

## POLICY MENU

## PERINATAL HEALTH WORKFORCE RECOMMENDATION OPTIONS

To identify the potential recommendations for Nevada's perinatal workforce, each policy option in this menu was assessed using a structured impact-feasibility framework. Impact measured a policy's ability to strengthen Nevada's perinatal workforce across clinical, behavioral, community-based, and rural settings; address documented maternity care shortages; expand continuity and coordination of care; and align with evidence-based strategies. Feasibility considered the administrative, regulatory, financial, and operational lift required, including how well a policy integrates with existing capacity and infrastructure.

Recommendations were developed by integrating perinatal considerations into workforce recommendations in the Nevada SHARP assessment, stakeholder presentations, and a review of national and state-level perinatal workforce literature. Items already addressed through selected BDR topics were removed to avoid duplication.

## TOP SCORING PRIORITIES

**Expand perinatal behavioral health training and credentialing opportunities for clinicians, behavioral health providers, and affiliated professionals.<sup>1-6</sup>**

- *Example:* The Maternal Mental Health NOW-UCLA training series, funded by California Health Care Foundation, provides self-paced online CME and CEU modules covering screening, psychosocial assessment, and intervention for a broad range of clinicians.<sup>7</sup>

**Fund career pathways and training programs to build a diverse perinatal workforce.<sup>8-11</sup>**

- *Example:* New York state-financed training that moves entry level roles into higher credential clinical roles at no cost to the worker.<sup>8</sup>
- *Example:* Federal support for community-based organizations to train doulas, CHWs, and peer supports as a recognized part of the maternity care team.<sup>12,13</sup>

**Strengthen perinatal GME pathways to increase specialty training, improve rural workforce distribution, and reinforce long-term clinician retention.**

- *Example:* Subspecialty training slots that anchor high-acuity newborn care capacity in the state.<sup>14</sup>
- *Example:* Scholarship and stipend support paired with rural clinical placements and a service obligation.<sup>15,16</sup>

**Develop team-based perinatal care models to improve comprehensive, coordinated care across pregnancy, birth, and postpartum.**

- *Example:* Ohio Comprehensive Maternal Care, a prospective per-member-per-month payment scaled to each member's risk-level spanning prenatal, birth and postpartum care supports team-based care practices.<sup>17</sup>
- *Example:* RMOMS grant funds rural hospitals, clinical, and referral centers to operate as a single coordinated network with shared protocols and defined transfer pathways.<sup>18</sup>

**Scale technology-enabled perinatal care models to improve access, coordination, and specialty support.**

- *Example:* MiPATH, developed in partnership with ACOG and the University of Michigan, uses telehealth and remote monitoring to offer a flexible, individualized prenatal care schedule that combines in-person and virtual visits based on medical and social risk.<sup>19,20</sup>
- *Example:* Massachusetts' MCPAP for Moms provides real-time psychiatric consultation to clinician, providing quick specialist input on perinatal mental health concerns.<sup>21</sup>

### **Align provider incentives with state's quality strategy to improve performance on perinatal quality metrics.**

- *Example:* Several states use Medicaid payment and incentives to drive maternity care outcomes, for instance, Illinois, provides one-time bonuses to clinicians for completing postpartum visits either within 26 days or within 27-89 days, linking payment incentives to timely postpartum care.<sup>22</sup>

### **Scale perinatal behavioral health collaborative care models that integrate screening, follow-up, and coordinated treatment for perinatal mental health conditions.**<sup>23</sup>

- *Example:* The COMPASS program is a perinatal collaborative care model that integrates routine depression screening, proactive follow-up by a care manager, and coordinated treatment with psychiatric consultation to strengthen perinatal mental health care.<sup>24</sup>

### **Develop a unified perinatal workforce registry capturing licensure, certification, FTE, practice location, Medicaid status, specialty, languages, and geographic availability to improve workforce data quality.**

- *Example:* Oregon's Health Care Workforce Reporting Program embeds a mandatory survey in license renewals to gather detailed provider data, including hours worked to calculate FTE, practice location, Medicaid participation, and specialties to enable detailed workforce analyses via interactive dashboards and reports.<sup>25,26</sup>

### **License and reimburse CPMs and CMs to strengthen access to community-based perinatal care, especially in underserved regions.**

