

National Health Law Program's Doula Medicaid Project

2025 Webinar Series
Summaries & Reflections

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NHeLP's Doula Medicaid Project 2025 Webinar Series

National Health Law Program's Doula Medicaid Project

2025 Webinar Series Summary & Reflections

The National Health Law Program is grateful to Jazmin Williams, Jessica English, Twylla Dillion, Sydney Comstock, Sarah Tewhey, Misty Pipe, Khefri Riley, René Mollow, and Sapphire Garcia, for sharing their collective expertise and wisdom as panelists for our inaugural Doula Medicaid Project Webinar Series. We are also grateful to the Pritzker Children's Initiative and the Irving Harris Foundation for their generous financial support for the Doula Medicaid Project.

In 2025, the National Health Law Program's (NHeLP's) [Doula Medicaid Project](#) embarked on its inaugural webinar series, hosting three webinars between April and September. These webinars were designed to lift up our [Best Practices for Medicaid Coverage of Doula Care](#), first published in [April 2025](#) and subsequently updated three times [online](#). Our Best Practices has since been viewed over 3,600 times by individuals from all 50 states, plus Washington D.C. and Puerto Rico. I hope they will continue to be a helpful resource for doulas, state advocates, and other stakeholders committed to expanding access to sustainable, equitable, and inclusive programs for Medicaid coverage of doula care.

As of February 2026, a total of [46 states and Washington D.C.](#) have taken some action towards Medicaid coverage of doula care, either through direct implementation or some adjacent action aimed at ultimately implementing Medicaid reimbursement. In 2024 and 2025 alone, 13 states have rolled out Medicaid coverage for doula care: New York, Delaware, Kansas, Colorado, Arizona, Missouri, Ohio, Illinois, Washington, Pennsylvania, South Dakota, Connecticut, and New Mexico. In 2025, legislation was signed into law in

Arkansas, Utah, Vermont, Louisiana, and Maine requiring Medicaid coverage for doula care. Meanwhile, in Montana, legislation was signed into law creating a mechanism for state certification and allowing for the State Medicaid Agency to reimburse for doula care.

At the same time, 2025 has also been a challenging year for health access and advocacy. The Trump Administration and those he put in place to run the Department of Health and Human Services, the Center for Medicare and Medicaid Services, and other health related agencies and departments, have at times scoffed at scientific expertise, proven treatments, and approaches which hitherto had been considered uncontroverted medical standard. They have done all this while simultaneously peddling various forms of pseudo-science, and disappearing data and research on topics they find antithetical to their agenda. Meanwhile, the passage of HR1, which Donald Trump refers to as the “One Big Beautiful Bill Act” and which health advocates refer to as “One Big Ugly Bill,” is already having [devastating consequences for health coverage](#) across the country, and will continue to in the years to come as each of its components are implemented. State Medicaid Agencies, facing both slashed budgets and increased demands on staff, will have to make difficult choices on what programs and services to prioritize.

Accordingly, the topics I chose for the webinars this year reflected both subjects that have been recurring issues in this field for some time, as well as subjects with more pressing relevance. For example, our first webinar was on the subject of increasing reimbursement rates, which has proven to be a key component in the success of many state programs for Medicaid coverage of doula care. [Sustainable and equitable reimbursement rates](#) help to ensure a reliable and committed doula Medicaid workforce. At the same time, the many challenges to Medicaid on the horizon may call into question the ability of states to achieve and maintain higher reimbursement rates for doulas, particularly in states that have not yet implemented Medicaid coverage for doula care. Meanwhile, our second webinar was on doula care in rural communities, a particularly timely topic given recent bipartisan support for rural communities and rural hospitals, culminating in the announcement in late September 2025 of the [Rural Health Transformation Program](#), which will allocate \$50 billion to states between 2026 and 2030.¹ Our third and final webinar for 2025 was on partnerships between doulas and State Medicaid Agencies, which, like higher doula reimbursement rates, has been an indicator of likely success for state doula Medicaid programs, and also like doula care in rural communities, will likely become even more important in the period to come, as State Medicaid Agencies struggle with decreased funding.

In this piece, I will provide a summary and reflection of each of the three webinars, along with supporting information and resources on each. I hope that this will serve as a refresher for those who attended or watched the webinar, as well as a record for those coming to these webinars for the first time.

