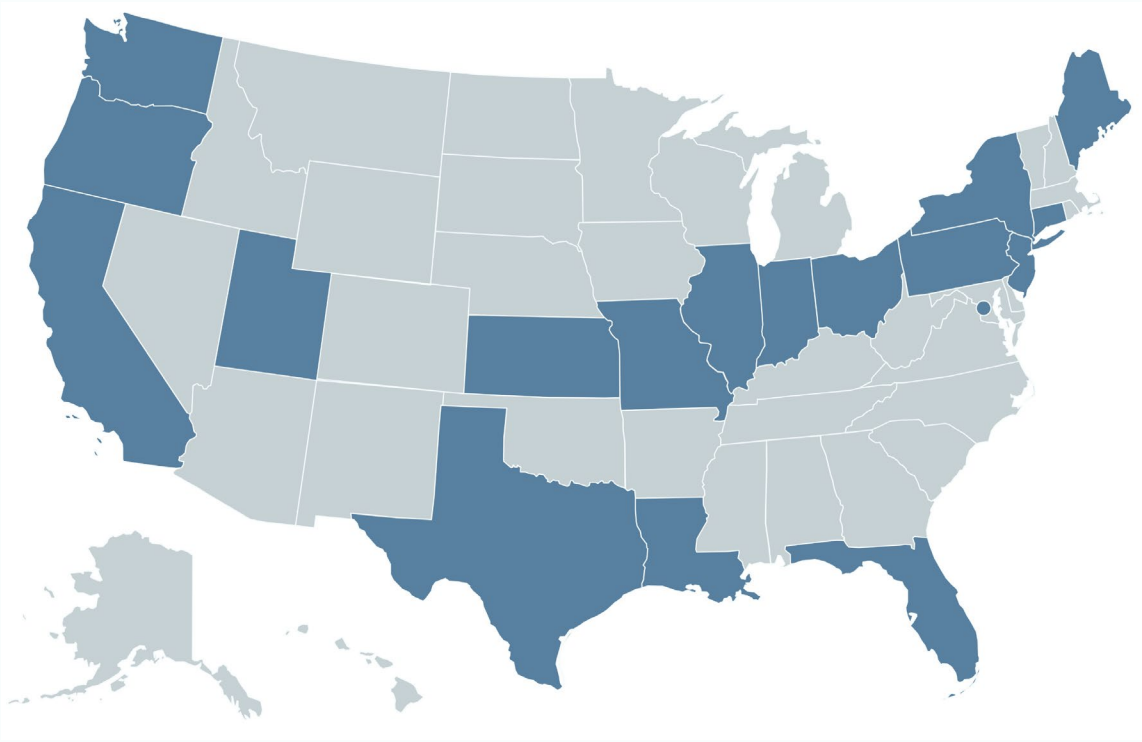


The Commonwealth Fund

Johnson, R., Eldridge, G. N., Khanal, P., & Zephyrin, L. C. (2023, November). *State policies to improve perinatal health outcomes*. Commonwealth Fund. https://doi.org/10.26099/x0x0-gt30

Medicaid Coverage of Donor Human Milk

- **Most state Medicaid programs do not cover donor human milk.**
- **Barriers to accessing donor milk disproportionately affect people with Medicaid coverage and Black, Indigenous, Brown, and People of Color.**
- Even though these individuals are the most likely to need donor milk, studies show that they are less likely to receive it, increasing their risk of serious illness and death.
- In Florida, donor milk is covered only in the hospital setting. Utah covers only outpatient donor milk. New Jersey covers both inpatient and outpatient donor milk.



Speer, K. (2022). *Donor Human Milk: More Valuable Than Gold?* National Conference of State Legislators, https://www.ncsl.org/state-legislatures-news/details/donor-human-milk-more-valuable-than-gold

Five States do not Cover Breast/Chest Pumps

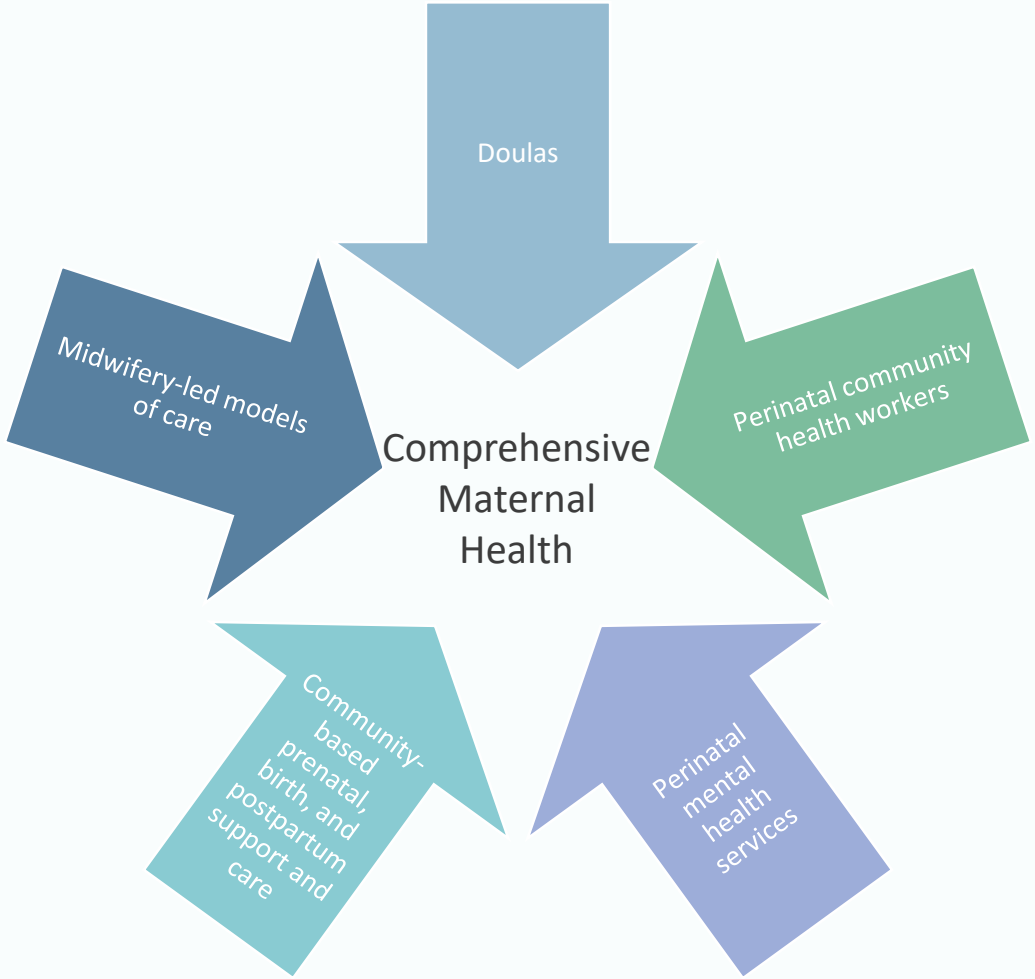
Alabama	Lactation counseling is covered for inpatient care.
Nevada	Breastfeeding education and lactation consultation may be reimbursed either separately or as part of a physician office visit or daily hospital per diem rate. Lactation counseling is covered for inpatient, outpatient, and home visits.
North Carolina	Breastfeeding education is covered as part of childbirth education classes. Lactation counseling is covered for outpatient.
Oklahoma	Pumps covered through Women, Infants and Children (WIC) program. Lactation counseling is covered for inpatient, outpatient, and home visits.
South Carolina	The SC Medicaid Program does not cover breast pumps through FFS. However, breast pumps are provided through the SC WIC program administered by the SC Department of Health and Environmental Control. Lactation counseling is covered for inpatient and outpatient.

