



Nevada
Hospital
Association



Perinatal Care in Nevada

Presented by:
Blayne Osborn, NRHP
Patrick Kelly, NHA



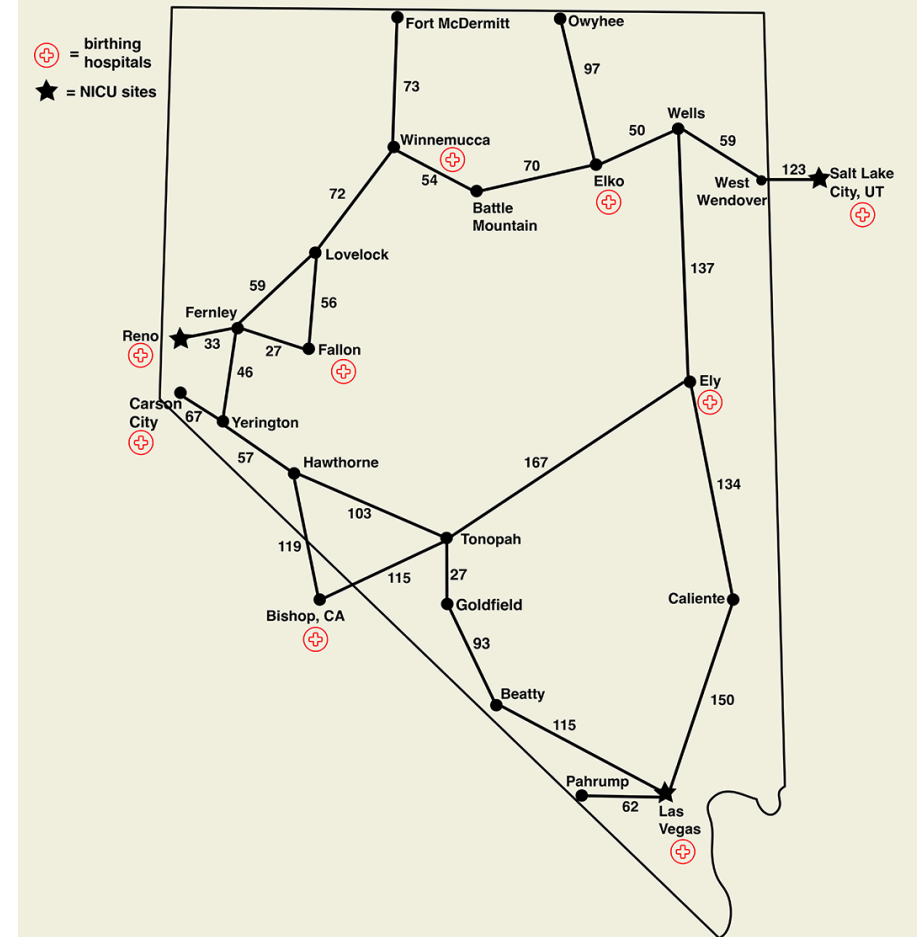
Hospital Capacity

Limited Hospital Availability

Only 16 hospitals in Nevada provide labor and delivery services:

- 11 Acute Care Hospitals
- 3 Critical Access Hospitals
- 2 Sole Community Hospitals

