

February 27, 2026 Meeting

Patient Protection Commission (PPC)

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Agenda Item 2

Public Comment



Agenda Item 3

Informational: Introduction of New Commissioners



Agenda Item 4

For Possible Action: Review and Approve Meeting Minutes from December 5, 2025



Agenda Item 5

For Possible Action: Discussion and Voting for PPC Vice Chair



Agenda Item 6

Informational: Presentation on the Perinatal Health Workforce



Agenda Item 7

Informational: Maternal and Child Health Needs Assessment: Maternal, Perinatal, and Infant Health



Agenda Item 8

Informational: Maternal Mortality and Severe Maternal Morbidity



Agenda Item 9

Informational: Advancing Perinatal Behavioral Healthcare in Nevada



Agenda Item 10

Informational: Presentation of Perinatal Health in Nevada Medicaid



Agenda

1 Introduction
Why perinatal health in Nevada Medicaid needs attention

2 Methods
Stakeholder input and data analysis

3 Results
What the data show about barriers and facilitators to positive outcomes

4 Discussion
What these patterns mean for Nevada



Introduction



Why This Matters

- Nevada has **poor perinatal health** outcomes, ranking **among the worst in the nation**.
- **Medicaid covers half of all births in the state**, making it an important lever for driving system level improvements.
- Despite **recent progress and building momentum**, health outcomes remain poor.
- Improving outcomes requires understanding not only *what* is happening, but *why* families are not consistently receiving timely, effective care.

Where we Stand

48th

on Women's Health and Reproductive Care

51st

on Women's Health and Reproductive Care Quality and Prevention

49th

on Coverage, Access, and Affordability

Commonwealth Fund. (2024). *2024 State Scorecard on Women's Health and Reproductive Care*. Retrieved from <https://interactives.commonwealthfund.org/2024/Womens+health+scorecard/Nevada.pdf>



Methods



An Exploratory Mixed-Methods Analysis

Qualitative Analysis

- Key informant interviews
 - Clinicians, Hospital Leaders
 - MCO Representatives
 - Subject Matter Experts
 - State Leadership
- Medicaid Mothers Focus Group
- Explored barriers and facilitators to care
- Used thematic analysis to identify recurring challenges in access, coordination, and navigation

Quantitative Analysis

- Retrospective study of 33,034 Medicaid-covered births in Nevada, 2022-2023
- Linked Medicaid claims, vital records, and enrollment data
- Examined population demographics, risk factors, and utilization patterns
- Used multivariable model to identify system-level drivers of care patterns



Results



Qualitative Themes

Awareness and Navigation of Services

Behavioral Health Integration

Access to Care

Care Coordination and Communication

Health System and Regional Variation



Awareness and Navigation of Services

Even when available supports exists, families and providers struggle to navigate the system

- Limited awareness and confusion about covered benefits, billing structures, and referral pathways
- Variation in optional health plan benefits and processes creates confusion
- Patients face challenges navigating the health system including enrollment and eligibility hurdles
- Supports often learned through informal channels
- May lead to missed connections and uneven access to care

“

...I'm always kind of sadly surprised at just, oh I didn't know there was a home visiting program, or I didn't know there was Empowered, or I didn't know, you know, about these real tailored programs...

”



Behavioral Health Integration

“

... one of the major barriers that providers consistently identify and the reason why they don't screen, because the screen has an intent to treat component, don't ask the question, you don't need to do anything. Many providers will say there's no one to refer to, so even with the healthcare system we don't have the knowledge and a way to have this conduit between a positive screen and getting people connected.

