

Perinatal Healthcare Workforce in Nevada

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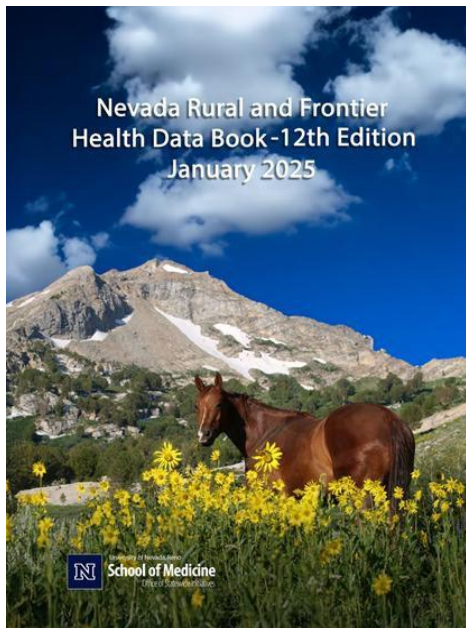


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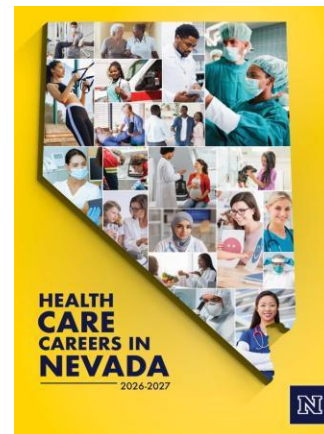
Office of Statewide Initiatives

Nevada Health Workforce Research Center



NEVADA INSTANT ATLAS

Nevada's County-Level Health Database



med.unr.edu/statewide

What is the perinatal healthcare workforce?

- Perinatal healthcare workforce refers to those professionals caring for pregnant individuals and infants from conception through the first year postpartum
- Broadly speaking, the perinatal healthcare workforce includes increasingly diverse, multidisciplinary team(s) of licensed medical and nursing clinicians and professionals, mental and social support workers, and allied health workers in both hospital and community-based settings

What is the perinatal healthcare workforce?

- Obstetricians
- Maternal-fetal medicine specialists (perinatologists)
- Family medicine physicians
- Pediatricians
- Neonatologists
- Physician assistants
- Nurse practitioners (women's health, family, neonatal)
- Anesthesiologists and CRNAs
- Certified nurse midwives
- Perinatal/Labor and delivery nurses
- Neonatal nurses
- Antepartum nurses
- Postpartum nurses
- Perinatal mental health specialists
- Perinatal social workers
- Doulas
- Certified lactation educators, counselors and specialists
- Community health workers
- Care coordinators

Perinatal Healthcare Workforce – Demand Drivers

- Pregnancies are getting more complex
- Mental and behavioral health needs are increasing and being addressed over the perinatal period
- Growth of “maternity care deserts”
- Policy and reimbursement changes are expanding who gets care and for how long

Growing Complexity and Acuity of Pregnancies

- Increasing complexity and volume of care required for each pregnancy due to advancing maternal age and increasing rates of pre-pregnancy obesity, hypertension, type 2 diabetes, and perinatal mental health and substance use disorders (despite flat or declining birth rates)
- Resulting increase in demand for specialized perinatal care, more frequent prenatal visits and consultations, and additional screening and diagnostic testing

Maternity Care Deserts

- Due to low volume, workforce shortages, and financial/legal risk, Nevada has seen the growth of “maternity care desert” defined as areas where no hospitals provide obstetric care, no birth centers, and no obstetric care
- In turn, the growth in maternity care deserts has accelerated demand for perinatal services increasingly concentrated in urban areas of Nevada

Reimbursement by Nevada Medicaid

- The Affordable Care Act's Medicaid expansion – Medicaid finances approximately 13,500 births or 54% of all births in Nevada
- Post-ACA policy drivers such as 12-month continuous postpartum Medicaid eligibility, doula reimbursement, and recent NICU and PICU reimbursement bumps have generated additional demand
- Elephant in the room: Looming impact of H.R.1 or the One Big Beautiful Bill Act on Medicaid spending in Nevada

Perinatal Healthcare Workforce Supply

- Against this backdrop of rising demand, there is a growing shortage providers and practices providing obstetrical care and other perinatal health care services
- Large segments of the perinatal, obstetrical, and nursing workforce are nearing retirement, i.e., demand growth via attrition of the existing workforce
- Generational shifts and preferences toward whole-person, equity-focused perinatal health care

Maternity Care Target Areas (MCTAs)