Mileage to the nearest birthing hospital

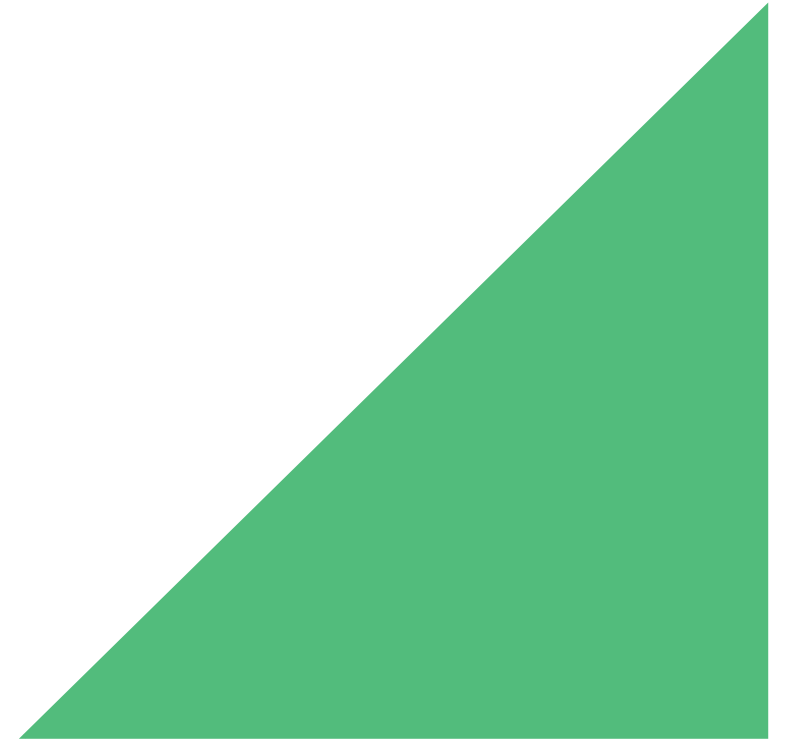


Source: UNR School of Medicine's Office of Statewide Initiatives; Nevada Rural Hospital Partners
Infographic designed: Nick Perez for KUNR Public Radio

Limited Hospital Availability

23 hospitals do not provide OB services:

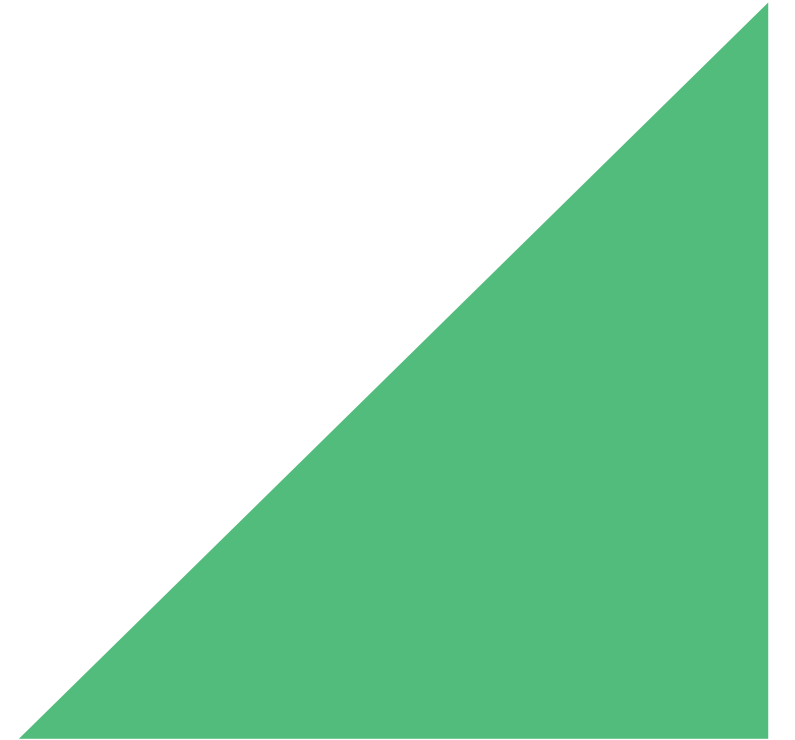
- 8 Acute Care Hospitals
- 10 Critical Access Hospitals
- 5 Neighborhood Hospitals



Neonatal Intensive Care Unit (NICU) Availability

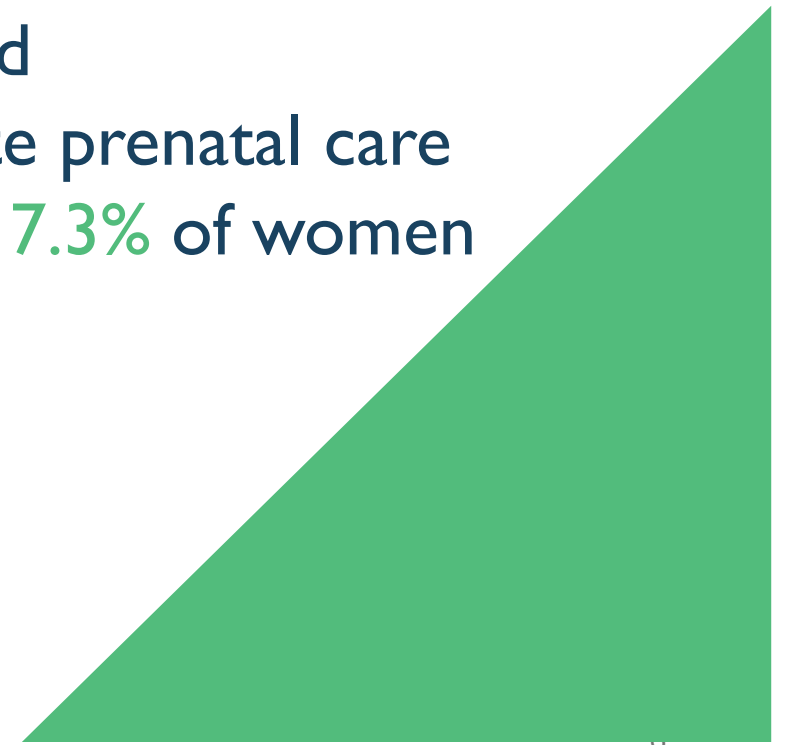
Only **10** NICUs statewide:

- 8 in Clark County
- 2 in Washoe County



Unhealthy Babies Need NICU Services

- Low birthweight: **10%** (NV)
vs **8.6%** (US)
- Pre-term birth: **11%** (NV)
vs **10.4%** (US)
- In 2024, **8.3%** of Nevada women lacked early/adequate prenatal care compared to **7.3%** of women nationally.





Workforce Challenges

Physician Workforce Shortages

- Nevada ranks 46th in OB-GYNs per capita
- Currently 367 OB-GYNs statewide
- Average age of OB-GYNs in Nevada is 56
- 48.5% of active OB-GYNs are over the age of 55 in Nevada

Packham, John, et al.(2025, April 21). *Physician workforce in Nevada (PWIN) report*. Nevada Health Workforce Research Center, University of Nevada, Reno School of Medicine.

https://www.nvha.nv.gov/siteassets/content/community/gme/25_PWIN_FINAL

Nurse Workforce Shortages

- Nevada is ranked 42nd in the country for nurses per capita
- Nevada needs 4,913 RNs to meet the national per capita average
- 40% of Nevada's RN licenses are held by nurses with an out-of-state address.
- In 2025, Nevada hospitals had more than 500 open RN positions.

Why Staffing is Difficult in OB Units

- Births can happen at any time
- Patient volume can spike suddenly with little warning
- Length of labor varies greatly
- Emergencies can arise quickly and require extra staff immediately
- Specialized L&D staff are limited and not easily replaced



Financial Pressures on Hospitals

Nevada Births by Payor in 2024

Medicaid – 42%

Commercial – 51%

Other Gov. – 4%

Self-pay, private pay, charity care – 3%

Nevada Office of Analytics. Nevada Electronic Births Registry. 2024.



Base Medicaid Per Diem Rates

Revenue Code	Service	Current Daily Per Diem Rates
0171	Routine Newborn (Baby)	\$327
0173 / 0174	NICU (Baby)	\$1,858
0112 - 0152	Maternity Care (Mother)	\$1,197

Payment includes room & board, nursing care, supplies, medication, newborn screening, operating rooms, and all specialized treatment if needed.

What Can You Get for \$327 in Nevada?

**Golden Knights
Hockey Ticket:
\$343**

*VIP Wizard
of Oz Show at
the Sphere:
\$349*

**Raiders Football
Ticket:
\$282**

Joël Robuchon (MGM
Grand) tasting menu
starting at \$525 per
person.

Nevada Medicaid's Payment Methodology

In 2008, Medicaid developed a new methodology for hospital per diem rates for babies and mothers. The new methodology was based on **34%** of SFY07's hospital billed claims data.

If that same methodology were applied today....



Newborn & Maternity Rates Using the State's 2008 Methodology

Revenue Code	Service	Current Daily Per Diem Rates	CY24 Avg. Charge/Day	% of Charges Covered	34% of CY24 Charge/Day
0171	Routine Newborn (Baby)	\$327	\$5,091	6%	\$1,731 (5,091 x .34)
0173 / 0174	NICU (Baby)	\$1,858	\$10,327	18%	\$3,511 (10,327 x .34)
0112 - 0152	Maternity Care (Mother)	\$1,197	\$20,236	6%	\$6,800 (20,236 x .34)

CY24 Avg. Charge/Day published in Personal Health Choices. CY2022 – 2024. Book 1 – General Acute Care Hospitals, Inpatient Admissions. Page 182–193, 197–202. Nevada Compare Care.

Supplemental Payments to the Rescue!



Medicaid Supplemental Payments

Supplemental payment programs enhance base Medicaid rates.

The **Private Hospital Medicaid Provider Tax Program** is the largest supplemental program in the state, and it helps cover more of the cost of Medicaid services.