- *Example:* Minnesota and Washington reimburse midwives without a nursing degree, specifically CPMs in Minnesota and Licensed Midwives in Washington for perinatal services to expand the maternal health workforce and fill access gaps in underserved areas profession and access to maternity providers in underserved regions.<sup>27,28</sup>

### **Enable licensure portability and expand scope of practice for advanced perinatal practitioners.**

- *Example:* Adoption of multistate licensure compacts and streamline appropriate practice authority for key perinatal professions like nurses and physician assistants.<sup>29,30</sup>
- *Example:* State reforms that transition physician assistant supervision requirements to collaborative practice models.<sup>31,32</sup>

## **MENU OF POLICY OPTIONS**

### **EDUCATION AND TRAINING**

#### **Perinatal Career Pathways Programs**

1. Fund career pathways and training programs to build a diverse perinatal workforce.<sup>8-11</sup>
2. Expand perinatal behavioral health training and credentialing opportunities for clinicians, behavioral health providers, and affiliated professionals.<sup>1,2</sup>
3. Strengthen paramedicine obstetric emergency readiness training to equip EMS personnel with competencies in obstetric stabilization, neonatal resuscitation, and postpartum assessment.<sup>33-35</sup>

#### **Health Professions Education Pathways**

4. Fund development of perinatal health professions tracks in underserved areas.<sup>36</sup>
5. Recruit preceptors for rural education tracks through loan repayment, stipends, and other incentives.

#### **Perinatal Graduate Medical Education (GME)**

6. Strengthen perinatal GME pathways to increase specialty training, improve rural workforce distribution, and reinforce long-term clinician retention.

### **RECRUITMENT, RETENTION, AND PRACTICE FLEXIBILITY**

7. Develop loan forgiveness programs for perinatal clinicians serving in shortage areas.<sup>37</sup>
8. Reduce malpractice insurance burden for providers to stabilize obstetric workforce participation and rural retention.<sup>38</sup>
9. License and reimburse CPMs and CMs to strengthen access to community-based perinatal care, especially in underserved regions.
10. Enable licensure portability and expand scope of practice for advanced perinatal practitioners.<sup>39</sup>

11. Offset cost-of-living and transportation barriers for rural rotations and practice through stipends, relocation support, and travel allowances.
12. Streamline perinatal provider hospital credentialing and Medicaid managed care enrollment processes to reduce onboarding delays.
13. Implement provider well-being initiatives, including mental health supports, flexible scheduling, trauma-informed staffing models, and administrative load reduction to stabilize perinatal workforce participation.
14. Develop regional hubs and learning collaboratives to provide training for the non-traditional workforce including Medicaid enrollment support, billing navigation, peer networks, and referral coordination.<sup>40–42</sup>

## INNOVATIVE CARE MODELS AND TECHNOLOGY

### Team and Community-Based Care Models

15. Develop team-based perinatal care models to improve comprehensive, coordinated care across pregnancy, birth, and postpartum.<sup>43–45</sup>
16. Scale perinatal behavioral health collaborative care models that integrate screening, follow-up, and coordinated treatment for perinatal mental health conditions.<sup>23</sup>
17. Align provider incentives with state’s quality strategy to improve performance on perinatal quality metrics.<sup>46</sup>
18. Set provider reimbursement rates at competitive national levels to recruit and retain perinatal providers.