¹ The \$50 billion will only offset [a little over a third](#) of the estimated cuts that will hit rural areas due to H.R.1's cuts to Medicaid.

Webinar 1: Increasing Doula Reimbursement Rates

April 17, 2025

View [webinar landing page](#) and [recording](#)

NHeLP WEBINAR: INCREASING DOULA REIMBURSEMENT RATES

REGISTER TODAY:



APRIL 17TH, 2025

10-11 AM PT/1-2 ET

Join us for an engaging webinar featuring Jazmin Williams of [BLKBRY](#) (Washington), Jessica English of [Heart Soul Birth Pros](#) (Michigan), and Twylla Dillion of [Health Connect One](#). The webinar will be moderated by Amy Chen of the [National Health Law Program](#) (NHeLP).

These doula leaders will discuss their advocacy work to achieve sustainable and equitable reimbursement rates for doulas. They will also share strategies and recommendations for others working to increase reimbursement rates in their states and regions.

This webinar is the first in a new series from NHeLP's [Doula Medicaid Project](#), highlighting key insights from its publication, [Best Practices for Medicaid Coverage of Doula Care](#).

Register for the webinar [here](#).



BLKBRY
JAZMIN WILLIAMS



Health Connect One
TWYLLA DILLION



Heart Soul Birth Pros
JESSICA ENGLISH



Heart + Soul + Birth Pros

HealthConnect One



Our first webinar focused on the necessity of sustainable doula reimbursement rates for the Medicaid doula workforce. In order for Medicaid coverage of doula care programs to be sustainable in the long term, the reimbursement rates provided to doulas must themselves be both sustainable and equitable. In other words, they must allow doulas who want to serve Medicaid enrollees as their chosen profession, to make a thriving wage. Between 2023 to 2025, we saw a promising trend of increasing Medicaid doula reimbursement rates. In some states, like Michigan, doulas and advocates have fought successfully to increase existing reimbursement rates. In other states, like Washington, coalitions of doulas, advocates, and other stakeholders have come together to ensure that as Medicaid coverage for doula care is implemented in their state, the reimbursement rate paid to doulas is sustainable and equitable to begin with.

This webinar brought together Jazmin Williams of BLKBRY from Washington, Jessica English of Heart Soul Birth Pros from Michigan, and Twylla Dillion from HealthConnect One, to discuss their respective advocacy to achieve sustainable and equitable reimbursement rates for doulas. In addition to telling their advocacy stories, the panelists also shared strategies and recommendations for doulas and advocates hoping to increase reimbursement rates in their states and regions.

Jazmin shared highlights about her and Washington's Doulas4All Coalition's work to achieve their \$3500 Medicaid doula reimbursement rate. She spoke about [Surge Reproductive Justice](#) and the [Doula4All Coalition](#), and their focus on Black, Indigenous, and BIPOC birth workers, particularly those rooted in community work and support. She also stressed the importance of culturally congruent care, and how the Coalition created a voluntary competency-based model for the state of Washington, so as to allow doulas who chose not to become state credentialed, to still be able to call themselves, and to practice as, doulas. Additionally, Jazmin shared some of the strategic considerations and decisions that culminated in Washington's historic \$3500 reimbursement rate.

Jessica spoke about the efforts that led to a substantial increase in Michigan's Medicaid reimbursement rate for doulas in October 2024. She shared that it was a relatively small group of a half dozen doulas who were ultimately key in pushing for the higher rates. In Michigan, the original reimbursement rate that went into effect in January 2023 when Medicaid coverage for doula care rolled out, was \$700 for support at labor and delivery, and \$75 per prenatal and postpartum visit, with up to six visits per client, for a maximum possible reimbursement rate of \$1150. Over the next year, individual doulas and the newly formed Doula Advisory Board, repeatedly shared with the state that reimbursement rates were not equitable or sustainable, and that this was one of the reasons for the relatively low uptake of the benefit. Through a combination of individual meetings, grassroots organizing, and other advocacy efforts, the state ultimately announced they would be raising the reimbursement rate for support at labor and delivery to \$1500, and the rate for prenatal and postpartum visits to \$100 per visit with an allocation of 12 visits, for a new maximum possible reimbursement rate of \$2700.