”

Behavioral health needs often go unidentified, and the system struggles to respond

- Inconsistent screening and limited treatment access for perinatal SUD
- Stigma and fear reduce disclosure and care engagement
- Pregnancy is a critical window for screening and intervention
- Gaps in care coordination



Access to Care

Access barriers limit timely and consistent care

- Provider shortages and gaps in Medicaid participation may delay care
- Patients face work, transportation, childcare, and housing barriers
- Enrollment disruptions and administrative complexity are barriers to early engagement
- Recruitment and retention shaped by reimbursement, cost of living, and broader policy climate

“

If you miss too many [work shifts] because of prenatal care, guess what, you don't have that job. They'll grab someone else to do it... also with childcare... a lot of these folks have a lot of kids and they're young. I don't think the system fully appreciates those challenges... 'just drop them off at daycare', or 'there are laws to protect against firing you because you're pregnant', but if you're paying cash... those laws don't apply... the overall health literacy of the population can be challenging...

”



Care Coordination and Communication

“

“We utilize our own resources... it’s not like there’s a care coordinator available to patients on the front end. Not every MCO covers the same type of thing. Our staff can’t remember the difference between MCOs and which plan [a patient is] on... so we’re kind of bypassing a lot of the MCO care coordination right now. They’re not at the point of care, when patients are like, ‘I have no house to go to today,’ we’re not going to flip through a book and find out who the care coordination person is and place a referral. I don’t even know the process, honestly.”

”

Gaps in the system make coordinated care difficult

- Providers, hospitals, MCOs, and community programs sometimes operate in silos
- Care coordination and pathways are not always clear
- Communication and data sharing is inconsistent
- Patients must navigate multiple unconnected systems



Health System and Regional Variation

Perinatal care capacity and system structure vary across regions

- Health system structure differs by region, shaping how easily programs can spread
- Northern and southern Nevada face different market and collaboration dynamics
- Rural and frontier areas often lack maternity services, requiring long travel
- One-size-fits-all approaches may not work across all parts of the state

“

“All these systems [in southern Nevada] make it really hard to roll something out universally through all those systems... but that’s one of the barriers to southern Nevada, you’re working with all these hospital systems...”

”



Population Demographics

- **Mothers are young**, median age of 28, and over 60% are under 30
- **Racially and ethnically diverse**, nearly half Hispanic/Latino
- **Majority live in Clark County**, but over 8% reside in rural and frontier areas
- **Most are enrolled in managed care**, though over one in five are fee-for-service
- **Nearly two thirds have a high-school education or less**