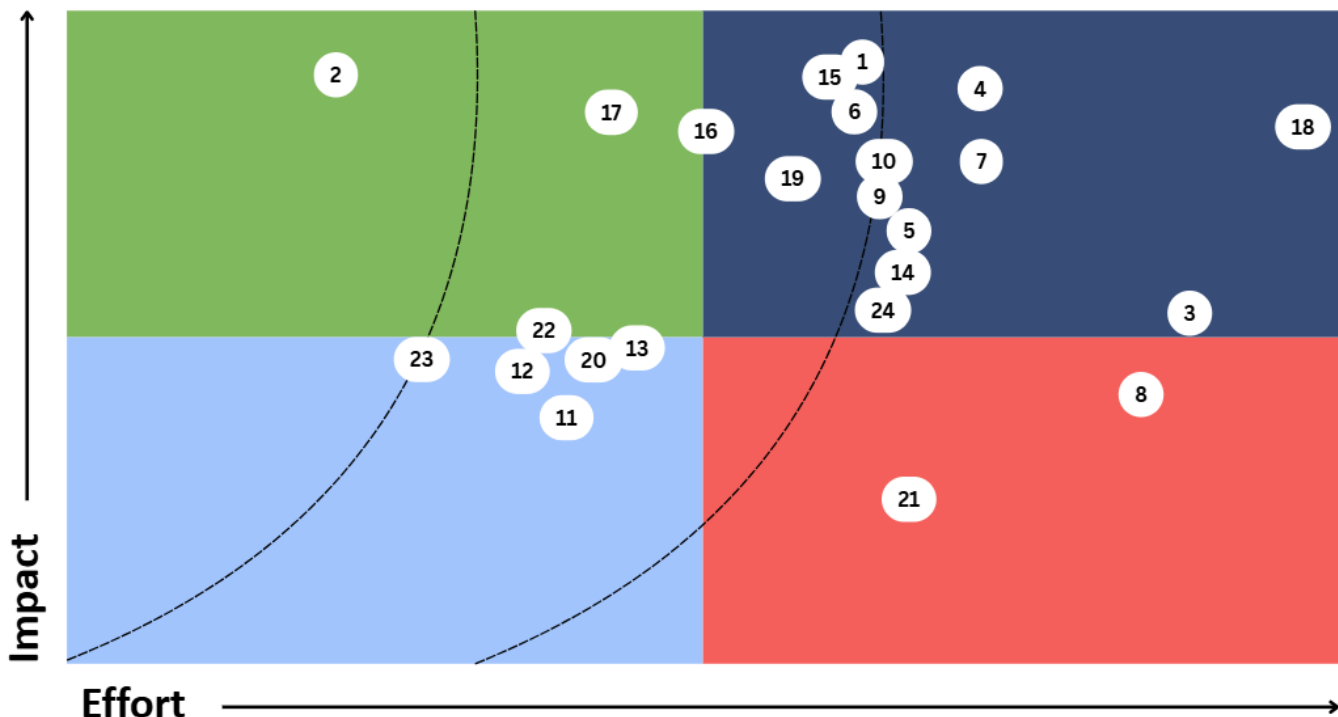
### Technology

19. Scale technology-enabled perinatal care models to improve access, coordination, and specialty support.
20. Support provider investment in telehealth infrastructure through the Rural Health Transformation Program.<sup>39</sup>
21. Train providers in telemedicine-specific safety and quality protocols.<sup>47</sup>

## DATA SYSTEMS AND WORKFORCE PLANNING

22. Develop a unified perinatal workforce registry capturing licensure, certification, FTE, practice location, Medicaid status, specialty, languages, and geographic availability to improve workforce data quality.
23. Leverage federal HRSA maternity care target area designations to guide Nevada’s perinatal workforce investments.
24. Track perinatal workforce shortages across all clinical and community-based perinatal professions to inform statewide planning and resource allocation in maternity care deserts.