Twylla shared the reality that in states that have already implemented Medicaid coverage for doula care, there continue to exist many barriers, especially for community-based doulas to successfully enroll as Medicaid providers and be successfully reimbursed. For example, doulas seeking to become Medicaid providers continue to face challenges in certification and credentialing, data collection, and billing, as well as low reimbursement rates and reimbursement delays. In response, HealthConnect One has been working to support doulas nationally, both around increasing reimbursement rates (see, e.g., [Changing the Narrative: The Doula Medicaid Reimbursement Storybook](#) and [Getting Doulas Paid Policy Brief](#)), as well as, more recently, publishing a [Core Competency Document](#) to serve as a toolkit for states and managed care organizations thinking about core competencies for doula trainings.

The webinar closed with a lively Q&A which touched on such topics as strategies to expand access other than through state policies, building bipartisan relationships and support, how to structure a doula coalition, creation of a Doula Advisory Board, and more.

Webinar 2: Doula Care in Rural Communities

August 25, 2025

View [webinar landing page](#), [recording](#), and [slides](#)



August 25th, 2025

10 AM PT / 1 PM ET

REGISTER TODAY:

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WEBINAR:

Doula Care in Rural Communities

We are all collectively bearing witness to a maternal health access crisis in rural communities across the country, with the acceleration in recent years of the consolidation of hospitals and closures of rural hospitals and/or maternity wings of rural hospitals. In the midst of this crisis, we are also seeing a growing number of states implementing or considering Medicaid coverage of doula care. Might doulas be able to help provide the education, advocacy, and support to address some of the gaps in care in rural communities that rely on Medicaid? What type of financing and policies would be needed to enable such a doula workforce to be successful?

This webinar will bring together Sydney Comstock, Researcher with the [Center for Reproductive Health Research in the Southeast \(RISE\)](#) in Georgia, Sarah Tewhey, Co-Director of the [Maine Doula Coalition](#), and Misty Pipe, a Certified Indigenous Birthworker from [Sacred Bundle Birthwork](#) in Montana, to discuss their work and advocacy around doula care in rural communities.

This webinar is the second in a series of webinars from the National Health Law Program's Doula Medicaid Project to lift up its [Best Practices for Medicaid Coverage of Doula Care](#).

Please save the date for the third webinar in this series, coming up on **Friday, September 26** at 10 am PT/1 pm ET, on the topic of Partnerships Between Doulas and State Medicaid Agencies. More details and registration info are forthcoming.



Sydney Comstock

Researcher
Center for Reproductive Health
Research in the Southeast (RISE)



Sarah Tewhey

Co-Director
Maine Doula Coalition



Misty Pipe

Certified Indigenous
Birthworker
Sacred Bundle Birthwork

We are all collectively bearing witness to a maternal health access crisis in rural communities across the country, with the acceleration in recent years of the consolidation of hospitals and closures of rural hospitals and/or [maternity wings of rural hospitals](#). In the midst of this crisis, we are also seeing a growing number of states implementing or considering Medicaid coverage of doula care. Our second webinar grew out of the question, would doulas be able to help provide the education, advocacy, and support to address some of the gaps in care in rural communities that rely on Medicaid? If so, what type of financing and policies would be needed to enable such a doula workforce to be successful?

This webinar brought together Sydney Comstock, Researcher with the Center for Reproductive Health Research in the Southeast (RISE) in Georgia, Sarah Tewhey, Co-Director of the Maine Doula Coalition, and Misty Pipe, a Certified Indigenous Birthworker from Sacred Bundle Birthwork in Montana, to discuss their work and advocacy around doula care in rural communities.

