



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

May 18, 2026

Dylan Malmlov, Executive Director
Nevada Patient Protection Commission
Nevada Health Authority
Carson City, Nevada

Dear Mr Malmlov:

Thank you for inviting American College of Obstetricians and Gynecologists, Nevada Chapter (ACOG NV) input to the Patient Protection Commission's (PPC) discussion relative to maternal and perinatal health policy. We commend the depth of your investigation and discussion. We put your priority input list out to the ACOG Advocacy Team and received a few in depth responses which we summarize here.

1. **Unbundling.** This refers to the action that will be accomplished as of January 2027 replacing one-size-fits-all "global billing" with multiple individual procedure codes. This is a policy action agreed to by ACOG and the American Medical Association and there will not be an option to select global billing vs. individual codes on a patient by patient basis.

The benefit will be that providers can be reimbursed for a wide range of care needs during the prenatal and perinatal periods, including screening for behavioral health needs and, for behavioral health providers, treating those needs.

The concern is that insurance providers may delay the provision of care or challenge the need for care as part of their management practices, thus limiting access to care. Additionally, while prenatal care is currently classified as "preventative" and 100% covered, with unbundling, some care may be classified as "problem response" and subject to co-pays; thus this could increase the cost of maternity care.

Specifically, we received the feedback pasted at the end of this memorandum from Jeff Snyder, Executive Director, OB/GYN Associates of Reno. The policy action may be to review implementation of the new codes by reviewing payor utilization management practices.

2. **Improving Access to Prenatal Care.** Two of the PPC priority items received the most ACOG support – reimbursing for group-based prenatal care, which may be particularly helpful for patients needing to build knowledge, confidence, and trust in the pre and perinatal care system, and remote patient monitoring, which can be really important for rural patients and those lacking individual means of transportation.
3. **Perinatal Quality Collaborative.** This is a very important initiative, yet it will not be simple to create one. The primary difference between a PQC and a hospital that adopts the AIM (Alliance for Innovation on Maternal Health) principles, or is deemed a birthing friendly hospital, is that the

PQC has mandatory participation metrics while the AIM is voluntary. To ACOG's understanding, very few hospitals in Nevada has adopted the goal of meeting AIM standards.

4. **Integrating Behavioral Health into Care.** This is an extremely important goal. Unbundling may help with assuring reimbursement, but a concern is how to educate and encourage providers to undertake the screening and be prepared to make referrals. Thus, ACOG supports payment incentives for screening and referral for behavioral health care. Dr. Koch chairs the Maternal Mortality Review Committee and reports that much of the mortality and morbidity is due to behavioral health and substance use disorder challenges.

We also want to offer that ACOG NV is strongly in favor of the following:

- Expanding insurance coverage of menopause (including pre and post) to include non-hormonal treatments
- Addressing the cost of maternity by limiting co-pays and deductibles; unbundling should solve the problem of two co-pays for the "global billing" when a pregnancy crosses two calendar years, but patients may still have to meet their deductible in each of two years.
- Requiring corn masa flour to be fortified with folic acid (see California information pasted below)
- Preventing endocrine disruption by eliminating "forever chemicals" (PFAs - Per- and polyfluoroalkyl substances); this could be addressed by removing thermal paper from receipt processing, especially in food establishments and eliminating use of vinyl gloves in food establishments.

Again, thank you for inviting our participation in this important work. We congratulate you and the members of the PPC on the number and range of issues given consideration. Please see additional information appended below.

Sincerely,

Sandra Koch, MD
ACOG Nevada Section Legislative Chair

Tim McFarren, MD
ACOG Nevada Section Legislative Co-Chair

From Jeff Snyder related to Unbundling:

Some of the major concerns [related to unbundling] include:

- Significant increase in documentation and administrative burden

The new system effectively converts pregnancy care into a highly fragmented fee-for-service structure requiring substantially more E/M documentation, coding specificity, claim submission activity, denial management, and audit exposure. This may disproportionately affect smaller and independent OB practices, especially in underserved or rural areas.

- Risk that payers may authorize only the "minimum" prenatal care

One of the largest concerns is that insurers and Medicaid managed care organizations could use unbundling to limit access to medically appropriate prenatal care by:

- restricting the number of covered prenatal visits,
- denying additional surveillance visits,
- requiring prior authorization for monitoring or follow-up,
- downcoding visits that are clinically necessary,
- or effectively "rebundling" services internally while reducing reimbursement.

- Potential Affordable Care Act and patient cost-sharing implications

Routine prenatal care is generally covered at 100% under the Affordable Care Act as preventive maternity care. However, under a highly unbundled system, visits addressing complications such as hypertension, gestational diabetes, bleeding, fetal growth restriction, preterm labor symptoms, or other pregnancy-related concerns may potentially trigger different coding classifications and patient cost-sharing obligations.

This raises concern that patients could face:

- additional copays,
- deductibles,
- coinsurance,
- or confusion regarding what is considered “preventive” versus “problem-oriented” pregnancy care.

There is a real risk that financially vulnerable patients may delay care or avoid additional evaluations due to uncertainty about out-of-pocket costs.

- Increased audit and compliance exposure

OB/GYN practices that historically operated within a bundled maternity framework will now face substantially increased coding complexity and payer scrutiny. This could accelerate administrative burnout and increase consolidation pressure on and access especially in rural areas.

- Potential impact on Nevada maternal access

Nevada already faces challenges with OB access, workforce recruitment, Medicaid participation, and rural maternity coverage. If these coding changes result in increased administrative burden combined with reimbursement instability, there is concern they could further destabilize OB practices and reduce access to maternity care.

As these national coding changes move toward implementation, it may be worthwhile for the PPC and policymakers to monitor:

- payer utilization management practices,
- prenatal visit limitations,
- denial trends,
- patient cost-sharing implications,
- and preservation of adequate reimbursement and access for maternity care services.

I think this issue has the potential to significantly affect both maternal health access and the sustainability of OB practices in Nevada over the next several years.

Fortification of Corn Masa

Yes. Under Assembly Bill 1830, California is the first U.S. state to require the fortification of corn masa flour and wet corn masa products with folic acid. The mandate, which went into effect on January 1, 2026, requires products sold or distributed in the state to contain folic acid in the following amounts: [CDPH \(.gov\) +3](#)

- **Corn Masa Flour:** At least 0.7 milligrams per pound.
- **Wet Corn Masa Products:** Up to 0.4 milligrams per pound. [BASS Medical Group +1](#)

The law also requires the added folic acid to be clearly declared on the nutrition label. Public health officials championed the requirement to help prevent serious birth defects (such as neural tube defects) in Hispanic infants, as Latina women historically face unique challenges in meeting daily folic acid recommendations. [CDPH \(.gov\) +3](#)

Important Exceptions:

- The mandate does **not** apply to small businesses or restaurants that make their own masa/tortillas from scratch on-site.
- It generally does not apply to pre-packaged snack foods. [BASS Medical Group +1](#)