The Commonwealth Fund

Johnson, R., Eldridge, G. N., Khanal, P., & Zephyrin, L. C. (2023, November). *State policies to improve perinatal health outcomes*. Commonwealth Fund. https://doi.org/10.26099/x0x0-gt30

Lactation Services are One Part of the Solution

Coverage of lactation services and supports is only one component of a comprehensive maternal health model



2023 Priority Topics (Ranked) in Women, Gender, & Maternal Health by Medicaid Stakeholder Group

Rank Order	Federal Policymakers	State Policymakers (50 states + D.C.)	Medicaid Health Plans (40 states + D.C.)	Women, Gender, & Maternal Health Leaders*
1	Maternal Mental Health	Maternal Mental Health	Maternal Mental Health	Maternal Mental Health
2	Midwifery-Led Models	Doulas + Perinatal Community Health Workers	Doulas + Perinatal Community Health Workers	Sexual and Reproductive Health
3	Substance Use Disorder	Sexual and Reproductive Health	Sexual and Reproductive Health	Doulas + Perinatal Community Health Workers
4	Doulas + Perinatal Community Health Workers	Prenatal to 3	Prenatal to 3	Maternal Health
5	Chronic Conditions	Substance Use Disorder	Substance Use Disorder	Substance Use Disorder
6	Sexual and Reproductive	Chronic Conditions	Maternal Health	Women & Gender Primary

Institute for Medicaid Innovation. (2023). *Women, Gender, and Maternal Health Priority Topics in Medicaid: Results from National Survey and Focus Groups.* Washington, D.C. https://medicaidinnovation.org/wp-content/uploads/2023/04/IMI-Issue-Brief_WGH-Survey_FINAL.pdf

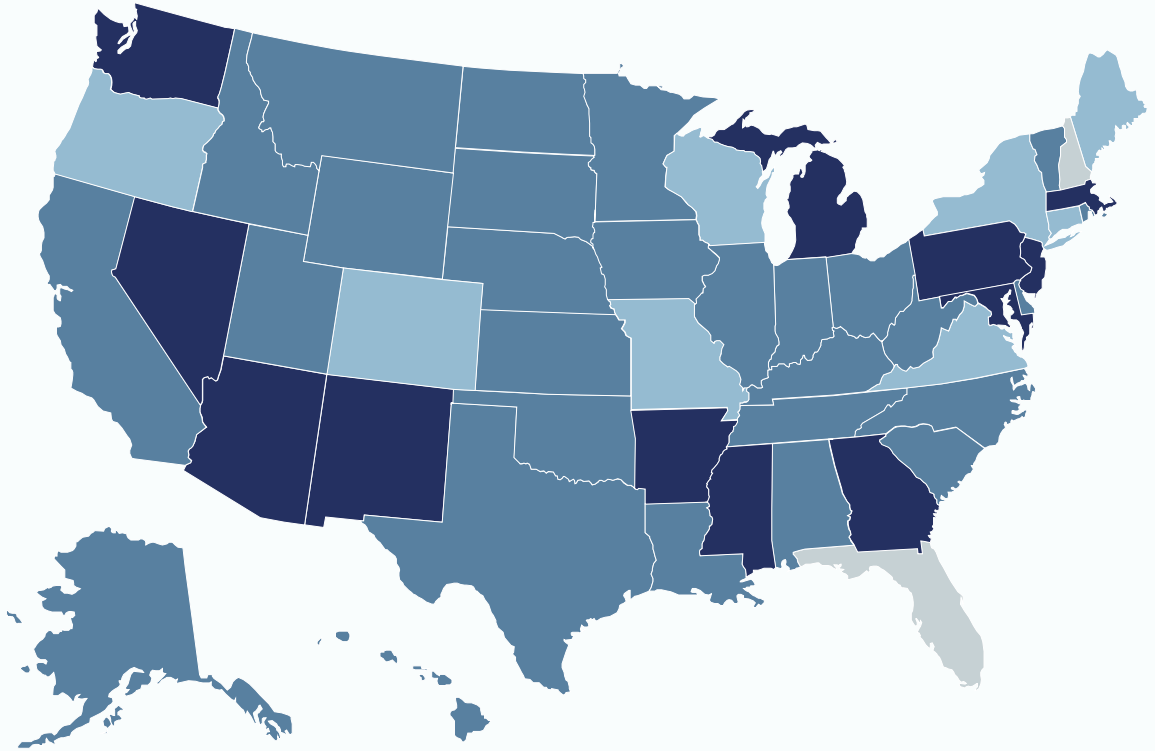
*Refers to individuals and organizations with expertise in women, gender, and maternal health as it relates to Medicaid policy. They represent many sectors including research, clinical practice, trade associations, advocacy, and community-based organizations.

Coverage of Critical Perinatal Health Services

Medicaid Coverage of Key Perinatal Health Services

Postpartum Depression

- Medicaid covers services related to pregnancy, including **behavioral health services for mental health and substance use disorders.**
- States have increased access to prenatal and postpartum screening for risk factors and include access to treatment and support services for individuals at high risk of postpartum depression.
- **24 states require standardized screening tools**. In Kansas, Medicaid supports screenings during the 12-months postpartum period under the child's Medicaid benefit.