Sydney provided background on regions across the United States that lack or have insufficient access to obstetric providers and hospital maternity care, and how such lack of access leads to severe maternity morbidity in rural parts of the country. In Georgia, she and a team at Emory University collaborated with Healthy Mothers, Healthy Babies of Georgia's Doula Access Working Group to create the Georgia Doula Study, in part to look at facilitators and barriers to the work of, and from the perspective of, community birth workers. This work culminated in the publication of ["I Live in a Doula Desert": A Community-Engaged Study of Doula Care in Rural Georgia](#). Through a combination of surveys and interviews, her research found four main themes: 1) gaps in perinatal and social services in rural areas; 2) the impact of poverty in rural areas on perinatal options, including doula access; 3) long distances between doulas, rural clients, and health care; and 4) childbirth education disparities, resulting in knowledge gaps that doulas could potentially help fill. She closed by sharing some recommendations for building the doula workforce in rural communities, such as scholarships from larger doula training organizations, offering virtual trainings, providing budgets for doula training organizations to hold in-person trainings in different geographic areas. She also lifted up the importance of sustainable reimbursement rates that cover travel costs for a birth, investing in rural broadband, certifying doulas as perinatal community health workers, and building trusts between doulas and hospital medical teams.

Sarah introduced herself as a white rural Mainer whose family has been in Maine for 12 unbroken generations, while also acknowledging that her own expertise is limited by her experience as a white settler on land that has been inhabited and stewarded by the Wabanaki people for hundreds of generations. She shared that Maine has the second highest proportion of rural residents in the country (Vermont has the highest), and that almost 40% of births in Maine are financed by Medicaid. In the last 15 years, the state has lost 12 hospital OB units, seven of which have occurred since 2023, and four of which occurred in 2025 alone. The [Maine Doula Workforce Assessment](#), conducted in 2023, found that the more rural areas of the state are being negatively

impacted not only by hospital OB unit closures, but also higher rates of poverty and lack of access to doulas. She shared about the deeply community-oriented nature of rural doulas in Maine, and the critical services they provide that sometimes no one else does. She also shared about the many challenges doulas working in rural Maine face, such as supporting clients needing to transfer to different hospitals because of hospital OB closures, and addressing the stress of clients not sure they can make it to the hospital in time by, for example, helping them think through child care plans.

Misty spoke about her work as an Indigenous doula in the Northern Cheyenne Reservation in Montana, which has 12 tribal nations: Assiniboine, Blackfeet, Chippewa, Cree, Crow, Gros Ventre, Kootenai, Little Shell Chippewa, Northern Cheyenne, Pend d'Oreille, Salish, and Sioux. Misty shared that the Northern Cheyenne Nation was the last tribe in the United States to be put on a reservation, and recognized this as a testament to the resilience of her ancestors. She said that her work with [Sacred Bundle Birthwork](#) encompasses a holistic birth work, and that in her community they tend to use the term “birth worker” rather than “doula.” Her reservation is a two hour drive from the nearest hospital, so midwives come once a week to meet with the pregnant people at the reservation. There are high maternal and infant mortality rates in her community, as well as higher rates of childbirth complications. Nevertheless, the doulas who work in the reservations are able to help support pregnant people before, during, and after childbirth, including watching for signs of postpartum depression. Misty spoke about the importance in a state like Montana – where half the state lacks adequate access to hospitals and birth care – of expanding access to telehealth in rural communities, as well as expanding infrastructure for local doula care and local health care workers.

Misty then spoke about the rarely-taught, shameful truth of what the United States did to Indigenous Americans, in which generations of Indigenous children were abducted from their families and communities and forced into horrific and abusive so-called “Indian boarding schools,” often hundreds of miles away from their homes. There were more than 526 such United States government-funded and often church-run schools across the country. These policies of family separation and cultural eradication have resulted in intergenerational trauma that continues to reverberate today. Not until recently was an investigation into the Indian Boarding Schools launched by then Secretary of the Interior Deb Haaland, which, horrifically, identified burial sites at dozens of these schools. Misty also spoke, movingly, of the Indigenous legacies of birth work and other cultural knowledge that were made dormant by these generations of children who were stolen from their families, teachings that in some places is now being reawakened.

The webinar concluded with each of the panelists sharing parting words. Sydney stressed how she tries to remember every day the importance of continuing to uplift the voices of doulas and birth workers, and to work towards policies and procedures to “support the supporters.” Sarah expressed her desire for the Maine Doula Coalition to connect with other rural doulas across the country so that they could share information, steer each other through their struggles, and share the joys of the work. Misty encouraged attendees interested in cultural sensitivity trainings to check out

Dr. Amy Stiffarm's [Cultural Safety Practices for Working with Indigenous Birth Givers in Montana](#), which was created for those who provide care for or work with Indigenous families during the perinatal period.