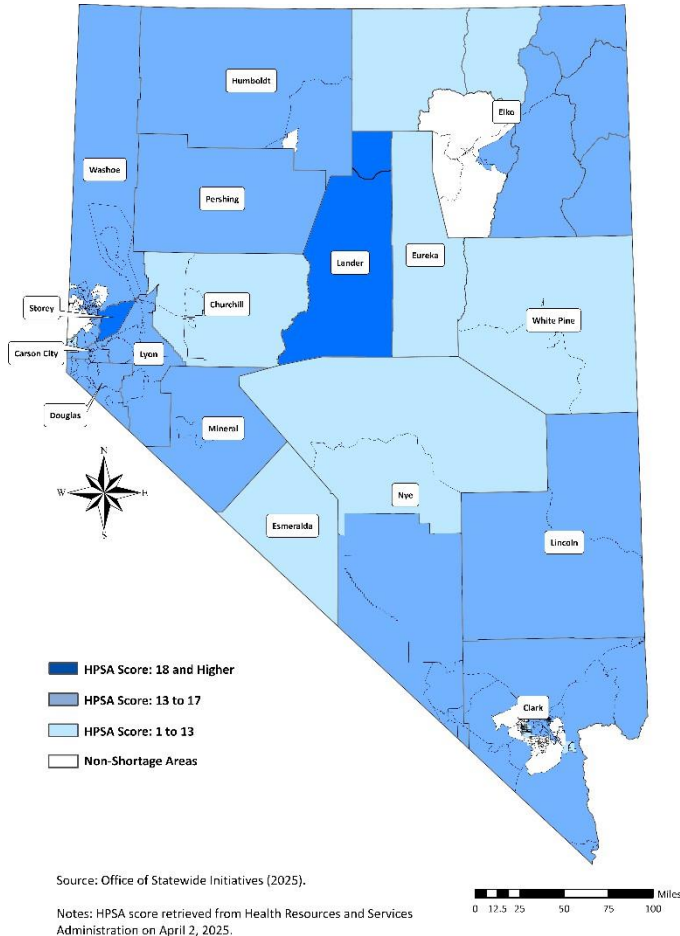
- Health Resources and Services Administration is currently developing a methodology to identify areas with health professional shortage areas that have a shortage of maternity care health professionals and the greatest unmet needs
- Eventually, health professionals and entities within MCTAs will be utilized to inform eligibility for federal loan repayment programs (e.g., National Health Service Corps) and potentially reimbursement from public payors

Maternity Care Target Areas (MCTAs)

- Criteria for designating MCTAs:
 1. Ratio of 15-44 female population to maternity care health professionals (OB-GYNs, CNMs)
 2. Percent of 15-44 female pop at or below 200% FPL
 3. Time and distance to nearest source of maternity care
 4. Fertility rate
 5. Maternal health index based on pre-pregnancy diabetes, obesity, hypertension, smoking, prenatal care, and behavioral health
- MCTAs will build on primary care and mental health HPSAs

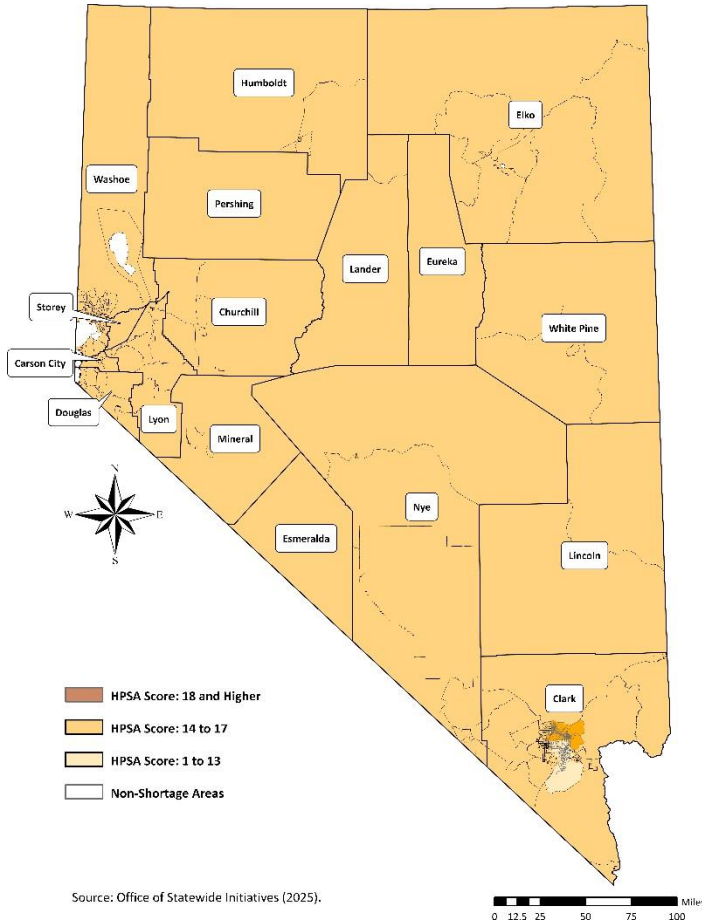
Primary Care HPSAs in Nevada

- An estimated 2.2 million Nevadans or 64.9% of the state's population reside in a federally designated primary care health professional shortage area (HPSA)
- 13 of 17 counties are single-county primary care HPSAs, including 12 of the 14 rural and frontier counties



Mental HPSAs in Nevada

- An estimated 3.1 million Nevadans or 91.3% of the state's population reside in a federally designated primary care HPSA
- 15 of 17 counties are single-county mental HPSAs, including all 14 rural and frontier counties