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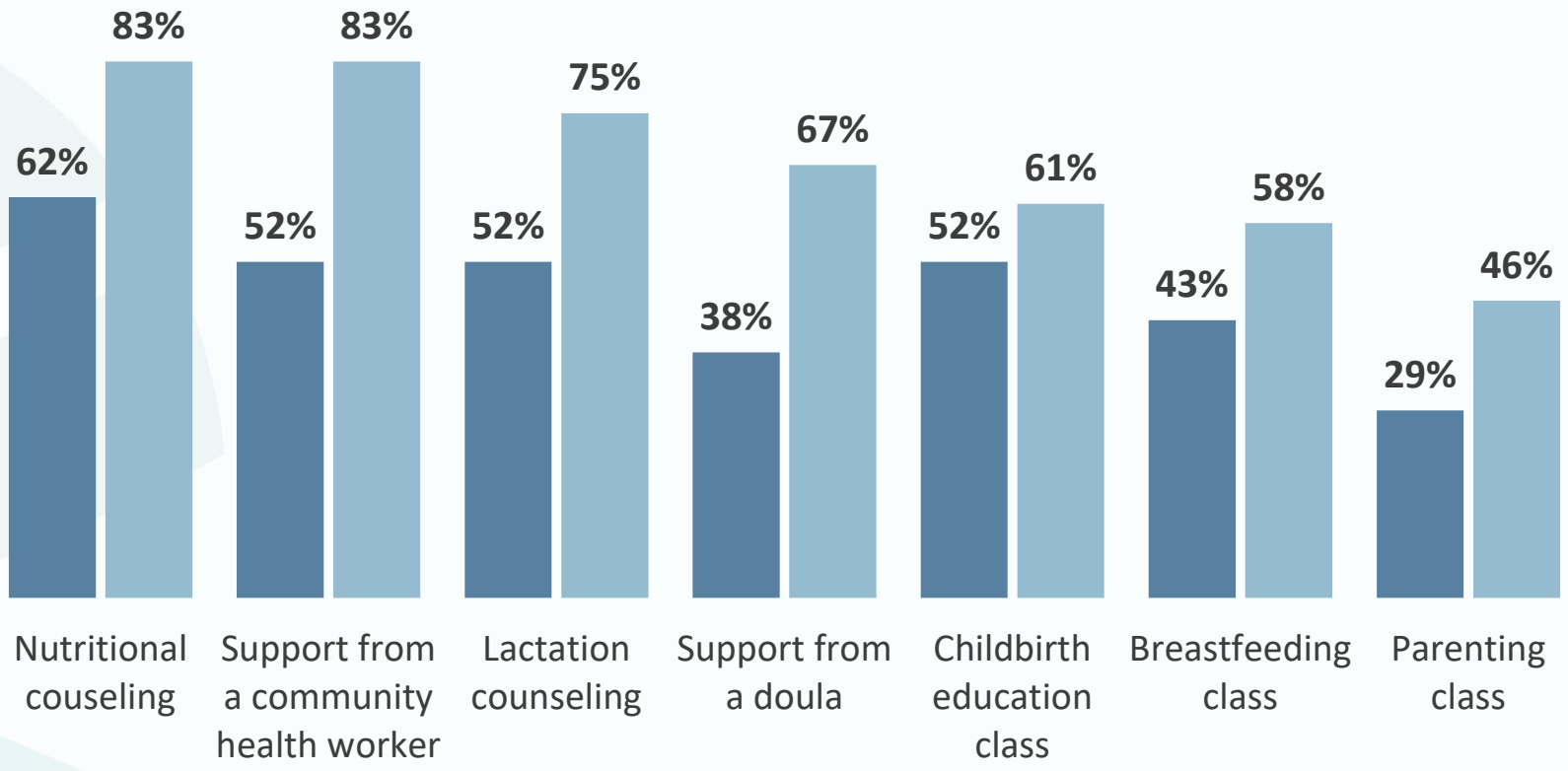
Addressing the Maternal Health Crisis

Medicaid health plans expanding coverage of maternal health services

Year-to-Year Comparison for Medicaid Health Plans' Covered Benefits for Pregnant Individuals



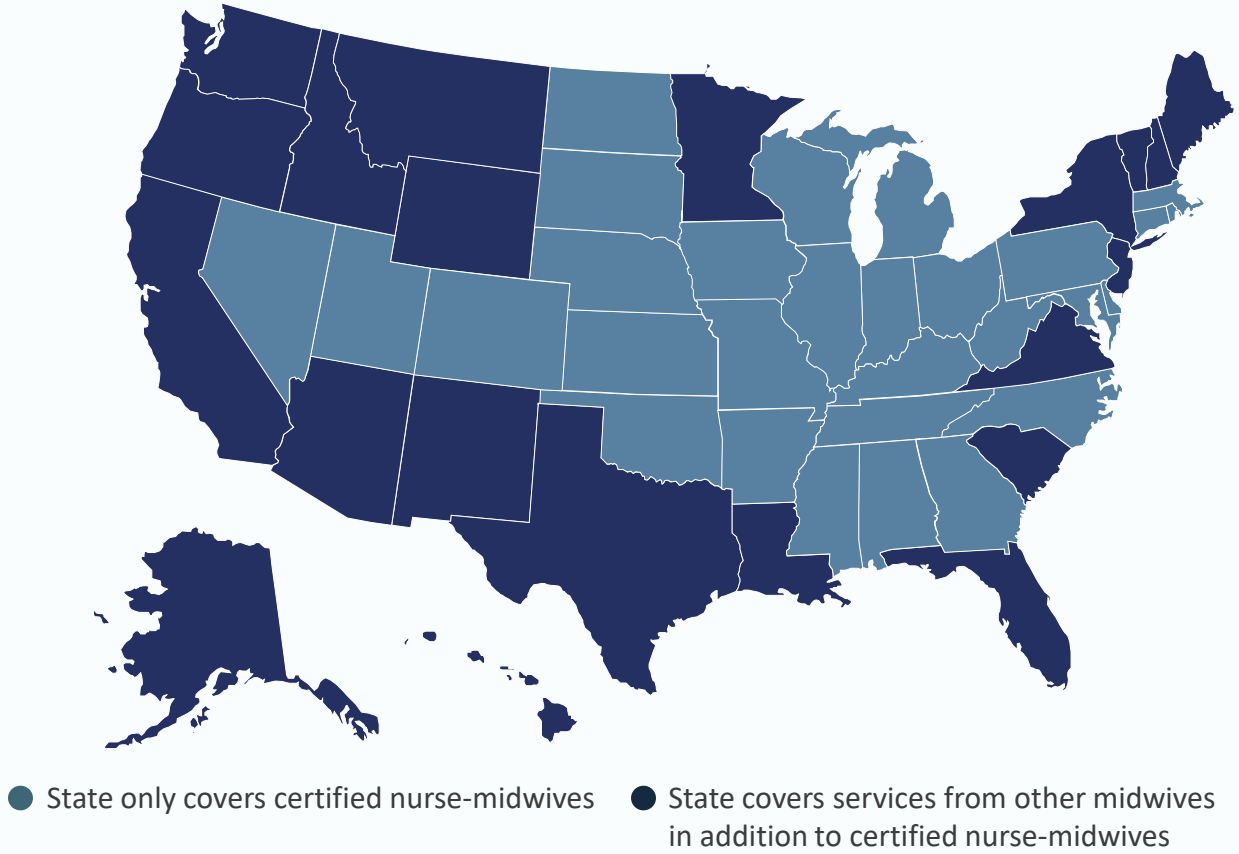
Robert Wood Johnson Foundation

Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey." https://medicaidinnovation.org/wp-content/uploads/2023/11/Perinatal_MCO_Survey_Fact-Sheet_2023-Final-111423.pdf

Medicaid Coverage of Key Perinatal Health Services

Midwives

- Midwifery services include a **full range of primary health care services** for individuals from adolescence beyond menopause, including primary care, gynecologic and family planning services, preconception care, and care during pregnancy, childbirth, and the postpartum period.
- Midwives also provide well-women care across the lifespan.
- **26 states and D.C. reimburse midwives at 100% of the physician rate, while 5 states reimburse at 75%.**