There was an active Q&A chat throughout the webinar. Some of the questions we were not able to get to during the webinar were graciously answered by our panelists after the fact. You can see the full list of Q&A [here](#).

Additionally, we want to note that beginning in 2025, NHeLP transitioned away from using the term “health care desert” to describe geographic areas that are structurally denied access to care. The desert metaphor suggests that the barriers to care are naturally occurring, obscuring the centuries of deliberate health care system disinvestment, health insurance barriers, medical exploitation, and reproductive oppression targeting Black, Indigenous, and other low-income and underserved communities in the United States. Further, the metaphor erases the abundance of deserts and the Indigenous communities who have lived and thrived in them for millennia, reinforcing colonial narratives that label them barren. Instead, we strive to name the role of institutions, policies, and other structures in denying communities access to care. What we name, we can dismantle.

After the conclusion of the webinar, NHeLP shared the following additional resources on terminology for communities that lack adequate maternity care. We are grateful to Professor Katy Backes Kozhimannil at the University of Minnesota for sharing these resources with us. Her work on this issue is what led NHeLP to begin its discussions on changing the terminology we use when we refer to communities that lack adequate maternity care.

- [Declining access to US maternity care is a systemic injustice](#) by Katy Backes Kozhimannil
- [Perinatal Health in U.S. Communities Without Maternity Care](#) by Julia D. Interrante and Katy Backes Kozhimannil

Webinar 3: Partnerships Between Doulas and State Medicaid Agencies

September 26, 2025

View [webinar landing page](#), [recording](#), and [slides](#)

NATIONAL HEALTH LAW PROGRAM

September 26th, 2025
10 AM PT / 1 PM ET

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WEBINAR:
Partnerships Between Doulas and State Medicaid Agencies

As of September 2025, close to half of all states in the United States have implemented Medicaid coverage for doula care. Already, doulas and policy advocates have observed that among the most successful programs for Medicaid coverage for doula care have been implemented with close and direct partnerships between doulas and State Medicaid Agencies. Particularly important are relationships with community-based doulas and doula groups, Black doulas and Black-led doula groups, and doulas and doula groups already serving Medicaid enrollees and low-income clients. This webinar will bring together doulas, advocates, and former State Medicaid Agency staff to discuss the value of creating sustainable partnerships between doulas and State Medicaid Agencies during the doula Medicaid implementation process.

Our panelists are Khefri Riley, Co-Founder and Director of Frontline Doulas; René Mollow, former Deputy Director of the California Department of Health Care Services, Health Care Benefits and Eligibility; and Sapphire Garcia-Lies, Founder and Executive Director of the Kansas Birth Justice Society, who will discuss the collaboration and partnership work that took place during implementation of Medicaid coverage for doula care in California and Kansas, respectively.

This webinar is the third in a series of webinars from the National Health Law Program's Doula Medicaid Project to lift up its [Best Practices for Medicaid Coverage of Doula Care](#).


René Mollow
Former Deputy Director
California Department of Health Care
Services, Health Care Benefits and
Eligibility


Khefri Riley
Co-Founder and Director
Frontline Doulas


Sapphire Garcia
Founder and Executive Director
Kansas Birth Justice Society

Our third and final webinar from this series was on the necessity for functional partnerships between doulas and state Medicaid agencies. As of September 2025, when the webinar took place, close to half of all states in the United States have implemented Medicaid coverage for doula care. Already, doulas and policy advocates have observed that among the most successful programs for Medicaid coverage for doula care have been implemented with close and direct partnerships between doulas and State Medicaid Agencies. Particularly important are relationships with community-based doulas and doula groups, Black doulas and Black-led doula groups, and doulas and doula groups already serving Medicaid enrollees and low-income clients. This webinar brought together doulas, advocates, and former State Medicaid Agency staff to discuss the value of creating sustainable partnerships between doulas and State Medicaid Agencies during the doula Medicaid implementation process.

This webinar featured the testimonies of René Mollow, former Deputy Director of the California Department of Health Care Services Health Care Benefits and Eligibility Division from California; Khefri Riley, Co-Founder and Director of Frontline Doulas; and Sapphire Garcia-Lies, Founder and Executive Director of the Kansas Birth Justice Society, to discuss the collaboration and partnership work that took place during implementation of Medicaid coverage for doula care in California and Kansas, respectively.

