

PPC POLICY PROPOSALS: RECEIVED APRIL 2026

ID	Policy	Policy Description
1	Adopt AIM Behavioral Health Safety Bundles	Adopt AIM behavioral health safety bundles
2	Adopt Eat, Sleep, Console (ESC) Protocols	Develop a reimbursement or incentive pathway for ESC activities including parent coaching, non-pharmacological interventions, ESC assessment, and time spent supporting, feeding, consoling, and sleep routines.
3	Adverse Childhood Events (ACE) 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)
4	AIM Patient Safety Bundles	Require the adoption and implementation of standardized evidence-based protocols of obstetrics across all birthing facilities
5	Birthing Center Payment Reform	Increase facility fee, add newborn facility fee, transfer fee, and payment for labor management and required birthing assistant
6	Birthing Friendly Hospital Designation	Require all birthing hospitals in the state to achieve and maintain the federal “Birthing-Friendly” designation, recognizing hospital that meet core maternal safety and quality standards
7	Campaign to Improve Prenatal Care in Nevada	Implement a statewide, community driven communication campaign targeted on social media outreach and a mobile friendly information hub to increase prenatal care engagement
8	Clinical Resilience Model for Unstable Environments	Deploy mobile, rapid-access perinatal care teams that provide on-site prenatal services within shelters, encampments, and transitional housing, integrating AIM safety bundle practices, and coordinating protected diagnostic access (e.g., on-site or reserved ultrasound slots)
9	Community & Cultural Resilience Partnerships	Strengthen perinatal support by partnering with tribal health programs, culturally aligned doulas and CHWs, and establishing engagement pathways for fathers/partners
10	Coordinated Prenatal Care Across PCP & Specialty (with Rural Case Management)	Implement standardized PCP→OB/MFM coordination protocols with rural case management
11	Coverage for Remote Patient Monitoring (RPM)	Require Medicaid and commercial plans to cover the cost and monitoring of medical equipment for high-risk conditions
12	Develop a Referral and Service Directory for Providers	Build a provider-facing directory of state, Medicaid, MCO, and community maternal services with clear referral pathways
13	Dyadic Intervention	Services that treat the parent and infant together, addressing maternal mental health during pediatric visits
14	Education on Cardiac Warning Signs	Provide community-level education on recognizing cardiac warning signs and when to seek care

15	Eliminating Out-of-Pocket Costs for Prenatal, Delivery, and Postpartum Care	Prohibit cost-sharing requirements for prenatal, childbirth, neonatal, perinatal, or postpartum health care
16	Enhance Workforce Competencies in Perinatal Behavioral Health	Embed perinatal behavioral health curriculum across pre-service education, residencies, nursing and medical training, allied health internships, and continuing education
17	Enhanced Reimbursement for Rural Health Services	Increase reimbursement for rural maternal health services to stabilize rural provider revenue and maintain access
18	Establish a Pregnancy Medical Home (PMH) Model	A coordinated care model designed to improve maternal infant health outcomes supported by care management payments and quality expectations
19	Expand Access to MOUD	Broaden access to medications for opioid use disorder, including hospital-based induction and nondiscriminatory admission of individuals prescribed MOUD in state-funded SUD and child welfare programs
20	Expand Coverage for Lactation Support	Require coverage of lactation consultant services (in-clinic, home-based, or telehealth) outside the global maternity payment bundle
21	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
22	Fortification of Corn Masa Flour with Folic Acid	Require corn masa flour in Nevada to be fortified with folic acid
23	Group Prenatal Care	Authorize Medicaid reimbursement for the "centering" model of group prenatal care which combines clinical assessment with peer support
24	Housing Resilience Pathway for Unstable Environments	Create a "Pregnancy Priority Pathway" that provides rapid access to emergency and transitional housing, short term stabilization (e.g., motel vouchers for high risk pregnancies), and coordinated case management through 12 months postpartum.
25	Increase Medicaid Reimbursement of Home Births	Increase reimbursement for home births to make fiscally sustainable for providers
26	Integrate Perinatal BH into Cross-Agency Innovation Initiatives	Connect perinatal behavioral health initiatives with statewide behavioral health and child welfare innovation efforts, including shared measures, standards of care, incentives, oversight, data reporting, surveillance, and evidence-based practice selection.
27	Language Access Standards	Require interpreter services, language line access, translated materials, and CLAS-aligned practices in perinatal care
28	Levels of Perinatal Care	Establish a classification system to distinguish a birth facility's level of risk-appropriate maternal care
29	Maternal Health Home Model for SUD	Support integrated care models that embed perinatal mental health and SUD treatment, including MAT, counseling, and peer supports, within obstetric and midwifery practices
30	Maternal Health Information Hub	Develop a centralized maternal health information portal maintained by the state that integrates resources in a one-stop site
31	Medicaid Coverage of PreTRM Biomarker Screening	Require coverage of the PreTRM test for pregnant Medicaid members to identify risk of preterm birth