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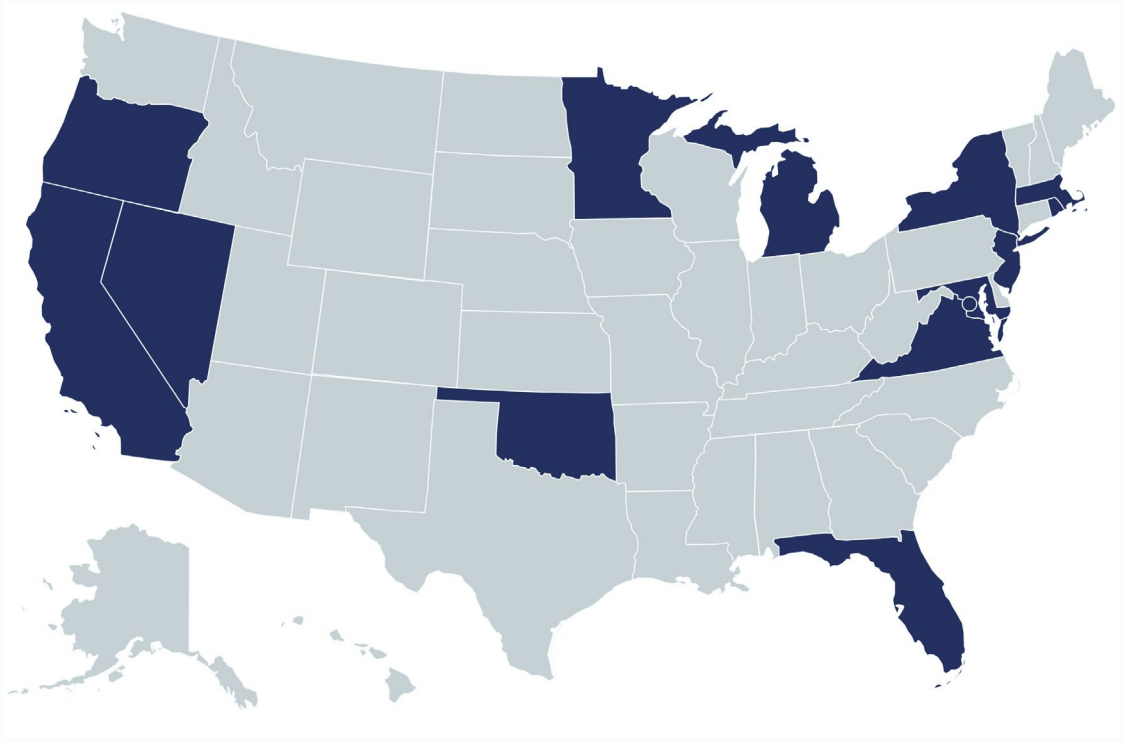
Medicaid Coverage of Key Perinatal Health Services

Doulas

- **13 states and D.C. have Medicaid coverage for doula services.**
- **Doulas provide non-clinical emotional, physical, and educational support to a mother before, during, and after childbirth.**
- Doulas use techniques that require minimal interventions and have high rates of patient satisfaction.
- **Rhode Island was the first state to require coverage of doula services on July 1, 2022.**



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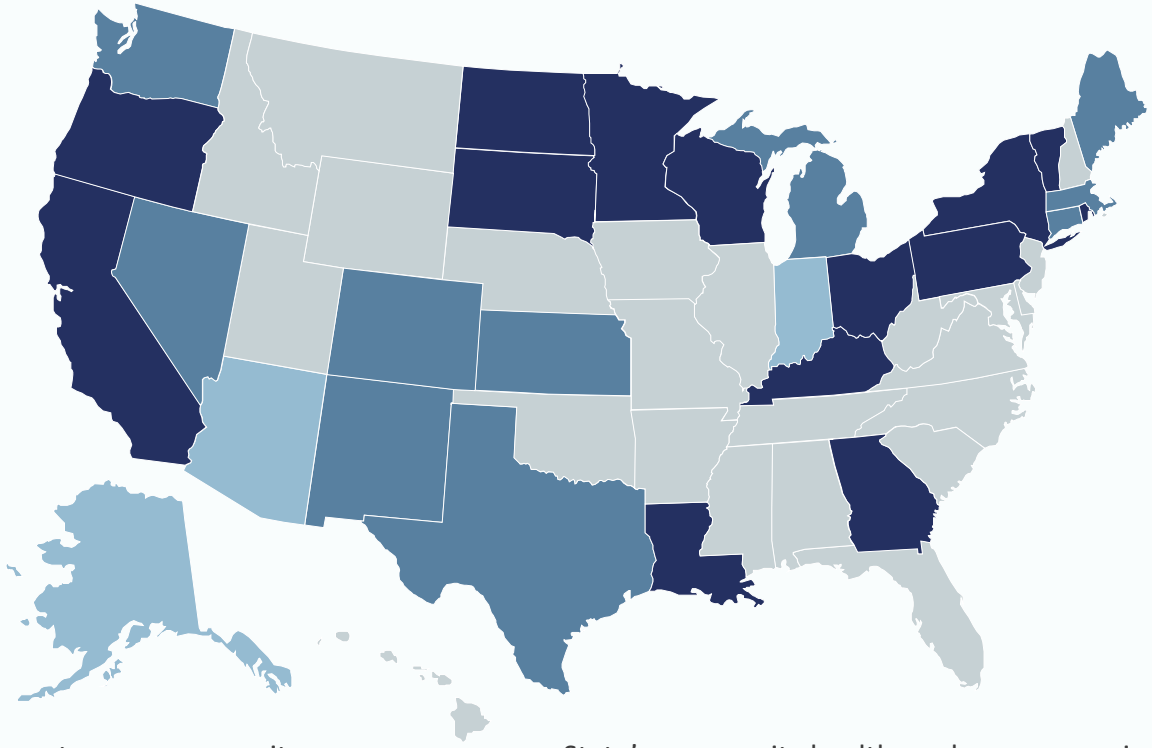
Medicaid Coverage of Key Perinatal Health Services

Perinatal Community Health Workers

- Perinatal community health workers (CHWs) prepare individuals to serve within their community in various capacities, including **direct perinatal care and support, advocacy and policy engagement, and entry-level social work and public health careers.**
- Since 2012, Oregon Medicaid has covered traditional health workers (THWs), an umbrella term for five specialty types of frontline public health workers who work in a community or clinic under the direction of a licensed health provider.



- State does not cover community health workers
- State's community health worker coverage includes perinatal services
- State's community health worker coverage does not include perinatal services
- State's community health worker coverage does not specify inclusion of perinatal services

The Commonwealth Fund

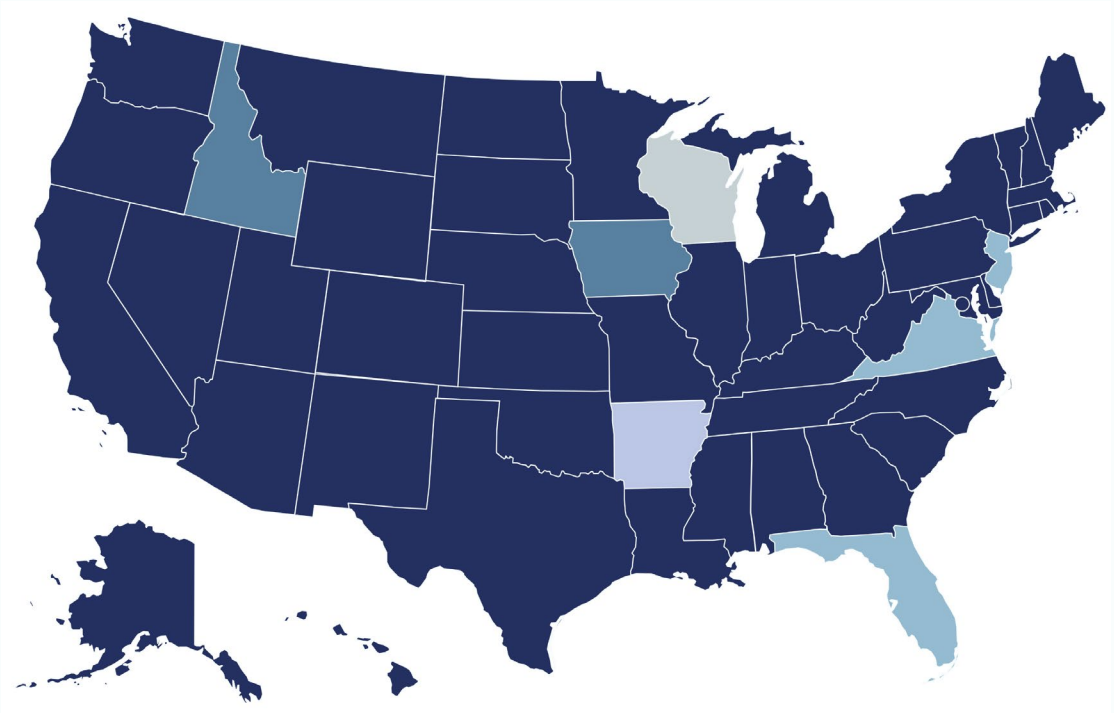
Johnson, R., Eldridge, G. N., Khanal, P., & Zephyrin, L. C. (2023, November). *State policies to improve perinatal health outcomes*. Commonwealth Fund. https://doi.org/10.26099/x0x0-gt30

