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COVERAGE AND BENEFITS

Nevada's current maternal health coverage and benefit design does not fully align with national best practice and falls short of supporting the level, type, or continuity of care required to address the states increasing maternal health needs. This misalignment is driven by gaps in covered services and is exacerbated by critical workforce shortages and limited access to care that further limit provider accessibility. These structural gaps leave the state's most vulnerable population without the support necessary to reverse poor trends in maternal health outcomes.

BACKGROUND

Nevada's maternal and infant health indicators show worsening trends in key areas such as prenatal care initiation, preterm birth, maternal morbidity, behavioral health, and infant well-being.¹ At the same time, the state faces significant care access barriers, including provider shortages, uneven distribution of services, and persistent cost barriers, that reduce the impact of existing coverage.²

While Nevada has expanded Medicaid and extended postpartum eligibility, benefits are not sufficiently aligned with evidence-based maternal health needs, particularly for behavioral health integration, lactation, home visiting, community-based support, coordinated postpartum care, and services targeting social and geographic barriers. These gaps limit opportunities to intervene early, prevent complications, and improve outcomes across the perinatal period.

NATIONAL TRENDS AND EVOLVING STANDARDS OF CARE

A review of the national landscape reveals a shift toward comprehensive perinatal coverage that spans family planning, preconception care, early pregnancy identification, enhanced prenatal care models, integrated behavioral health and substance use screening and treatment, lactation and oral health services, and coordinated postpartum and interconception care.³ These are supported across federal guidance, clinical recommendations and multi-state Medicaid best-practices.

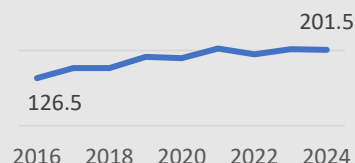
Nevada has implemented several of these practices, including 12-month postpartum covered, and enhanced case management for high-risk pregnancies, and is expanding presumptive eligibility and statewide managed care. Other components commonly adopted in national best-practice models, such as pregnancy medical homes, broader lactation, and oral health supports, and comprehensive prenatal education, are not yet fully implemented in Nevada, indicating areas for potential policy development.⁴

Key Figures

Adequate Prenatal Care
71.2% (National: 75%)

Preterm Birth
11.0% (National: 10.4%)

Severe Maternal Morbidity
Per 10,000 live births



¹ Commonwealth Fund. (2025). *2024 State Scorecard on Women's Health and Reproductive Care*. Retrieved from <https://interactives.commonwealthfund.org/2024/Womens+health+scorecard/Nevada.pdf>

² Altarum. (2025). *Nevada Title V Maternal and Child Helath Block Grant Needs Assessment 2025-2030*. Retrieved from <https://prod.dpbh.nv.gov/contentassets/46a0fd6f5026414cb298ad7fd7a0ea3d/title-v-mch-block-grant-needs-assessment.pdf>

³ Commonwealth Fund. (2023). *Appendix 2: Best Practice in the Coverage and Delivery of Maternal Health: A Review of the Literature*. Retrieved from <https://www.commonwealthfund.org/sites/default/files/2023-05/Rosenbaum%20Appendix%202%20-%20A%20Review%20of%20the%20Literature%20-%20Best%20Practices%20in%20the%20Coverage%20and%20Delivery%20of%20Maternal%20Health.pdf>

⁴ Nevada Medicaid. (2026). *Maternal and Infant Health*. Retrieved from https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/5.%20%20%20PPC%20Medicaid_3.13.26.pdf