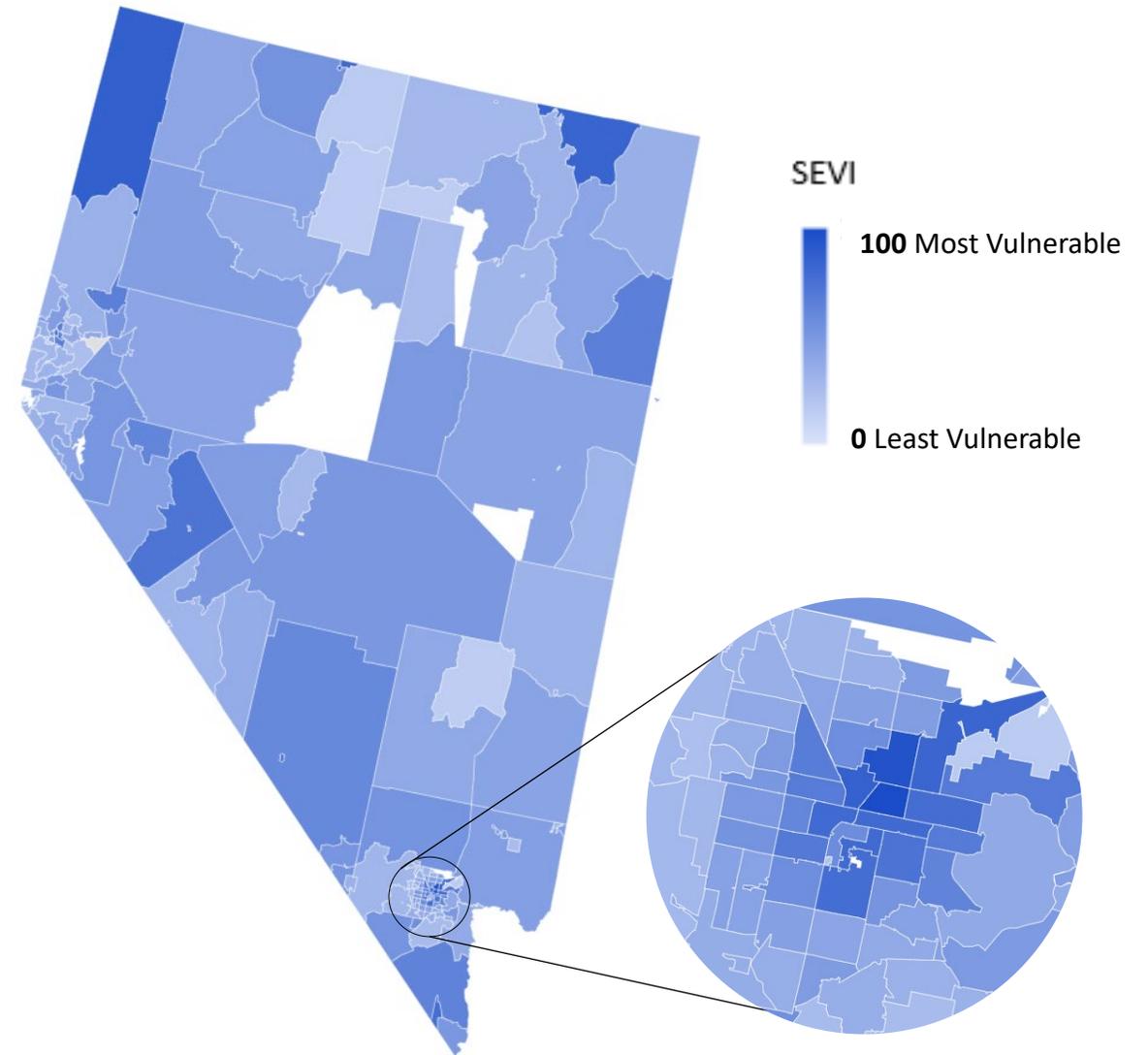
Demographics of the Study Population		
Variable	n (%) or median (IQR)	
Age	<20	6.7%
	20-24	25.2%
	25-29	29.4%
	30-34	23.6%
	35-39	12.0%
	40-45	3.0%
	45+	0.2%
Race/Ethnicity	Hispanic or Latino	46.5%
	White	26.1%
	Black or African American	19.6%
	Asian	4.3%
	American Indian/Alaska Native	0.9%
	Native Hawaiian/Pacific Islander	1.4%
	Multiracial/other	0.4%
Geography	Clark County	80.1%
	Washoe County	11.8%
	Rural	3.4%
	Frontier	4.7%
Insurance Type	MCO A	33.5%
	MCO B	33.8%
	MCO C	14.7%
	MCO D	18.0%
	Fee-for-Service	22.2%
Education Level	Less Than High School	19.9%
	High School Graduate or GED	43.0%
	Some College or Associates	25.1%
	Bachelor's Degree or Higher	7.2%

Note. Percentages are based on linked records with available data for each variable, totals may vary due to missing data



Social and Economic Risk Factors

- Widespread zip-code-level vulnerability
- Most mothers are raising young children, indicating **potential child-care burdens**
- **Limited household support** is common, most births occurred in single parent households
- **Behavioral health risks are prevalent** and likely underreported



Note. ZIP-code-level Social and Economic Vulnerability Index (SEVI) scores derived from the American Community Survey; higher values indicate greater neighborhood-level vulnerability.