Everything was going well and then...HR1

Nevada hospitals' Medicaid payments are projected to be reduced by **\$15 million** in SFY27 to **\$507 million** by SFY29.

Rand Study on the Impact of H.R.1

- Nevada is **1 of 3 states** expected to see the largest Medicaid budget reduction.
- Nevada can expect to see reductions of more than **15%** of their Medicaid budgets (combined impact of reduced federal and state spending).
- Projected Medicaid reductions of over **\$10 Billion** by 2034

Medical Malpractice Pressures

National Medical Malpractice Trends

- Physician medical malpractice premiums have **tripled** since 2015, with **49.8%** of rates increasing in 2024.
- OB/GYN's are among the **top 3** specialties with the highest Medical Malpractice premiums.

Hardiman, Allen. 2025. [Upward Trajectory of Medical Liability Premiums Persists for Sixth Year in a Row](#). PRP. American Medical Association.

Residency Advisor. (2026, January 7). *Premium trends over 10 years: Which physicians are paying the most?*
<https://residencyadvisor.com/resources/malpractice-insurance-guide/premium-trends-over-10-years-which-physicians-are-paying-the-most>

National Medical Malpractice Trend

- Settlement ranges for “bad baby” medical malpractice cases:
 - \$400k-\$1M (typical): Moderate injuries
 - \$2M-\$10M (serious): Permanent conditions (e.g., cerebral palsy) requiring ongoing medical care and support
 - \$10M+ (severe): Catastrophic brain injuries needing lifetime care, full-time assistance, and extensive medical costs

Medical Malpractice in Nevada

In 2023, Nevada increased the limit on non-economic damages for medical malpractice cases.

By 2028, the non-economic damages limit will increase from
\$350,000 to **\$750,000** per case.

Healthcare at a Breaking Point

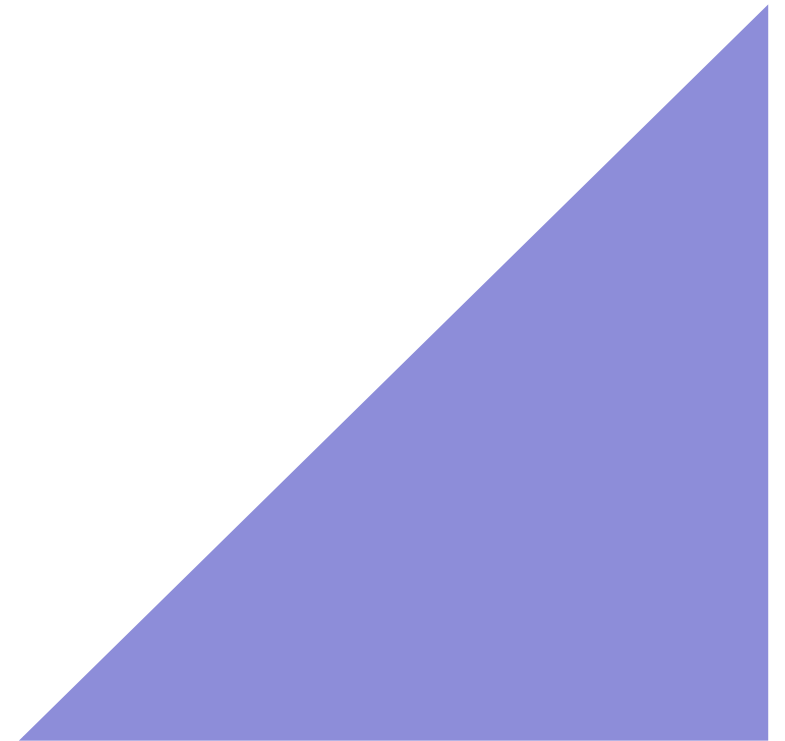
Financial Pressures are Increasing

- Hospitals and other providers will receive less reimbursement for perinatal care provided to Nevada's mothers and babies.
- Perinatal care programs will be placed in jeopardy.



If Trends Continue...

- Fewer hospitals will be offering OB/NICU services
- Patients will need to travel further for care
- Worse maternal and infant outcomes
- Higher long-term healthcare costs



Potential Policy Actions

1. **Create a “one-stop” website** for mothers to easily locate healthcare providers, transportation assistance, insurance eligibility information, and answers to basic information about pregnancy.
2. **Develop a social media campaign** to reach pregnant women and encourage healthy habits.
3. **Improve access** to prenatal care through enhanced payments to providers.
4. **Support hospital capacity** through workforce initiatives and improved Medicaid funding.

Questions