POLICY OPTIONS

Table 1. Coverage and Benefits Policy Options

Policy Option	Expected Impact	Possible Policy Levers	Action Priority Matrix	Resources
Expand Coverage for Prenatal and Parenting Education Require Medicaid and regulated commercial plans to cover evidence-based childbirth education and infant-care parenting education as a distinct reimbursable service (Health Literacy)	Outcomes: Improve birth outcomes; lower intervention rates Est. Cost: Low	Legislation; SPA; MCO Contract	Quick Win (High Impact, Low Effort)	KFF
Expand Coverage for Lactation Support Require coverage of lactation consultant services (in-clinic, home-based, or telehealth) outside the global maternity payment bundle	Outcomes: Increase breastfeeding rate; reduce infant illness Est. Cost: Low	Legislation, SPA, Waiver	Quick Win (High Impact, Low Effort)	ACOG ; CMS ; JAMA
Mom & Baby Home Visiting Authorize Medicaid coverage of evidence-based postpartum home visiting programs (Health Literacy)	Outcomes: Increase postpartum engagement; reduce ER use Est. Cost: Moderate	Legislation; SPA; Waiver	Major Project (High Impact, High Effort) (Current MCH Program)	HomVEE ; CMS ; AAP
Midwife Licensure Expansion Establish a licensure pathway for Certified Professional Midwives (CPMs) and Certified Midwives (CMs) with defined education, safety, and Medicaid participation standards (Rural Health; Workforce Capacity and Training)	Outcomes: Increased workforce; improved rural access; culturally aligned care Est. Cost: Moderate	Legislation (licensure); SPA; Regulation (credentialing); MCO contract (network rules)	Major Project (High Impact, High Effort); Failed in 2023: AB386 (Context • Nevada Current)	NASHP ; Midwife Medicaid Reimbursement by State ; Medicaid Financing
Perinatal Behavioral Health Screening and Follow-Up Require reimbursement that allow perinatal behavioral health screening to be billed separately from global bundle and require coverage for warm-handoff and closed-loop referral supports. (Payment Reform)	Outcomes: Early identification reduces crisis care and long-term costs Est. Cost: Low	Legislation; SPA; MCO contract	Quick Win (High Impact, Low/Moderate Effort)	MACPAC
Unbundled Reimbursement for Postpartum LARC Mandate coverage of device and insertion separate from global payment at delivery hospitals and outpatient settings (Payment Reform)	Outcomes: Reduce short-interval pregnancies Est. Cost: Low (Potential Savings)	Legislation; SPA; MCO Contract	Quick Win (High Impact, Low Effort)	LARC OBGYN ; Payment for LARC
Coverage for Remote Patient Monitoring (RPM) Require Medicaid and commercial plans to cover the cost and monitoring of medical equipment for high-risk conditions (Rural Health; Workforce Capacity and Treatment)	Outcomes: Improve control of hypertension/diabetes, reduce avoidable inpatient use. Est. Cost: Low	Legislation; SPA; Waiver; RHTP	Fill-in (medium impact, low/medium effort)	Telehealth ATA ; Reimbursement Policies

Group Prenatal Care

Authorize Medicaid reimbursement for the "centering" model of group prenatal care which combines clinical assessment with peer support (Health Literacy)

Outcomes: Reduce pre-term birth and NICU use
Est. Cost: Low

Legislation; SPA; MCO Contract

Quick Win/Major Project (Varies by State/Org)

[Group Prenatal Care | ACOG; Strong Start Evaluation](#)

Dyadic Intervention

Services that treat the parent and infant together, addressing maternal mental health during pediatric visits (Behavioral Health and Health Literacy)

Outcomes: Increased screening/treatment for maternal mental health
Est. Cost: Low

Legislation; SPA; MCO Contracting; VBP

Quick Win/Fill-in (Moderate Impact, Low Effort)

[Addressing Needs During Pediatric Care; Bright Futures; California](#)

Adverse Childhood Events Screening

Require that at risk children be screened for adverse childhood events in primary school, and if positive, referred for treatment. (Connected to the requirement for resiliency training in schools)

Outcomes: Early identification and intervention of ACEs
Est. Cost: Low

Legislation

Quick Win/Fill-in (Moderate Impact/Low/Moderate Effort)

[Policy Considerations for ACE Screening](#)

SDOH Screening

Require Medicaid and regulated commercial plans to reimburse for social determinants of health (SDOH) screening during prenatal, postpartum, and pediatric visits.

Outcomes: Earlier identification of unmet needs, reduced preventable complications
Est. Cost: Low

Legislation; SPA; MCO Contract; Waivers; VBP

Quick Win (High Impact; Low Effort)

[SDOH SHO Letter; SMFM/ACOG](#)

Medicaid Coverage of PreTRM Biomarker Screening

Require coverage of the PreTRM test for pregnant Medicaid member to identify risk of preterm birth.

Outcomes: Early identification; reduced pre-term birth rates
Est. Cost: Moderate

Legislation; SPA; Waiver; MCO Contracting

Major Project (High/Moderate Impact/Moderate Effort)

[Illinois SB3637; Dr. Iriye \(PPC Presentation\)](#)