Clinical Risk Factors

- Chronic medical conditions are common during pregnancy, placing many mothers at higher risk for complications
- Pregnancy and labor complications occur frequently, but **limited clinical detail** restricts understanding of what is driving these events

Contextualizing findings:

- Medicaid-covered mothers experience more severe outcomes than the overall Nevada population
- Pregnancy-associated death remains rare, but is meaningfully higher among Medicaid beneficiaries, with substance use the leading cause of death (MMRC)

Behavioral Health Integration

Key Statistics

10.6%

Hypertension

7.6%

Gestational Hypertension

8.1%

Gestational Diabetes

23.5%

“Other” Pregnancy
Complications

220.8 per 10,000 births

Severe Maternal Morbidity
(SMM)

99.1 per 100,000 births

Pregnancy Associated Deaths
(PADs)



Infant Delivery Characteristics

- **Rates of preterm birth and low-birthweight are elevated** and mirror the maternal clinical and social risk observed
 - Preterm: 12.3%
 - Low Birth Weight: 10.8%
- **Higher mortality risk** for Medicaid-covered neonates
 - Medicaid Infants: 5.8 per 1,000 births
 - Statewide: 5.4 per 1,000 births

Infant Delivery Characteristics	
Variable	Percentage (%)
Gestational Age (Wks.)	
<28	0.8%
28-31	1.1%
32-36	10.4%
37-38	32.3%
39-41	55.2%
42+	0.2%
Birthweight (lbs.)	
<1500g	1.6%
1500-2499g	9.2%
2500-3999g	84.5%
>4000g	4.6%



Perinatal Care Utilization

- **Only 65.5% received early and adequate prenatal care**
- Well below the national average (75.2%) and the healthy people 2030 goal (80.5%)
- Postpartum visit rates are low, with significant gaps in reporting

Perinatal Care Utilization	
Variable	n (%) or median (IQR)
Prenatal Care (Kotelchuck Index)	
Adequate Plus	31.6%
Adequate	33.9%
Intermediate	10.6%
Inadequate	14.6%
Data Missing/Unknown	9.4%
Postpartum Care (visits)	
Any Visit	61.1%
≤84d of Delivery	50.9%
No Visit	38.9%

