



Patient Protection Commission

June 12, 2026 Meeting

Dylan Malmlov, MPH

Executive Director, PPC



Agenda Item 2

Public Comment



Agenda Item 3

Introduction of New Commissioners



Agenda Item 4

For Possible Action

**Review and Approve
Meeting Minutes
from May 22, 2026**



Agenda Item 5

For Possible Action

**Review, Discuss,
and Approve Bill
Draft Requests
(BDR) Topics**

Purpose and Overview

Goals of this Discussion

To review, discuss, and approve three BDR concepts reflecting the policy intent to be submitted to the Legislative Counsel Bureau (LCB) for the 84th Legislative Session.

Steps After Approval:

- Upon approval staff will develop supporting materials and language for each approved BDR topic.
- Staff will submit all required materials to LCB ahead of the September 1 submission deadline.

Pregnancy Medical Home

BDR Intent

The measure proposed by the Commission requires Nevada Medicaid to seek all necessary federal approvals to develop and establish a pregnancy medical home model to improve maternal and infant health outcomes through enhanced care coordination, integrated health services, and stronger connections to community-based supports. The model is intended to address fragmented care, improve access to timely prenatal and postpartum services, reduce disparities and preventable complications, and promote more efficient use of health care resources for Medicaid-covered moms and babies.

Pregnancy Medical Home

Proposed BDR Language

Add new section to NRS 422 as follows:

NRS 422.XXX. Establish federal authority to cover medical home services for pregnancy

- 1. Nevada Medicaid shall seek all federal authority necessary to develop and establish a pregnancy medical home model eligible for Title XIX federal funds that focuses on expanding access to high-quality, coordinated maternity and perinatal care. At a minimum, the medical home model must provide for comprehensive clinical care, behavioral health integration, social needs navigation, care coordination, and culturally responsive services to significantly improve maternal and infant outcomes, reduce preventable maternal deaths, and address persistent disparities in perinatal health.*
- 2. In establishing the model, the Administrator shall take into consideration the costs and viability of extending coverage eligibility for the health home model to all pregnant and postpartum persons enrolled in Medicaid. However, the Administrator may initially implement the model for a limited population, including but not limited to pregnant individuals with serious mental illness and substance use disorder, to evaluate the new service model for expansion to additional populations over time.*
- 3. The model shall include alternative payment arrangements for obstetric providers, group practices, health systems, federal qualified health centers, and other providers that agree to establish pregnancy medical home models as specified by Nevada Medicaid, including coordinating care across the prenatal, delivery, and postpartum periods, and utilizing innovative approaches to care delivery in a manner that improves maternal and infant health outcomes and reduces avoidable costs for such population. Alternative payment arrangements may include fee for service tiered payment models with incentive payments, pay for performance reimbursement models, or other value-based payment arrangements tied to outcomes, total cost of care or global payments.*

Perinatal Quality Collaborative

BDR Intent

To improve maternal and infant health outcomes, reduce preventable complications, and address variation in the quality of perinatal care across the state, Nevada must strengthen statewide collaboration and implementation of evidence-based practices. This measure intends to establish and support a statewide Perinatal Quality Collaborative (PQC) to bring together hospitals, providers, public health agencies, Medicaid, and community partners to identify improvement opportunities, implement data-driven quality initiatives, share best practices, and improve the quality, safety, and outcomes of care for mothers and infants throughout Nevada.

Perinatal Quality Collaborative

Proposed BDR Language

Add new section to NRS 439 as follows:

NRS 439.XXX Establish Perinatal Quality Collaborative

1. In partnership with the Department of Human Services, the Nevada Health Authority shall establish, administer, and maintain a statewide Perinatal Quality Collaborative to improve outcomes for pregnant and postpartum persons and newborns through data-driven quality improvement, including advancing evidence-based clinical practices, reviewing data to identify and prioritize quality initiatives that reduce maternal and infant mortality and morbidity and address disparities.
2. The Director shall seek all necessary federal authority to receive federal matching funds under Titles XIX and XXI of the Social Security Act to support the administrative activities of the Collaborative as they support improved outcomes for Medicaid recipients.
3. The Director shall appoint a multidisciplinary steering committee to guide the Collaborative, with membership representing at a minimum, perinatal clinical providers, hospitals and birthing facilities (including rural and frontier representation), Medicaid, public health, community-based perinatal organizations, and persons with lived experience in addition to adequate state agency representation from the Department of Human Services and the Nevada System of Higher Education.
4. Each hospital and birthing facility operating a labor and delivery or neonatal intensive care unit shall participate annually in at least one Collaborative quality improvement initiative and shall report a minimum perinatal data set established by the authority.
5. The Collaborative may receive and review data necessary to its function, subject to confidentiality protections with only de-identified aggregate information made public.
6. The Authority may, subject to available funding, establish a grant program to support facility participation, prioritizing rural, frontier, and high-Medicaid-volume facilities.
7. The Collaborative shall coordinate with the Maternal Mortality Review Committee, Medicaid, and Title V Maternal and Child Health; hold at least one public meeting annually; and report annually to the Governor, Legislature, Director, and Department of Human Services on the state of perinatal health, recommended policy changes, and quality improvement initiatives.
8. The Director may accept and expend grants, gifts, donations, or appropriations that would further the purposes of or assist in the establishment of the Collaborative.

