EXAMINING POLICY LEVERS TO ADVANCE THE EQUITABLE DELIVERY OF MATERNITY CARE

OVERVIEW HANDOUT - AUGUST 2025

In Spring 2025, **graduate students at UC Berkeley's Goldman School of Public Policy** (**GSPP**), in partnership with the **MEND Study at UC San Francisco**, explored **healthcare organization-level policy opportunities to advance maternal health equity in the inpatient setting** during and immediately following labor and delivery. Below is a concise overview of the results of a robust policy analysis that the GSPP team conducted to identify policy strategies California can pursue to reduce the impacts of bias, racism, and inequitable care on perinatal health outcomes. Detailed information about methods, findings, and resources is available in the **full report**.

The Problem

Black women and birthing people in California have a substantially greater burden of maternal mortality, maternal morbidity, and negative or discriminatory care experiences compared to their white counterparts.[1] Other minoritized populations also experience worse outcomes. To date, California's legislative and regulatory efforts have primarily addressed interpersonal and structural drivers of maternal health inequity, with less attention to organization-level drivers. **Mitigating the differential treatment and lower quality of care that women and birthing people of color experience in the inpatient setting is an important policy opportunity for California.**

Policy Solutions

Our policy analysis revealed four types of policies that California lawmakers could pursue to reduce the impacts of bias, racism, and inequitable care on perinatal health outcomes. More information about each policy, strengths, limitations, and implementation considerations are in the full report.

» **Quality Improvement (QI): Mandate evidence-based Implementation of Alliance for Innovation on Maternal Health (AIM) Bundles.** Require select AIM bundles at low-performing hospitals and furnish technical assistance and financial support to ease implementation. The state can choose to provide implementation support itself, or contract organizations with expertise to assist hospitals with the transition. Strengths: AIM bundles have strong evidentiary track records. Some AIM bundles have been voluntarily applied in California and demonstrated impressive results while requiring minimal infrastructural investments.[2] Limitations: AIM bundles typically have numerous components; implementation and monitoring may be challenging.

» **Data Transparency: Require enriched maternity care quality metric reporting to a comprehensive, statewide maternal health equity dashboard.** Expand and consolidate data transparency efforts by requiring hospitals to report to the CMQCC Maternal Data Center all AIM metrics and for these data to be accessible to the Department of Health Care Access and Information (HCAI)). Overseeing this maternal dashboard would become a sub-stream within the Hospital Equity Measures Reporting Program. Strengths: Data transparency and comparison can motivate healthcare improvement. Data reporting and monitoring structures exist, which facilitates administration. Limitations: Hospitals may need additional resources to support associated data collection and reporting.

[1] California Health Care Foundation, "Birth Equity" https://www.chcf.org/resource/advancing-black-health-equity/birth-equity; Feb. 7, 2022.
[2] Main EK, Chang SC, Dhurjati R, Cape V, Profit J, Gould JB. Reduction in racial disparities in severe maternal morbidity from hemorrhage in a large-scale quality improvement collaborative. Am J Obstet Gynecol. 2020;223(1):123.e1-123.e14. doi:10.1016/j.ajog.2020.01.026

» **Financial Incentives: Implement a Medi-Cal quality incentive Pay-For-Performance (P4P) program.** Expand the measures Medi-Cal plans report to the Department of Health Care Services (DCHS) to include all AIM bundle and established patient experience indicators. Medicaid managed care organizations (MCOs) and providers will be eligible for financial incentives with progress towards established benchmarks.[3] Strengths: P4P schemes have been implemented across many settings, and California healthcare players can look to other states' maternity P4P programs for guidance. Limitations: The effectiveness of P4P schemes is contingent upon the fit of the program's design to its ultimate objectives. Unintended consequences can results from poorly designed payment adjustments.[4,5]

» **Care Model Innovation: Create pathways to expand innovative inpatient models of care & perinatal care management.** Create a fund for hospitals and other provider organizations to implement evidence-backed care models for equitable perinatal care. This funding could be integrated with the existing Providing Access and Transforming Health (PATH) Capacity and Infrastructure, Transition, Expansion, and Development (CITED) initiative.[6,7] Strengths: By directly intervening on care delivery in the inpatient setting, rather than through financial or administrative incentives, this policy encourages provider buy-in and flexible program implementation. Limitations: Facilities may struggle to find the additional personnel needed to realize new care models given the shortages and strains of the current healthcare workforce.

Overview of Focal Policy Solutions

Policy Solution	Examples	Policy Category	Takeaways
AIM Bundles	California; Louisiana	Quality Improvement	High efficacy and ready to scale
Maternal Health-Focused Equity Dashboard	Illinois, California (general equity dashboards)	Data Transparency	Aligns existing transparency efforts but may need to support hospital reporting
Pay-for-Performance	14 states	Financial Incentives	Creates strong incentives, must monitor for efficacy
Care Models	ACCURE; PATH CITED	Care Delivery	High flexibility and potential for high efficacy

Overarching Recommendations for Maternal Health Equity Policy Design

To address institutional-level inequities for women and birthing people of color, California should:

- **Pursue multiple policy approaches for maximum effect across political objectives.** The four major policy approaches we highlighted in this report can be utilized in combination to enhance impact.
- **Strengthen California's independent quality improvement and data collection infrastructure.** Policymakers should ensure continuity of the collaborative evidence-generation and dissemination process demonstrated by AIM through transparent and flexible data systems.
- **Reduce healthcare fragmentation by integrating existing programs and policies.** California healthcare and public health systems already have robust administrative, financing, and oversight capabilities. New policies should be designed to integrate with existing systems and reduce administrative burden whenever possible.

[3] Llanos K, Rothstein J, Dyer MB, Bailit M. Physician Pay-for-Performance in Medicaid A Guide for States. Center for Health Care Strategies, Inc.; 2007.
[4] Siden JY, Carver AR, Mmeje OO, Townsel CD. Reducing Implicit Bias in Maternity Care: A Framework for Action. Womens Health Issues. 2022;32(1):3-8. doi:10.1016/j.whi.2021.10.008
[5] NEJM Catalyst. What Is Pay for Performance in Healthcare? Catal Carryover. 2018;4(2). doi:10.1056/CAT.18.0245
[6] Capacity & Infrastructure Transition, Expansion & Development. DHCS PATH. Accessed May 12, 2025.
[7] Justice-Involved Capacity Building Program. DCHS PATH. Accessed May 12, 2