32	Medicaid Reimbursement for CHW Interventions	Develop an outcome-based unit rate for reimbursement of CHW interventions using the Pathways Community HUB Institute model (Connected to recommendation of Pregnancy Health Homes, Home Visiting, SDOH Screening)
33	Midwife Licensure Expansion	Establish a licensure pathway for Certified Professional Midwives (CPMs) and Certified Midwives (CMs) with defined education, safety, and Medicaid participation standards
34	Mom & Baby Home Visiting	Authorize Medicaid coverage of evidence-based postpartum home visiting programs
35	NICU Regionalization	Align hospital levels of care statewide to ensure high-risk deliveries occur in appropriately equipped facilities
36	Payment Incentives for Screening & Referral	Tie provider and MCO incentive payments to completed behavioral health screenings, warm handoffs, and documented referral closure
37	Peer Support Specialists	Incorporate specialists with lived experience of homelessness into behavioral health resilience and engagement strategies for individuals currently experiencing homelessness.
38	Perinatal Access Line	Establish a psychiatric consultation line providing obstetric, pediatric, and primary care clinicians real-time guidance on perinatal mental health and SUD treatment
39	Perinatal Behavioral Health Screening and Follow-Up	Require reimbursement that allows perinatal behavioral health screening to be billed separately from the global bundle and require coverage for warm handoffs and closed-loop referral supports
40	Perinatal Behavioral Health Strategic Plan	Create and oversee a statewide implementation plan with continuous quality improvement and legislative priorities, including funding for sustainable programs, staffing, and a Perinatal Quality Collaborative.
41	Perinatal Behavioral Health Information Repository	Develop a public, regularly updated repository of high quality perinatal mental health and substance use information, including risks, treatment options, shared decision-making tools, and referral resources.
42	Perinatal Quality Collaborative (PQC)	Establish a statewide PQC to coordinate quality improvement, share data, and standardize evidence-based practices across the state.
43	Pregnant Workers' Fairness Act	Expansion of the Nevada Pregnant Workers' Fairness Act to include 'Perinatal Care' in Definitions
44	Priority Access to BH/SUD Treatment for Pregnant People	Establish expedited pathways into mental health and substance use treatment for pregnant individuals, minimizing wait times and administrative barriers.
45	Protecting Nevada Mothers & Babies from Endocrine-Disrupting Chemicals	Ban the use of forever chemicals, such as phasing out vinyl gloves in food service and health and prohibiting bisphenol-containing thermal paper in Nevada

46	Reimburse Screening & Care Coordination Outside the Global Bundle	Establish discrete Medicaid reimbursement for behavioral health screening, warm handoffs, and care coordination activities outside the global obstetric payment
47	Rural Diagnostics Expansion	Fund essential prenatal diagnostics (ultrasound, fetal monitoring, core labs) for rural hospitals and clinics to support local evaluations, triage, and stabilization
48	Rural Emergency Delivery Training & Readiness	Provide obstetric emergency readiness training for rural clinical teams
49	Rural Perinatal Continuing Education	Provide ongoing perinatal-focused CE for rural clinicians including OB emergencies, newborn stabilization, mental health, and best practices
50	Rural Residencies and Training Tracks	Develop rural rotations, residencies, and fellowships to embed students in rural hospitals/clinics and build long-term workforce pipelines
51	Rural Workforce Stabilization (WRRAP)	Fund hiring, retention, housing, travel, and burnout reduction for rural perinatal providers
52	SDOH Screening	Require Medicaid and regulated commercial plans to reimburse for social determinants of health (SDOH) screening during prenatal, postpartum, and pediatric visits
53	Social & Structural Resilience Supports	Provide transportation assistance, guaranteed access to essential infant supplies, food security supports, and legal aid for safety and benefits navigation
54	Statewide ICU-in-Pregnancy Surveillance	Create a unified, statewide dataset linking ICU admissions during pregnancy/postpartum, analyze trends to identify preventable factors and care gaps
55	Tele-Enabled Specialty Access (OB/MFM/BH routing; eConsults)	Deploy telerouting and eConsult specialty pathways for rural OB/MFM/BH; measure time-to-specialist metrics
56	Unbundled Reimbursement for Postpartum LARC	Mandate coverage of device and insertion separate from global payment at delivery hospitals and outpatient settings
57	Unbundling	Shift from global maternity payments to visit-based billing for prenatal and postpartum care
58	Universal Perinatal Behavioral Health Screening and Referral	Require perinatal providers to administer validated depression, anxiety, and SUD screenings at recommended intervals and complete closed-loop referrals for positive screens