René opened by stating unequivocally how critical it was for Medicaid agencies and doulas to establish partnerships during the implementation process, and how the failure to do so can likely result in an unsuccessful rollout and short-sighted benefit. For State Medicaid Agencies in particular, she stressed the importance of communication and active listening. She first acknowledged how challenging, and even contentious, the early meetings were, and then described some of the factors that helped contribute to the ultimately successful partnership and implementation in California, such as a neutral meeting facilitator, funding for the Doula Benefit Co-Design Team, a smaller subset of stakeholder workgroup representatives, and a reconceptualization on the part of the state agency staff on how to truly engage with and understand the valuable input of the doula stakeholders. The upshot of a healthy partnership is that the resulting benefit will be much improved, having the insight and input from the “boots on the ground.”

Khefri began by sharing her appreciation for René and her team at the California Department of Health Care Services, and then shared details about the final Medi-Cal doula benefit that rolled out on January 1, 2023, as well as some history about the Doula Benefit Co-Design Team which made it all possible. The Co-Design Team was originally made up of five doulas: Mama Samsarah Morgan of Oakland Better Birth Foundation, Mama Linda Jones from Black Women Birthing Justice, Sayida Peprah-Wilson of Diversity Uplifts, Payshia Edwards of Expecting Justice, and Khefri Riley of Frontline Doulas. In 2024, these five doulas were joined by Chantel Runnels of Sankofa Birthworkers Collective and Kairis Chiaji of Children of the Sun Doula Project. She stressed the importance of doulas advocating for their communities and the needs of birthing families, and fighting to ensure that doulas are at the table and equal partners

in co-creating the Medicaid benefit. She also shared practical tips of some of the strategies used by doulas in California, such as statewide workgroups and listservs, coalition sign-on letters, press coverage, ample use of google docs, and the creation of a [California Medi-Cal Doula Benefit Feedback Form](#).

Sapphire spoke about coming to this work in 2013. In that year, her baby died stillborn after her doctor didn't listen to her. It was at that time that she learned about doulas and the work that they do. Two years later, she had quit her job and started a self-funded pilot project called Sacred Days Doula Service, which aimed to serve Black and Brown families in Wichita. The Sacred Days clients had less than 5% rate of cesarean births, as compared to a 40% rate of cesarean births at the major labor and delivery hospital in Wichita. In 2020, she founded the Kansas Birth Justice Society, and they, along with organizations including the Kansas Breastfeeding Coalition and First Thousand Days Kansas, started having conversations with Kansas Medicaid about reimbursing for doula care. The final doula Medicaid policy had many of the elements the doulas fought for, including coverage of doula care regardless of pregnancy outcome, including stillbirth, miscarriage, and abortion. In the midst of these discussions, the Kansas Birth Justice Society published its white paper, [Coverage of Community-Based Doula Care: A Summary of Initial Stakeholder Convenings with Kansas Doulas](#). Sapphire and other doulas in Kansas continue to work to improve the benefit and build the doula workforce. She closed by sharing the cautionary tale about the granny midwives, who had their autonomy of practice regulated virtually out of existence, and warned that doulas must retain their independence and not let the same thing happen to them.

The webinar then moved on to a Q&A that touched on topics including how to get buy-in for Medicaid doula programs from State Medicaid Agency leadership as well as strategies for pushing back against over-surveillance or over-regulation of doulas,

The webinar also concluded with each of the panelists sharing parting words. René shared how meaningful the partnership she built with the doulas was to her, and expressed that even with the setbacks, challenges, and delays, all the hard work was still well worth it. Khefri noted that the story of California's Medicaid doula benefit implementation was truly the "birth of a benefit," and moreover one that continued the global legacy of birth work and birth workers, whether they were brought over from Africa, Indigenous to American soil, or immigrants. Sapphire shared how doula work is rooted in liberatory work, and again stressed the importance for doulas to keep their work autonomous, hold to their strength, and to never, ever stop working, striving, pushing, and speaking truth to power.





ALL PREGNANT AND POSTPARTUM PEOPLE DESERVE ACCESS
TO FULL SPECTRUM DOULA CARE.



<https://healthlaw.org/doulamedicaidproject>