Mamatoto Village, Perinatal Community Health Worker, https://www.mamatotovillage.org/perinatal-community-health-worker/

Medicaid Coverage of Key Perinatal Health Services

Postpartum Coverage Extension

- **Most states have taken up the option to extend Medicaid eligibility until one year after delivery or when the pregnancy ends.**
- Medicaid must cover pregnant individuals with incomes at or below 138% of the federal poverty level through 60 days post-partum.
- Wisconsin has a pending 1115 waiver to extend postpartum coverage from 2 to 3 months. Arkansas' governor does not support expanding postpartum coverage.



The Commonwealth Fund

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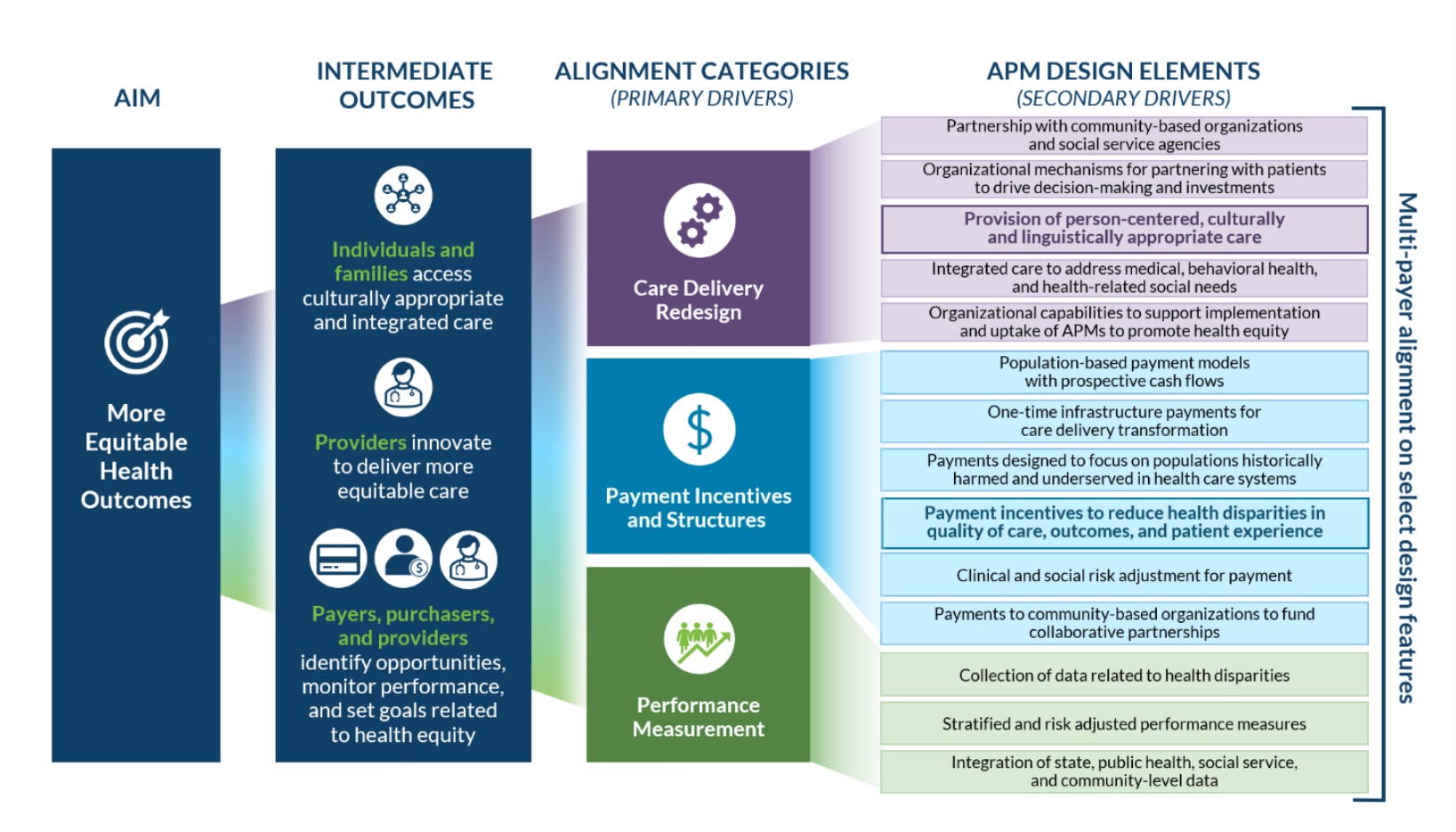
Value-Based Purchasing

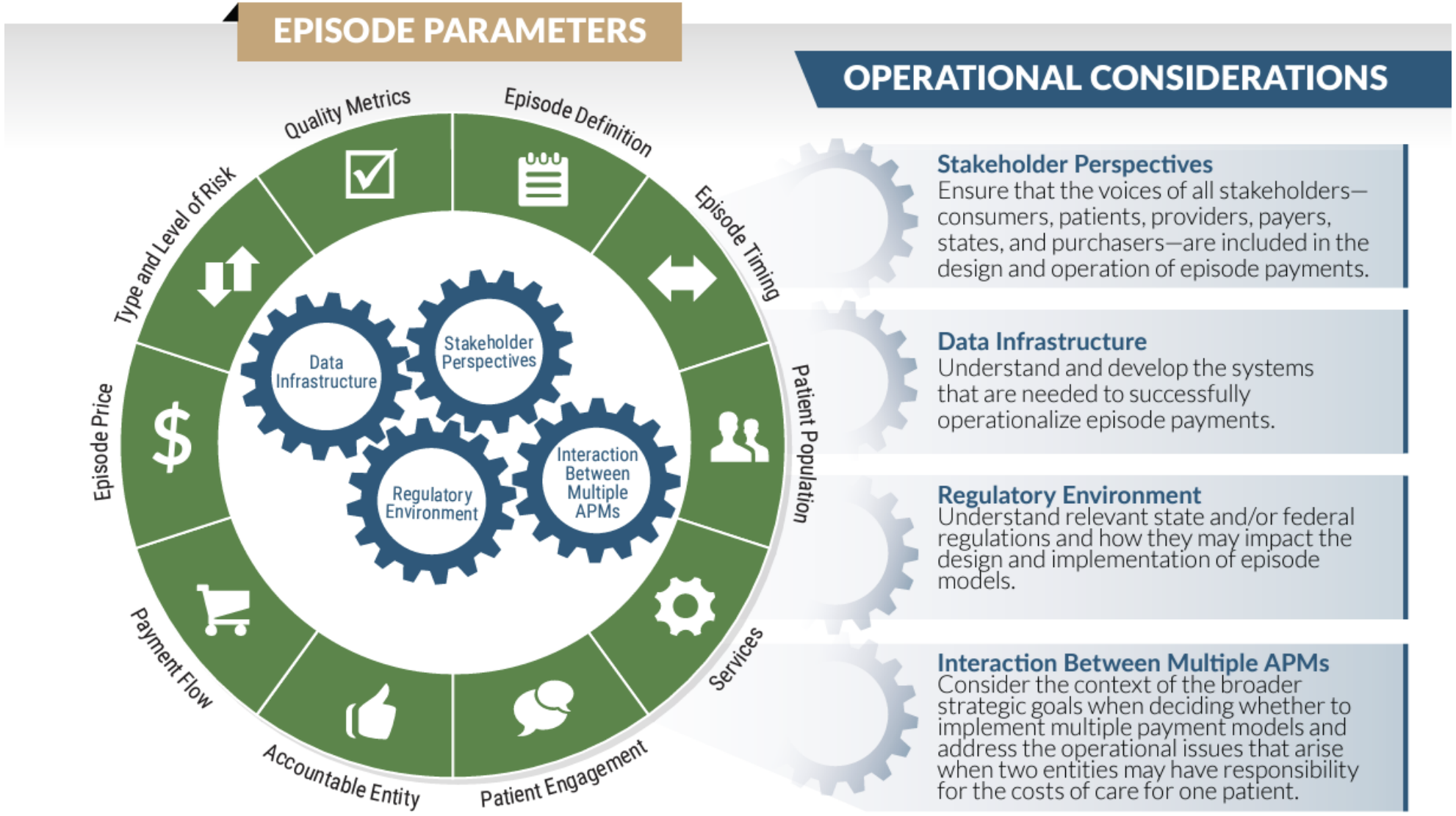
Health Care Payment Learning and Action Network (HCP LAN) Theory of Change