Perinatal Services Modernization

BDR Intent

This measure intends to establish and support Group Prenatal Care models within Nevada Medicaid to improve access to prenatal care, patient education, peer support, and care coordination. The goal is to improve maternal and infant health outcomes and reduce disparities. Additionally, this proposal would establish new Medicaid coverage for dyadic care models to coordinate services for moms and babies as a connected care unit, improve access to lactation consultation services, prenatal and parenting education group programs, and establish coverage for remote monitoring for high-risk pregnant and postpartum persons.

Perinatal Services Modernization

BDR Intent Language

Add new section to NRS 422 as follows:

NRS 422.XXX Coverage of additional perinatal services

1. To the extent sufficient funding is available, the Administrator may seek State Plan and any necessary federal waiver authorities needed for federal approval to receive federal matching funds under Titles XIX and XXI of the Social Security Act for the following perinatal services for eligible persons:
 - (a) Group prenatal care delivered in accordance with an evidence-based model for group prenatal care. The Division shall establish a fee schedule rate of reimbursement for group prenatal care that is greater than the reimbursement for an individual prenatal visit and may condition the enhanced rate on a provider accreditation or pending accreditation in a recognized group prenatal care model;
 - (b) Dyadic intervention services that deliver integrated physical and behavioral health screening and services to an infant and the infant's parent or caregiver together including screening for behavioral health needs, maternal mental health conditions, interpersonal safety, and health-related social needs, and referrals to appropriate follow up care;
 - (c) Clinical lactation Consultation as a distinct, separately billable fee schedule service rather than bundling it into a global maternity or office-visit payment for services rendered to eligible persons;
 - (d) Prenatal and parenting education services as a distinct, separately billable fee schedule service rather than bundling it into a global maternity or office or facility visit payment; and
 - (e) Remote patient monitoring services for high-risk pregnant and postpartum persons enrolled in Medicaid.

Perinatal Payment Incentives

BDR Intent Language

This measure requests an increase to Medicaid reimbursement for perinatal services in rural and frontier areas to strengthen provider participation, improve access to essential healthcare services, support the sustainability of rural providers, and improve health outcomes for rural Nevadans.

In order to improve maternal and infant health outcomes and reduce preventable complications, Nevada must increase access to and utilization of evidence-based preventive services throughout pregnancy and the postpartum period. This measure intends to establish incentives that encourage engagement in timely prenatal and postpartum care, behavioral health screening, and brief intervention, and routine screening for social determinants of health. The goal is to promote early identifications of health and social needs, strengthen connection to appropriate services and supports, improve care coordination, reduce disparities and support healthier outcomes for moms and babies.

Perinatal Payment Incentives

BDR Intent

Add new section to NRS 422 as follows:

NRS 422.XXX Establish payment incentives for improving access to perinatal services for Medicaid recipients

1. To the extent that sufficient funding is available, the Administrator shall implement the following changes to reimbursement for perinatal services and prioritize such changes in the order that follows:
2. Increase Medicaid reimbursement for perinatal and maternity care services provided in rural and frontier areas in a manner that will incentivize provider participation, support the sustainability of rural providers and services, and improve access and outcomes for pregnant and postpartum persons in underserved areas of the state;
3. Establish and fund incentives that increase:
 1. Utilization of prenatal and postpartum care;
 2. Screenings and brief interventions for maternal and postpartum behavioral health needs; and
 3. Screenings for social determinants of health.

Action Items

Approval of BDR Intent

For Possible Action

The Commission may take one or more of the following actions:

1. **Approve** the draft language for any measure as presented, or as amended during the discussion.
2. **Reject** the draft language for any measure.
3. **Combine** the provisions of one measure into the other and making conforming changes.
4. **Adopt** three measures as the PPC's bill draft requests.



Agenda Item 6

For Possible Action

**Review, Discuss,
and Approve Formal
Recommendations**

Purpose and Overview

Goals of this Discussion

To identify and discuss any formal recommendations the Commission wishes to advance at this time, issued through the semi-annual report or by formal letter

Commission Action:

- Discuss potential recommendation topics and scope
- Approve formal recommendations

Looking Ahead:

- Remaining 2026 meetings will be dedicated to developing non-BDR recommendations, so there will be further opportunity to gather, research, and analyze policies to advance as formal recommendations.

Unbundling

Formal Recommendation Discussion

Recommend that Nevada Medicaid unbundle the global obstetric payment so that antenatal, labor, delivery, and postpartum care services are reimbursed as discrete services consistent with AMA CPT coding guidance, implemented in a budget-neutral manner.

For Possible Action:

Include unbundling as a formal recommendation in the PPC's semi-annual report due on July 1, 2026.

Next Steps

Formal Recommendation Discussion

Are there any additional formal recommendations commissioners would like to consider at this time?

Over the course of the next several meetings the commission will have discussions to further refine non-BDR recommendations.

- Staff and the Chair are developing a workplan for the meetings, do Commissioners have any thoughts to consider in developing the plan for future meeting topics?



Agenda Item 7

For Possible Action

**Review and Approve
July 1, 2026, Semi-
Annual Update**



Agenda Item 8

Public Comment



Agenda Item 9

Adjournment

Thank you!

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Contact Us

Patient Protection Commission
ppcinfo@nvha.nv.gov

Dylan Malmlov, MPH
Executive Director,
Patient Protection Commission
d.malmlov@nvha.nv.gov

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