

COMMISSIONER SUBMITTED BDR CONCEPTS

Jonathan Chastain	Payment Reform: Transition from Global Maternity Payments to Visit-based billing for prenatal and postpartum care in Medicaid (57). Eliminating out-of-pocket costs for prenatal, delivery, and postpartum care (15). Enhanced reimbursement for rural maternal health services in Medicaid (17) and Provide coverage and reimbursement for remote patient monitoring (11), social determinants of health screening (52), and payment incentives for behavioral health screening and referrals (36).
Jonathan Chastain	Perinatal Quality & Safety Infrastructure Establish a statewide Perinatal Quality Collaborative (42) to standardize obstetric care; require implementation of AIM patient-safety bundles across all birthing facilities (4); achieve and maintain the federal Birthing-Friendly Hospital Designation (6). Develop a statewide ICU-in-pregnancy surveillance to identify preventable maternal complications (54).
Jonathan Chastain	Pregnancy Medical Home Model Establish a PMH model in Medicaid designed to improve maternal infant health outcomes supported by care management payments and quality expectations (18).
Bethany Sexton	Perinatal Quality Collaborative and AIM Bundle Requirement Establish a statewide Perinatal Quality Collaborative (42) and require all birthing hospitals to implement AIM maternal patient-safety bundles (4), support by payer aligned quality incentives.
Bethany Sexton	Perinatal Services Modernization Expand Medicaid perinatal services by establishing a pregnancy medical home model (18), expanding coverage for lactation support (23), coverage and reimbursement for group prenatal care (23), coverage and reimbursement for social determinants of health screenings (52), and Mom and Baby Home Visiting (34)
Bethany Sexton	Payment Reform: Transition from Global Maternity Payments to Visit-based billing for maternity care (57), and enhanced reimbursement for rural maternal health services (17).
Travis Walker	Perinatal Quality Collaborative: Establish a statewide PQC to coordinate quality improvement, share data, and standardize evidence-based practices across the state (42).
Travis Walker	Dyadic Intervention: Require Medicaid to reimburse and incentivize services that treat the parent and infant together, addressing maternal mental health during pediatric visits through MCO requirements (13).
Travis Walker	Birthing Friendly Hospital Designation: Require all birthing hospitals in the state to achieve and maintain federal "Birthing-Friendly" designation with MCO financial support, recognizing hospitals meeting core maternal safety and quality standards (6).
Marilyn Kirkpatrick	Eliminating Out-of-Pocket Costs for Perinatal Care: Eliminate out-of-pocket costs for prenatal, delivery, and postpartum care across Medicaid and regulated commercial plans to reduce access barriers (15).
Marilyn Kirkpatrick	Expand Coverage for Prenatal and Parenting Education: Expand coverage for prenatal and parenting education to improve maternal readiness and reduce downstream costs, particularly for high-risk populations (21).

Marilyn Kirkpatrick	Campaign to Improve Prenatal Care: Launch a statewide prenatal-care improvement campaign and create a hotline or dashboard to support real-time referral access and navigation to perinatal resources
Andria Peterson	Pregnancy Medical Home Model and Payment Reform: Establish a Medicaid Pregnancy Medical Home model (18), transition maternity care to visit-based billing (unbundling, 57), and enhance reimbursement for rural maternal health services (17) to modernize perinatal payment structures.
Andria Peterson	Quality and Patient Safety Infrastructure: Establish a statewide Perinatal Quality Collaborative under the Nevada Health Authority (42) and modernize the Maternal Mortality Review Committee through accelerating data collection and review so cases are analyzed closer to real time.
Andria Peterson	Perinatal Behavioral-Health Integration: Integrate perinatal behavioral health into cross-agency innovation initiatives (26)
Adam Porath	Unbundling Transition from global maternity payments to visit-based billing for prenatal and postpartum care in Medicaid (57)
Adam Porath	Enhanced Reimbursement for Rural Health Services Incentivize providers to provide increased access to maternal health services in rural Nevada (17)
Adam Porath	Perinatal Quality Collaborative Provide funding for the establishment and maintenance of a statewide collaborative on perinatal quality (42)
Mark Glyman	Ensuring Exceptional Health Care and Retaining Physicians in Nevada The legislature would provide the means to ensure parity in both federal state and private insurance reimbursements commensurate with the 75 percentile of the national average. Currently Nevada ranks 49 out of 50 in health care largely because of the lack of providers or qualified ones. While residents' programs exist, most residents leave to pursue their careers in other states. Nevada physicians' reimbursements are the lowest in the nation, with Medicare reimbursements being 1/5 or less of California New York or New Jersey. When the cost of living in Nevada was low. Nevada could retain providers. Now with parity. Doctors are retiring and leaving the state, leaving significant gaps in care. With parity in pay, Nevada will be able to attract and retain physicians. In addition with better healthcare Nevada will be more favorable to attract good businesses
Mark Glyman	Access to Health Care Require that on call hospital providers treat patients regardless of ability to pay, to ensure access to needed hospital services.
Ikram Khan	Payment Reform Eliminating Out-of-Pocket Costs for Prenatal, Delivery, and Postpartum Care (15), Enhanced Reimbursement for Rural Health Services (17), Establish a pregnancy medical home (PMH) model (18), and enhance workforce competencies in perinatal behavioral health (16)
Ikram Khan	Coordinated Prenatal Care Coordinated prenatal care from primary care and specialty providers with rural case management (10)