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WORKFORCE CAPACITY & TRAINING

Nevada faces persistent and growing shortages across the perinatal health care workforce – including OB-GYNs, family physicians providing maternity care, pediatric clinicians, perinatal nurses, midwives, doulas, lactation specialists, and behavioral health providers. These shortages, compounded by low workforce retention, an aging clinician base, and uneven geographic distribution, undermine access to safe, high-quality maternal and infant care statewide.

BACKGROUND

Nevada's perinatal workforce continues to experience persistent shortages across the perinatal workforce. Geographic maldistribution and rising clinical complexity, including chronic conditions and perinatal behavioral health needs compounds strain on a workforce already stretched across urban and rural settings.^{1,2} Perinatal workforce capacity is further weakened by Nevada's limited training pipeline, with few perinatal-specific programs and low retention in core primary care and perinatal residencies. Nevada has several workforce levers, including SHARP, the NVHA GME Grant Program, and the Rural Health Transformation Program – that offer opportunities to address perinatal workforce challenges.

NATIONAL TRENDS AND EVOLVING STANDARDS OF CARE

States are expanding perinatal workforce capacity by strengthening midwifery and doula pathways, modernizing scope of practice, integrating CHWs and peer support into perinatal teams, and using telehealth-enabled training, rural rotations, emergency simulation, and loan forgiveness programs to address geographic shortages.^{3,4} Medicaid managed care contracts in many states now include requirements for CHWs, doulas, maternity case management, and access standards, reflecting a national shift toward team-based, community-embedded perinatal care.⁵ Nevada has taken foundational steps through GME expansion, SHARP and RHTP funding, reimbursing doulas, and maintaining reimbursement parity for CNMs, but perinatal-specific pipelines remain limited. Together, these present an opportunity to build a more coordinated perinatal workforce strategy.

Workforce Challenges

47th in rate of maternity care providers per 100,000 women 15-44 (58.2)

2,303 additional physicians

- 251 Family Physicians
- 411 Pediatricians
- 80 OBGYNs

2 in 3 Nevadans live in a Primary Care Shortage Area

3.3% of active physicians practice in rural Nevada

Sources:

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

Sara R. Collins et al., *2024 State Scorecard on Women's Health and Reproductive Care* (2024). <https://doi.org/10.26099/6gr0-t974>

¹ Nevada Health Workforce Research Center. (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>

² Mwalili, N. et al. (2025). *Physician Workforce in Nevada – 2025*. Nevada Health Workforce Research Center, Office of Statewide Initiatives, University of Nevada, Reno School of Medicine.

³ State Health and Value Strategies. (2026). *Nevada Patient Protection Commission (PPC) Meeting*. Retrieved from [https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/Nevada_PPC_March_2026_Updated\(1\).pdf](https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2026/Nevada_PPC_March_2026_Updated(1).pdf)

⁴ 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>

⁵ Commonwealth Fund. (2023). *Appendix 1: Detailed Tables of Maternity Provisions Within Medicaid Managed Care Contracts*. Retrieved from https://www.commonwealthfund.org/sites/default/files/2023-05/Rosenbaum_Appendix%201_Tables.pdf

POLICY OPTIONS

Table 1. Workforce Capacity & Training Policy Options

Policy Option	Expected Impact	Possible Policy Levers	Action Priority Matrix	Resources
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, Rural Health)	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 (Rural Health; Behavioral Health)	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
Enhance Workforce Competencies in Perinatal Behavioral Health Embed behavioral health curriculum across pre-service education, residency programs, nursing and medical training, allied health internships, and continuing education (Behavioral Health)	Outcomes: Increased behavioral health workforce capacity; increased care coordination Est. Cost: Moderate	RHTP WRRAP; SHARP	Major Project (High Impact, High Effort)	CA Perinatal BH Training Resources for Clinicians ; Project ECHO
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; Coverage and Benefits)	Outcomes: Improve control of hypertension/diabetes, reduce avoidable inpatient use. Est. Cost: Low	Legislation; SPA, MCO Contract, RHTP	Fill-in (medium impact, low/medium effort)	Telehealth ATA ; Reimbursement Policies
Rural Perinatal Continuing Education Provide ongoing perinatal-focused CE for rural clinicians including OB emergencies, newborn stabilization, mental health, and best practices (Rural Health)	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 (Rural Health)	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