Access to Care

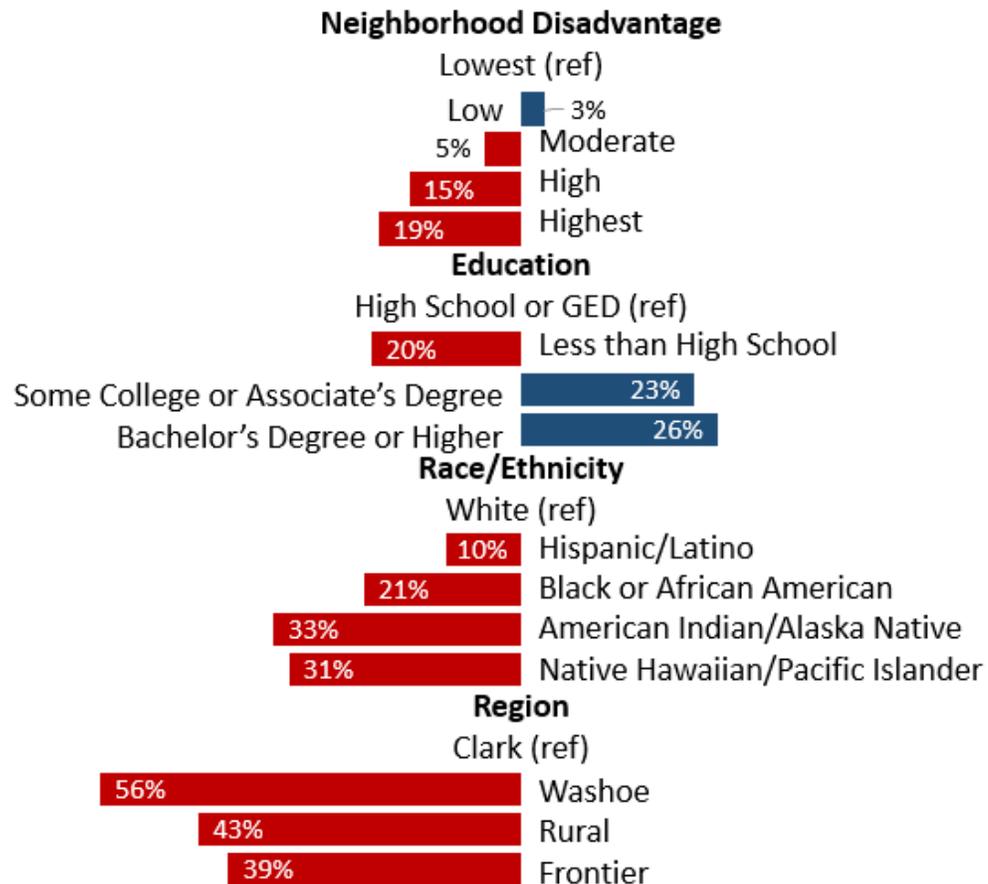
Awareness and Navigation of Services



Drivers of Prenatal Care Engagement

Factors Associated with Adequate Prenatal Care

■ % Lower Likelihood ■ % Higher Likelihood



Note: Displayed results include statistically significant predictors from the adjusted model and do not reflect all variables included in the analysis.

Key Takeaways

- Region shows some of the largest gaps in prenatal care adequacy
- Neighborhood-level disadvantage and lower education are linked to lower care use
- Racial and ethnic differences remain after adjusting for other factors
- Higher education and older age are associated with better care engagement

Health System and Regional Variation

Awareness and Navigation of Services

Access to Care



Discussion



System Capacity Shapes Outcomes

What We See

- Statewide shortages across maternity care
- Large share of workforce nearing retirement
- 47% of Nevada Counties are Maternal Care Deserts

Discussion

- Workforce strain shapes access, wait times, and coordination.
- Capacity limits affect not just whether care is available, but how consistently it can be delivered.
- High-volume urban centers and rural areas face different challenges, but both impact engagement
- System performance must be interpreted with this in mind



System Navigation and Complexity

What We See

- Low rates of prenatal and postpartum care compared nationally
- Disparities by education and neighborhood vulnerability
- Significant regional variation not explained by demographics alone

Discussion

- Disparities in engagement align with reported navigation challenges
- A complex health system may require high administrative and health literacy to navigate
- Variation in processes and benefits can create confusion for providers and families
- Challenges appear to disproportionately affect the most vulnerable populations.



Payment Structure and Incentive Alignment

What We See

- Bundled maternity payments dominate financing
- Behavioral health reimbursable, but low integration in practice
- Legacy/Traditional payment models

Discussion

- Payment structure influences how limited visit time is prioritized.
- Bundled models may not consistently support the time and coordination required.
- Alignment between payment design, accountability, and data infrastructure may strengthen system performance.
- Payment models can affect utilization-patterns across prenatal, labor and delivery, postpartum, and NICU care



Questions?



Appendix: Social and Economic Vulnerability Index

Data Source and Construction

- 2023 inflation-adjusted American Community Survey (ACS) 5-year estimates
- Aggregated at ZIP code level
- Each ZIP code scored relative to all Nevada ZIP codes
 - Variables standardized using z-scores
 - Standardized values summed to create composite score
 - Rescaled to 0-100 (0 least vulnerable, 100 most vulnerable)

Key Variables

- Employment Rate
- Household Income and Poverty Rates
- Households Receiving SNAP Benefits
- Health Insurance Coverage Rates
- Households without a Vehicle
- Educational Attainment
- Language Spoken at Home
- Access to Internet



Agenda Item 11

Public Comment

Learn More or Get Involved

- ppc.listserv
- ppc.nv.gov
- ppcinfo@nvha.nv.gov

Share Your Policy Recommendations



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Agenda Item 12

Adjournment