## Action Priority Matrix



## References

1. Certification in Perinatal Mental Health. Accessed July 23, 2026. <https://postpartum.net/professionals/certification/>
2. Daley D, Mackenzie R, Keynejad R. Perinatal mental health training and supervision for primary care and community-based staff: a systematic review. *Br J Gen Pract*. 2026;76(suppl 1):bjgp26X744933. doi:10.3399/bjgp26X744933
3. MMHLA Launches New Perinatal Mental Health Training Database for Health Care Professionals. July 8, 2024. Accessed July 22, 2026. <https://www.mmhla.org/articles/mmhla-launches-new-perinatal-mental-health-training-database-for-health-care-professionals>
4. Woodard S, Emesobum M, Sheni S, Fox J. *Perinatal Behavioral Healthcare in Nevada*. Roseman University of Health Sciences; 2025. <https://larsoninstitute.org/wp-content/uploads/2026/02/advancing-perinatal-behavioral-healthcare-in-nevada.pdf>
5. PeriPAN Perinatal Mental Health Toolkit for Obstetric Clinicians. Accessed July 23, 2026. <https://tcmhcc.utsystem.edu/peripan-toolkit/>
6. Maternal Mental Health Core Competencies. Accessed July 23, 2026. <https://policycentermmh.org/core-competencies/>
7. Perinatal Mental Health Training Resources for Clinicians and Non-Clinicians. California Health Care Foundation. December 2023. <https://www.chcf.org/resource/perinatal-mental-health-training-resources-clinicians/>
8. Career Pathways Training Program. Accessed July 22, 2026. [https://www.health.ny.gov/health\\_care/medicaid/redesign/cpt\\_program/](https://www.health.ny.gov/health_care/medicaid/redesign/cpt_program/)
9. South Carolina EACH Mom & Baby Collaborative. *Expanding Access to Community Health Workers in the Perinatal Period: A Guide for Replicating Successful Models of Perinatal Community Health Workers*. Center for Community Health Alignment; 2022. <https://chwcentral.org/wp-content/uploads/Perinatal-CHW-Toolkit.pdf>
10. Moerchen V, Taylor-DeOliveira L, Dietrich M, et al. Maternal and Child Health Pipeline Training Programs: A Description of Training Across 6 Funded Programs. *Matern Child Health J*. 2022;26(S1):137-146. doi:10.1007/s10995-022-03375-9
11. Maternal and Child Health Workforce Development. February 2025. Accessed July 23, 2026. <https://mchb.hrsa.gov/programs-impact/focus-areas/mch-workforce-development>
12. Maternity Care Nursing Workforce Expansion (MatCare) Program. Accessed August 3, 2026. <https://www.hrsa.gov/grants/find-funding/HRSA-23-120>
13. Moore S. *Understanding and Alignment Among CHW/P/Rs, Doulas, and Peer Support Specialists*. California Health Care Foundation; 2025. <https://www.chcf.org/wp-content/uploads/2025/03/UnderstandingAlignmentCHWPRsDoulasPSSs.pdf>
14. AGGME Accredited Neonatal-Perinatal Fellowships. March 27, 2025. Accessed August 3, 2026. <https://www.aap.org/en/get-involved/aap-sections/sonpm/ontpd/acgme-accredited-neonatal-perinatal-fellowships/>
15. Financial assistance options for nursing programs. Accessed July 22, 2026. <https://nursing.cuanschutz.edu/tuition-aid/scholarships-financial-aid#rural>
16. Position Statement: Rural Midwifery Practice. Published online August 2023. Accessed July 23, 2026. <https://midwife.org/wp-content/uploads/2024/10/Rural-Midwifery-Care.pdf>
17. Comprehensive Maternal Care. Ohio Department of Medicaid. <https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/payment-innovation/cmc>
18. Rural Maternity and Obstetrics Management Strategies (RMOMS) Program. HRSA. 2025. <https://www.hrsa.gov/rural-health/grants/rural-community/rmoms>
19. Revolutionizing prenatal care: new guidelines to transform 100-year model. Published online April 2025. <https://ihpi.umich.edu/news-events/news/revolutionizing-prenatal-care-new-guidelines-transform-100-year-model>
20. Committee Opinion Number 798: Implementing Telehealth in Practice. Published online February 2020. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/implementing-telehealth-in-practice>
21. MCPAP for Moms. 2014. Accessed August 2, 2026. <https://www.mcpap.com/About/McPAPforMOM.aspx>
22. State Plan Amendment (SPA) #: 23-0014. Published online 2023. <https://www.medicaid.gov/medicaid/spa/downloads/IL-23-0014.pdf>
23. Steele K, Zimmermann M, Simas TAM, et al. Clinical Outcomes of a Tech-enabled Perinatal Collaborative Care Program to Treat Depression and Anxiety. *Matern Child Health J*. 2026;30(4):517-526. doi:10.1007/s10995-026-04245-4
24. Compass Program: Our Approach to Perinatal Depression Care. <https://www.nm.org/conditions-and-care-areas/womens-health/obgyn/obstetrics/postnatal-care/compass>
25. Oregon's Health Care Workforce Reporting Program: Analytic Methods. 2021. Accessed August 3, 2026. <https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/000-General-Methods.pdf>
26. Health Care Workforce Reporting. Accessed August 3, 2026. <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>
27. Creveling E, Hasan A. Medicaid Financing of Midwifery Services: A 50-State Analysis. May 10, 2023. <https://nashp.org/medicaid-financing-of-midwifery-services-a-50-state-analysis/>
28. Hasan A, Creveling E. Medicaid Reimbursement of Midwifery Services in Minnesota and Washington State Supports Diverse Pathways to Care. November 18, 2022. Accessed August 3, 2026. <https://nashp.org/medicaid-reimbursement-of-midwifery-services-in-minnesota-and-washington-state-supports-diverse-pathways-to-care/>
29. Nurse Licensure Compact. Accessed August 3, 2026. <https://www.nursecompact.com/>