Health Workforce Shortages by Industry

Additional jobs needed in Nevada health sector industries to meet the national per capita employment averages:

- 10,992 jobs in ambulatory care settings
- 10,660 jobs in acute care and specialty care hospitals
- 8,273 jobs in nursing and residential care facilities
- 11,155 jobs in social assistance services

Health Workforce Shortages by Occupation

Additional jobs needed in Nevada by selected perinatal healthcare workforce occupation to meet the national per capita average employment averages:

- 2,303 physicians
- 251 family medicine physicians
- 80 OB/GYN physicians
- 411 pediatricians
- 4,865 registered nurses
- 123 nurse practitioners
- 775 health care social workers
- 355 physician assistants

The Elephant in the Room: H.R.1 or the OBBBA

- First and foremost, this bill is a tax cut extension bill
- Nonetheless, H.R.1 is the most significant health reform legislation since the passage of the Affordable Care Act in 2010
- Over the next decade, it will result in the largest rollback of health insurance coverage in U.S. history – costs disproportionately concentrated among low-income Americans
- Much of the good stuff is front loaded, while the pain will begin to occur after the 2026 mid-term elections



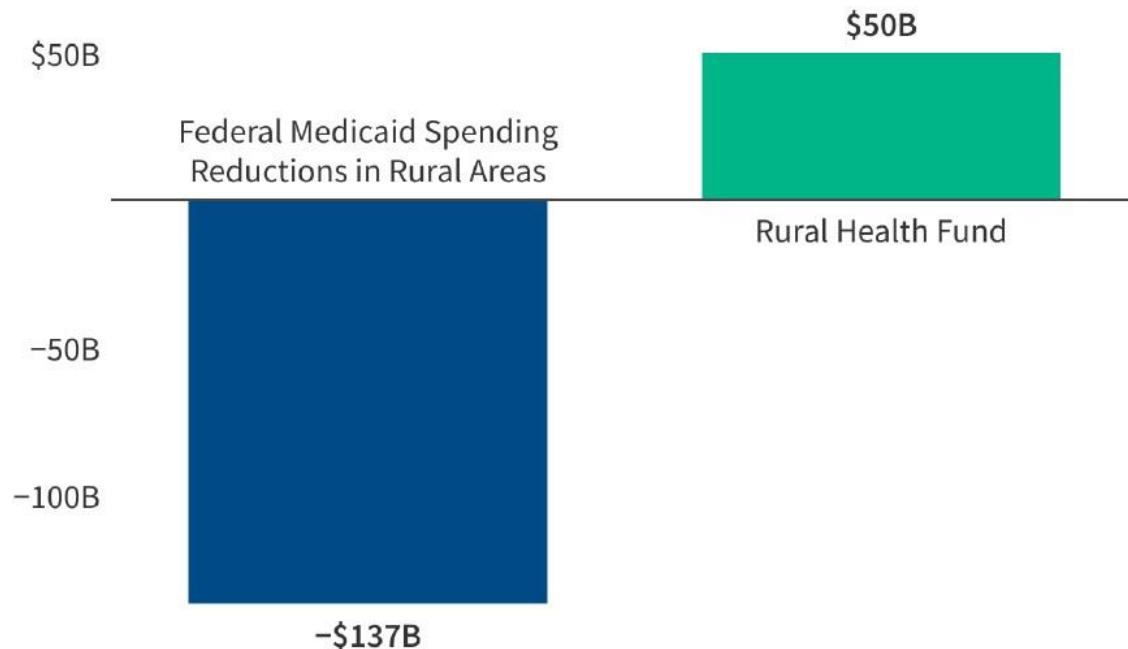
H.R. 1's Medicaid Program Changes = Reduced Medicaid Spending

- Work requirements
- Eligibility redeterminations
- Retroactive eligibility reductions
- Expanded cost sharing on beneficiaries
- Provider tax restrictions
- Marketplace subsidy elimination and sunset of enhanced premium tax credits
- Stricter eligibility standards for marketplace plans

H.R.1 – Projected Impacts in Nevada Due to Changes in Enrollment and Eligibility

- **Medicaid coverage losses** – Nevada Health Authority estimates 100,000 Nevadans or 12.5% of Medicaid enrollees could lose coverage in 2027 to 2028 (after the mid-term elections)
- **Marketplace coverage losses** – New restrictions – such as preventing lawfully present immigrants to access Marketplace subsidies and tax credits (e.g., those seeking asylum in the US) – will cause additional insurance coverage losses among low- and middle-income Nevadans
- **Providers will be squeezed** – Reduced Medicaid enrollment/spending and state directed payments to hospitals in Nevada will negatively impact inpatient revenues and operating margins

Rural Health Fund May Offset Only 37% of Estimated Federal Cuts to Rural Medicaid Spending



Source: Joan Alker, "H.R.1's Medicaid Cuts and the Rural Health Equation." February 10, 2026.



"Your prognosis is tied to the outcome of the election."