CMS.gov

Source: https://hcp-lan.org/apms-theory-of-change/

MATERNITY EPISODES OF CARE



Source: https://hcp-lan.org/clinical-episode-payment/Clinical Episode Payment - Health Care Payment Learning & Action Network

Economic Factors Influencing the Costs and Benefits of Breastfeeding

Popular Forms of Value-Based Care Arrangements

PAY FOR PERFORMANCE	Such models provide a bonus payment for achieving quality performance goals or adhering to clinical guidelines. They may assess a penalty for poor performance.
LIMITED BUNDLED PAYMENT	A less comprehensive form of an episodic payment, a payer bundles the costs of a limited set of services, such as hospital labor/delivery, and makes one prospective or retrospective payment for these services.
POPULATION-BASED PAYMENTS	A fixed payment per patient for all services related to pregnancy and post-partum phases. Payments are prospective and at a regular interval, such as monthly.
EPISODIC BUNDLED PAYMENT	A single bundled payment is made prospectively or retrospectively for the full perinatal episode of care that includes pregnancy, labor and delivery, and postpartum period.
TOTAL COST OF CARE	Maternal care is included as part of the total cost of care calculation in a global budget or shared savings model based on a given year, which may or may not include a risk-sharing component.

Source: AHIP. Opportunities to Improve Maternal Health Through Value-Based Payments. March 2022.

Examples

Measure inclusion, e.g., Exclusive Breast Milk Feeding (NQF #0480)

Colorado Clinical Episode Payment give hospitals "points" for implementing programs that support exclusive breastfeeding

Connecticut Husky Maternity Bundle increases monthly payment to providers that provide first-line education, support, screening for difficulties and referrals to IBCLCs

Husky Maternity Bundle Payment Program

Connecticut Department of Social Services (DSS)

An episode of care describes the total amount of care provided to a patient during a set timeframe. In this program, the **"Maternity Bundle"** episode includes services across all phases of the perinatal period (prenatal, labor & delivery, postpartum), spanning 280 days before birth and 90 days postpartum.

Pregnancy

Pregnancy Look back period: 280 days prior to delivery

Delivery and Postpartum Care (Vaginal or C-section)

Postpartum Look forward period: 90 days post-delivery

Newborn Care - *reporting only*
Look forward period: 30 days post-delivery (90 days max)

Reconciliation

Services included in the bundle will be reconciled to a target price six months after delivery claims are submitted

Case rate payments triggered by first claim of 2nd trimester

FFS

Bundled "Case Rate" Payments
and FFS for certain services (see Service Inclusion/Exclusion criteria)

Shared Savings
(Upside only)

Pregnancy
- Monthly prenatal visits
- Routine ultrasound
- Blood testing
- Diabetes testing
- Genetic testing
- Doulas
- Care navigators
- Group ed meetings
- Childhood ed classes
- Preventive screenings (chlamydia, cervical cancer, etc.)

Labor and Birth
- Vaginal or C-section delivery

Postpartum*
- Breastfeeding support
- Depression screening
- Contraception Planning
- Ensuring link from labor and birth to primary and pediatric care providers occurs for birthing person and baby

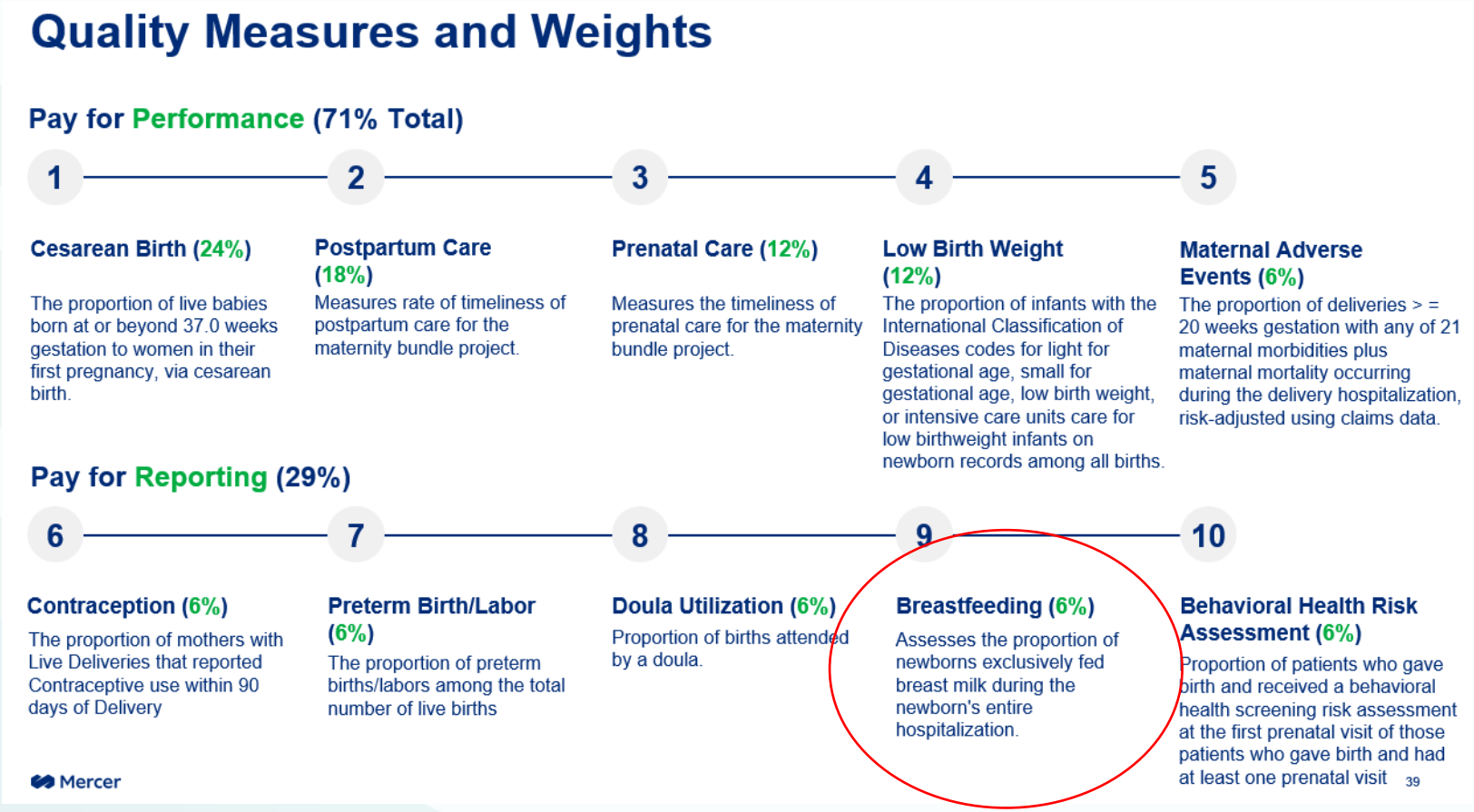
Add-on payment for breastfeeding support as part of a comprehensive model