30. PA Licensure Compact. 2025. Accessed August 3, 2026. <https://www.pacompact.org/>
31. Indiana PAs Celebrate Upcoming Enactment of “Collaboration” Legislation. May 17, 2019. Accessed August 3, 2026. <https://www.aapa.org/news-central/2019/05/indiana-pas-celebrate-upcoming-enactment-of-collaboration-legislation/>
32. Oregon Governor Signs Legislation Replacing Physician Supervision with Collaborative Practice Environment. June 28, 2021. Accessed August 3, 2026. <https://www.aapa.org/news-central/2021/06/oregon-governor-signs-legislation-replacing-physician-supervision-with-collaborative-practice-environment/>
33. *Obstetric Emergency Readiness Resource Kit*. Alliance for Innovation on Maternal Health; 2023. Accessed July 22, 2026. <https://saferbirth.org/wp-content/uploads/2023-aim-oerrk.pdf>
34. Now Available: New EMS Obstetric Emergency Guidelines. April 16, 2025. Accessed July 22, 2026. <https://naemsp.org/news/now-available-new-ems-obstetric-emergency-guidelines/>
35. Vanderford R. UMMC’s STORK Program delivers lifesaving emergency obstetrics training. June 23, 2025. [https://www.umc.edu/news/News\\_Articles/2025/06/STORK.html](https://www.umc.edu/news/News_Articles/2025/06/STORK.html)
36. Song-Brown Healthcare Workforce Training Programs. Accessed July 22, 2026. <https://hcai.ca.gov/workforce/financial-assistance/grants/song-brown/>
37. Minnesota Rural Advanced Practice Provider Loan Forgiveness Guidelines. July 6, 2026. <https://www.health.state.mn.us/facilities/ruralhealth/funding/loans/ruralapp.html>
38. Iriye BK, High Risk Pregnancy Center. Patient Protection Commission - Improvement of Maternal-Neonatal Care. [https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/6.%20%20%20PPC%20Dr.Iriye\\_3.13.2026\(1\).pdf](https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/6.%20%20%20PPC%20Dr.Iriye_3.13.2026(1).pdf)
39. Tehehealth: Opportunities to Increase Access to Quality Health Care and Advance Equitable Maternal Health. Published online December 2020. [https://assets.noviams.com/novi-file-uploads/smf/Practice\\_Management/December\\_2020\\_Issue\\_Brief\\_Telehealth-b0ab63a1.pdf](https://assets.noviams.com/novi-file-uploads/smf/Practice_Management/December_2020_Issue_Brief_Telehealth-b0ab63a1.pdf)
40. State Approaches to Supporting the Community-Based Doula Workforce. March 23, 2026. Accessed July 22, 2026. <https://pn3policy.org/state-approaches-to-supporting-the-community-based-doula-workforce/>
41. *Washington Statewide Doula Hub and Referral System: Recommendations for Implementation and Sustainability*. Washington State Health Care Authority; 2025. <https://www.hca.wa.gov/assets/program/doula-hub-referral-leg-report-2025.pdf>
42. The Difference Between Doulas, CHWs, and Peer Support Workers. Accessed July 22, 2026. <https://policycentermmh.org/lay-professionals/>
43. Patient-Centered Medical Home (PCMH). Accessed July 29, 2026. <https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/>
44. Perinatal Collaborative Care Collective. <https://www.perinatalccm.com/>
45. Zephyrin LC, Seervai S, Lewis C, Katon JG. Community-Based Models to Improv Maternal Health Outcomes and Promote Health Equity. March 4, 2021. Accessed July 29, 2026. <https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/community-models-improve-maternal-outcomes-equity>
46. *The Role of Medicaid in Advancing Obstetric Provider Maternal Mental Health Screening and Treatment – Update*. Policy Center for Maternal Mental Health; 2026. Accessed July 22, 2026. <https://policycentermmh.org/the-role-of-medicaid-in-advancing-obstetric-provider-maternal-mental-health-screening-and-treatment-2026/>
47. Healy A, Davidson C, Allbert J, Bauer S, Toner L, Combs CA. Society for Maternal-Fetal Medicine Special Statement: Telemedicine in obstetrics—quality and safety considerations. *Am J Obstet Gynecol*. 2023;228(3):B8-B17. doi:10.1016/j.ajog.2022.12.002