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NEVADA HEALTH AUTHORITY

PATIENT PROTECTION COMMISSION

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RURAL HEALTH

Nevada's rural and frontier geography contributes to perinatal disadvantages, including long distances to maternity services, limited infrastructure and capacity, and county-level outcome disparities. These structural constraints create unique risks for birthing people and infants that cannot be fully addressed without rural-specific approaches.

BACKGROUND

Rural and frontier communities face maternity care deserts and long travel times that creates sustained barriers to routine prenatal and postpartum care engagement.¹ Outcome variation mirrors geography: pregnancy-associated death ratios are highest in the rest of the state (112.1 per 100,000) in comparison to urban Clark (86.8) and Washoe counties (62.3).² These areas also see later prenatal care initiation and higher rates of inadequate prenatal engagement; patterns consistent with regions where long travel times and limited local maternity services impede early detection and management of complications.^{3, 4} These geography-linked delays and fragmented care pathways elevate risk when coordination and follow-up are unreliable.⁵

NATIONAL TRENDS AND EVOLVING STANDARDS OF CARE

States are strengthening rural perinatal care through standardized coordination pathways, care navigation and warm handoffs, approaches that keep routine care local while ensure timely access to higher-acuity services.⁵ Emerging initiatives such as the Rural Health Transformation Program position Nevada to strengthen perinatal care for rural and frontier communities.⁶ Telehealth and digital innovation are also central to national perinatal reforms, particularly for rural populations, Nevada Medicaid currently reimburses telehealth for maternity care services, and the rural health transformation program expands telehealth infrastructure and interoperable digital tools. Together, these trends point to growing opportunities in rural maternal health.

Key Facts

39.5% of rural women live >30 minutes from a birthing hospital

89.2% of Rural and Frontier population resides in a Primary Care HPSA

100% of Rural and Frontier population resides in a Mental HPSA

Sources:

March of Dimes, *Maternity Care in Nevada*, (2023)

Office of Statewide Initiatives, *Physician Workforce in Nevada*, (2025)

¹ March of Dimes. (2023). *Maternity Care in Nevada*. Retrieved from <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Nevada.pdf>

² Office of Analytics. (2024). *Maternal Mortality Review Committee Report and Maternal Mortality and Severe Maternal Morbidity Data Report, Nevada 2022-2023*. Retrieved from <https://www.dpbh.nv.gov/contentassets/6bb64dc858a7404bae7fc48ba9255cdb/maternal-mortality-and-severe-maternal-morbidity-2022-2023-data-report.pdf>

³ Packham, J. (2026). *Perinatal Healthcare Workforce in Nevada*. Retrieved from <https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/26%20PACKHAM%20Perinatal%20Healthcare%20Workforce%20PPC%202-27-26.pdf>

⁴ Iriye, B. (2026). *Patient Protection Commission - Improvement of Maternal-Neonatal Care*. Retrieved from [https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/6.%20%20PPC%20Dr.Iriye_3.13.2026\(1\).pdf](https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/6.%20%20PPC%20Dr.Iriye_3.13.2026(1).pdf)

⁵ 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%20%20-%20A%20Review%20of%20the%20Literature%20-%20Best%20Practices%20in%20the%20Coverage%20and%20Delivery%20of%20Maternal%20Health.pdf>

⁶ Nevada Health Authority. (2026). *NVHA Workforce Programs*. Retrieved from https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/4.%20%20PPC%20Workforce_3.13.26.pdf