*To align with HUSKY's expanded 12-month of postpartum coverage (effective April 1, 2022), DSS will conduct reporting on services provided within 365 days post-delivery to inform whether to include a 12-month postpartum period in the bundle's financial reconciliation bundle after Year 1 or later.

Source: Connecticut Department of Social Services

Husky Maternity Bundle Payment Program

Connecticut Department of Social Services (DSS)



Quality Measures and Weights

Pay for Performance (71% Total)

1 — Cesarean Birth (24%)
The proportion of live babies born at or beyond 37.0 weeks gestation to women in their first pregnancy, via cesarean birth.

2 — Postpartum Care (18%)
Measures rate of timeliness of postpartum care for the maternity bundle project.

3 — Prenatal Care (12%)
Measures the timeliness of prenatal care for the maternity bundle project.

4 — Low Birth Weight (12%)
The proportion of infants with the International Classification of Diseases codes for light for gestational age, small for gestational age, low birth weight, or intensive care units care for low birthweight infants on newborn records among all births.

5 — Maternal Adverse Events (6%)
The proportion of deliveries > = 20 weeks gestation with any of 21 maternal morbidities plus maternal mortality occurring during the delivery hospitalization, risk-adjusted using claims data.

Pay for Reporting (29%)

6 — Contraception (6%)
The proportion of mothers with Live Deliveries that reported Contraceptive use within 90 days of Delivery

7 — Preterm Birth/Labor (6%)
The proportion of preterm births/labors among the total number of live births

8 — Doula Utilization (6%)
Proportion of births attended by a doula.

9 — Breastfeeding (6%)
Assesses the proportion of newborns exclusively fed breast milk during the newborn's entire hospitalization.

10 — Behavioral Health Risk Assessment (6%)
Proportion of patients who gave birth and received a behavioral health screening risk assessment at the first prenatal visit of those patients who gave birth and had at least one prenatal visit

Mercer

39

Source: Connecticut Department of Social Services

The Future of Medicaid: Value-Based Care

Rates of barriers experienced are decreasing but persist

Trends in External Barriers That Influence the Adoption and Innovation in VBP and/or APMs	2017	2018	2019	2020	2021	2023
Provider readiness and willingness	100%	88%	100%	94%	89%	91%
Medicaid payment rates	92%	65%	57%	67%	58%	52%
Uncertain or shifting state policy requirements/priorities	92%	35%	43%	22%	32%	39%
Impact of 42 CFR Part 2 on limiting access to behavioral health data	100%	24%	21%	17%	37%	35%
State requirements limiting VBP and/or APM models	85%	41%	14%	39%	26%	30%
Uncertain or shifting federal policy requirements/priorities	85%	29%	29%	11%	5%	17%

Note: 2022 data are not available as the survey was changed from retrospective to current in 2023.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Creating Change Through Policy Opportunities

Policy Opportunities: Lactation Support

- U.S. HR 6004, MOMMIES Act: Maximizing Outcomes for Moms Through the Medicaid Improvement and Enhancement of Services Act.
- Introduced November 2023.
- Calls for **integration of perinatal support services**, including community health workers, doulas, social workers, public health nurses, **peer lactation counselors, lactation consultants**, childbirth educators, peer mental health workers, and others, into health care entities and organizations.
- **Would launch a demonstration project that centers maternity care and includes lactation support in a range of comprehensive care for pregnant people.**

US Breastfeeding Committee Policy Map. (n.d.). https://www.usbreastfeeding.org/breastfeeding-policy-map.html

Policy Opportunities: Donor Milk

Bipartisan legislation Access to Donor Milk Act (S 2819/HR 5486): To protect and expand access to pasteurized, donor human milk, and for other purposes.

- Introduced September 2023.
- Educate the public about the benefits of donor milk through the creation of a donor milk awareness program at the Department of Health and Human Services.
- **Allow state agencies to promote the need for and benefits of donor milk** through Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) funding.
- Provide emergency funding ($3 million) for milk banks if there is a sudden increase in demand (e.g., the 2022 formula shortage).
- **Issue: Not specific to Medicaid. Does not amend Title XIX.**

Human Milk Banking Association of North America. (2023). *HMBNA Applauds Introduction of Legislation Which Would Increase Access to Donor Milk.* https://www.hmbana.org/news/blog.html/article/2023/09/21/hmbana-applauds-introduction-of-legislation-which-would-increase-access-to-donor-milk

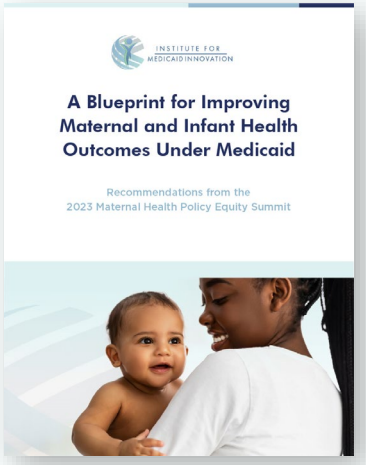
Policy Opportunities: Perinatal Mental and Behavioral Health

- **Expand providers' practice locations**
  - **California implemented a No Wrong Door for Mental Health policy** that allows those covered by Medicaid insurance to receive mental health care no matter where they originally seek care.
- **Implement and/or increase payment integration of behavioral health and physical health** for all clinicians, including family medicine physicians.
- **Increase access to same-day, same-setting physical and behavioral health integration** and care and provide time-sensitive modification codes to enable clinicians to bill for behavioral and mental health services.
- **Adjust payments to incentivize behavioral health screening and services.**
  - Value-based programs should incentivize behavioral health

Institute for Medicaid Innovation. (2023). *Innovation in Perinatal and Child Health in Medicaid.* https://medicaidinnovation.org/wp-content/uploads/2023/04/IMI-2023-Innovation-in-Perinatal-and-Child-Health-in-Medicaid-FINAL.pdf

Policy Opportunities: Midwives

- **Ensure Medicaid coverage of all licensed/certified midwives.**
- **Ensure equitable and sustainable reimbursement for all licensed/certified midwives.**
- **Accelerate equitable access to community-based and midwifery-led birth centers.**
- Support licenses/certified midwives to practice independently
- Support licensed/certified midwives to practice at the top of their licenses. In other words, ensure they have the ability to practices to the full extend of their license, with full integration into the health system.
- Launch public education and awareness campaigns on the benefits of midwifery with emphasis on community power building.