POLICY OPTIONS

Table 1. Rural Health Policy Options

Policy Option	Expected Impact	Policy Levers	Action Priority Matrix	Resources
Enhanced Reimbursement for Rural Health Services Increase reimbursement for rural maternal health services to stabilize rural provider revenue and maintain access	Outcomes: Increase provider participation; reduce service closures; improve continuity of rural maternity care Est. Cost: Moderate	Legislation; SPA; Waiver; MCO Contract	Fill-in (Moderate Impact, Low Effort)	NV Medicaid Enhanced Reimbursement for Rural BH
Rural Diagnostics Expansion Fund essential prenatal diagnostics (ultrasound, fetal monitoring, core labs) for rural hospitals and clinics to support local evaluations, triage, and stabilization	Outcomes: Improve timeliness of diagnosis; reduce unnecessary transfers; increase local stabilization capacity Est. Cost: Moderate	RHTP Flex Fund/RHOAP	Major Project (High Impact, Moderate–High Effort)	AK RHTP Initiatives: Technology-Enabled Maternal Care; KY RHTP
Rural Emergency Delivery Training & Readiness Provide obstetric emergency readiness training for rural clinical teams.	Outcomes: Improve emergency response; reduce adverse events; increase protocol adherence in low-volume settings Est. Cost: Low	RHTP RHOAP; CME; Hospital QI engagement; Licensing Standards	Quick Win (High Impact, Low Effort)	HRSA Simulation Training Program; Project ECHO
Coordinated Prenatal Care Across PCP & Specialty (with Rural Case Management) Implement standardized PCP→OB/MFM coordination protocols with rural case management.	Outcomes: Improve access to timely specialty intake; reduce missed referrals; increase continuity across rural settings Est. Cost: Low to Moderate	RHTP RHOAP; VBP	Major Project (High Impact, High Effort)	PA Centers of Excellence; NC Pregnancy Medical Home
Tele-Enabled Specialty Access (OB/MFM/BH routing; e-consults) Deploy tele-routing and e-consult specialty pathways for rural OB/MFM/BH; measure time-to-specialist metrics.	Outcomes: Reduce travel burden and wait times; improve access to specialist input; increase decision-making speed in low-access areas Est. Cost: Low to Moderate	RHTP RHOAP, RHIT	Major Project (High Impact, High Effort)	Mayo Clinic OB Nest
Rural Workforce Stabilization (WRRAP) Fund hiring, retention, housing, travel, and burnout reduction for rural perinatal providers.	Outcomes: Increase rural clinician availability; reduce vacancy and turnover; improve continuity of maternity services Est. Cost: Moderate	RHTP WRRAP	Major Project (High Impact, High Effort)	CA Workforce Training Programs; CO Rural Midwifery Program

Midwife Licensure Expansion

Establish a licensure pathway for Certified Professional Midwives (CPMs) and Certified Midwives (CMs) with defined education, safety, and Medicaid participation standards (Coverage and Benefits; 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 Access Line

Establish a psychiatric consultation line providing obstetric, pediatric, and primary care clinicians real-time guidance on perinatal mental health and SUD treatment (Behavioral Health; Workforce Capacity and Training)

Outcomes: Improve timeliness of treatment decisions; increase provider access to psychiatric expertise in shortage areas.
Est. Cost: Moderate

Payer contracts; RHTP

Major Project (High Impact, High Effort)

[Perinatal Psychiatric Consult Program](#)

Rural Perinatal Continuing Education

Provide ongoing perinatal-focused CE for rural clinicians including OB emergencies, newborn stabilization, mental health, and best practices (Workforce Capacity and Training)

Outcomes: Improve clinical readiness and capacity to care for pregnant/postpartum women
Est. Cost: Low

RHTP; VBP

Quick Win (High Impact; Low Effort)

[Project ECHO Nevada](#)

Rural Residencies and Training Tracks

Develop rural rotations, residencies, and fellowships to embed students in rural hospitals and clinics and build long-term rural workforce pipelines (Workforce Capacity and Training)

Outcomes: Increased workforce capacity, recruitment and retention in rural Nevada
Est. Cost: Moderate to High

RHTP; GME; SHARP; Grants; Legislation (appropriation)

Major Project (High Impact; High Effort)

[Improving Access to Maternal Health Care In Rural Communities: An Issue Brief](#)

Coverage for Remote Patient Monitoring (RPM)

Require Medicaid and commercial plans to cover the cost and monitoring of medical equipment for high-risk conditions (Workforce Capacity and Training; Coverage and Benefits)

Outcomes: Improve control of hypertension/diabetes, reduce avoidable inpatient use.
Cost: Low

Legislation; SPA, MCO Contract, RHTP

Fill-in (medium impact, low/medium effort)

[Telehealth | ATA](#);
[Reimbursement Policies](#)