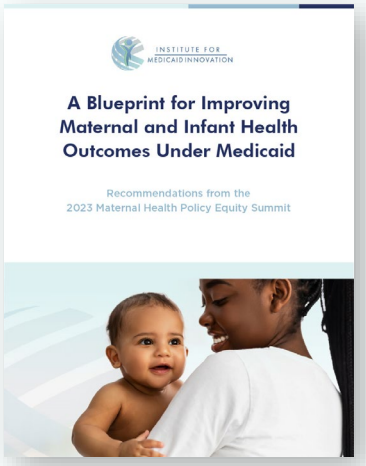


National Maternal Health Strategy and Blueprint

Institute for Medicaid Innovation. (2024). *A Blueprint for Improving Maternal and Infant Health Outcomes Under Medicaid.* https://medicaidinnovation.org/wp-content/uploads/2024/01/01.31.24.IMI_Blueprint_MHPES_FINAL.pdf

Policy Opportunities: Doulas

- **Support the development of infrastructure** that strengthens the collaborative team-based workforce in maternity care – including doulas, midwives, family medicine physicians, pediatricians, and OB-GYNs.
- **Ensure equitable and sustainable reimbursement for all doulas.**
- **Increase the number of doulas** providing services for those with Medicaid insurance coverage, including financial resources to support comprehensive training.
- Increase the number of certified peer specialists and therapists to provide behavioral and mental health care.
- Value experience and provide opportunities for doula certification that takes experience into account.



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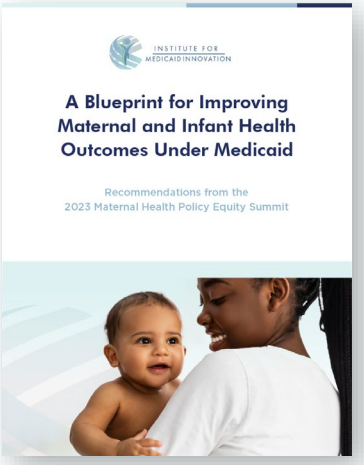
Policy Opportunities: Perinatal Community Health Workers

- **Increase billing and reimbursement capacity for community-based organizations.**
- **Create dependable and sustainable funding to support community-based organizations.**
- Build a foundation for the postpartum year that includes services and supports from community-based organizations, doulas and perinatal community health workers.



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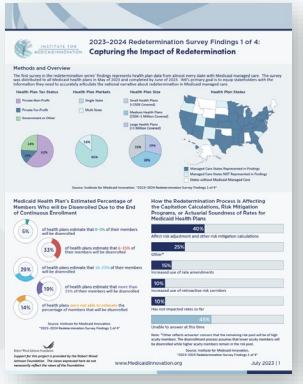
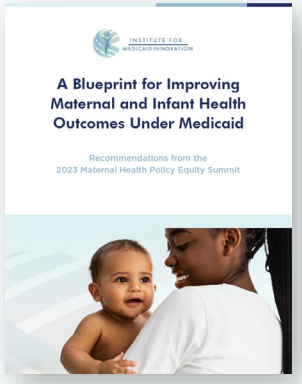
A Broad Portfolio of Meaningful Work Impacting Medicaid

Annual MCO Survey

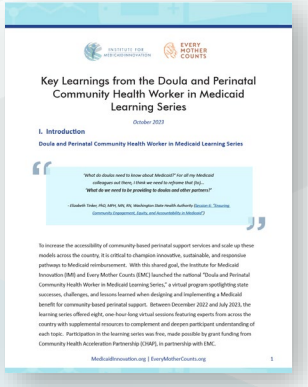


MCO Redetermination Survey

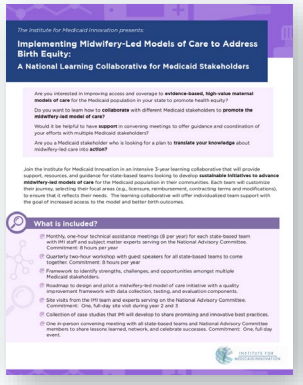
Community Partnerships in Medicaid Toolkit



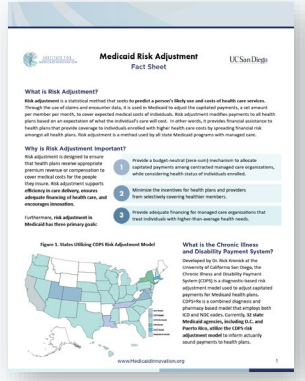
National Maternal Health Strategy and Blueprint



Doula and Perinatal Community Health Worker Learning Series



Midwifery in Medicaid Business Case Learning Series



Medicaid Risk Management (CDPS)

Nation's Maternal, Perinatal, and Reproductive Health Hub

Maternal Mortality & Morbidity

- **Report:** Reversing the U.S. Maternal Mortality Crisis
- **Article:** Race, Medicaid Coverage, and Equity in Maternal Morbidity
- **Article:** Associations Between Comorbidities and Severe Maternal Morbidity

Maternal Mental Health

- **Article:** Mental Health Conditions Increase Severe Maternal Morbidity By 50 Percent And Cost $102 Million Yearly In The United States
- **Article:** Policy Opportunities To Improve Prevention, Diagnosis, And Treatment Of Perinatal Mental Health Conditions

High-Value, Evidence-Based Maternal Models of Care

- **Report:** Innovation in Perinatal & Child Health in Medicaid
- **Report:** Improving Maternal Health Access, Coverage, and Outcomes in Medicaid
- **Report:** Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid

Maternal Health Priorities

- **Survey:** Women, Gender, and Maternal Health Priorities in Medicaid

And many more resources on these topics and others!

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Jmoore@MedicaidInnovation.org Ywheeler@MedicaidInnovation.org

Questions

EXTRA SLIDE

Policy Levers

The Prenatal-to-3 Policy Impact Center published policy goals for states to ensure infants and toddlers are set up for a lifetime of good health.

	Number of States Implementing All Key Policy Levers	Number of States Implementing Each Individual Key Policy Lever							
Reduced Administrative Burden for SNAP	10	16	12-month Certification Period	32	Simplified Income Reporting	38	Online Case Management
Comprehensive Screening and Connection Programs	3	3	Statewide Goal	21	Medicaid Funding	20	State Funding
Child Care Subsidies	7	16	Income Eligibility (85% SMI)	24	Limit Family Copayments	26	Equitable Reimbursement Rates
Group Prenatal Care	5	8	Enhanced Medicaid Reimbursement Rate	10	State Funding		
Community-Based Doulas	5	12	Medicaid Coverage	9	Fund Training and Credentialing		
Evidence-Based Home Visiting Programs	15	15	Medicaid Funding				
Early Head Start	23	23	State Support				
Early Intervention Services	4	18	Very Low Birthweight Qualification	6	At-Risk Qualification	34	Eliminate Family Fees

Source: Prentatal-to-3 Policy Impact Center: 2023 Prenatal-to-3 State Policy Road Map