ASSEMBLY BILL NO. 88–COMMITTEE ON HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE PATIENT PROTECTION COMMISSION)

PREFILED NOVEMBER 18, 2026

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to perinatal care. (BDR 38-528)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: May have Fiscal Impact.
Effect on the State Highway Fund: No.

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EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets [~~omitted material~~] is material to be omitted.

AN ACT relating to Medicaid; authorizing coverage for additional perinatal care and alternative methods of reimbursement for perinatal care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Nevada Health Authority to administer Medicaid, which includes coverage for various perinatal services. (NRS 422.270, 422.27177-422.27179, 422.272423) **Section 1** of this bill authorizes the Director of the Authority to include additional coverage and models of reimbursement for perinatal services under Medicaid, with the goal of improving perinatal health outcomes and expanding access to perinatal care. **Section 2** of this bill makes a conforming change to indicate that the provisions of **section 1** will be administered in the same manner as the provisions of existing law governing Medicaid.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent that money and federal financial participation are available, the Director may, in order to improve perinatal health outcomes and access to perinatal care for recipients of Medicaid, include under Medicaid:

(a) Coverage for perinatal care in addition to the coverage required by this chapter; and

(b) Alternative methods of reimbursement for specific models of delivering perinatal care.

2. Additional coverage and alternative methods of reimbursement that may be included under Medicaid pursuant to subsection 1 may include, without limitation:

(a) Reimbursement for group prenatal care delivered in accordance with an evidence-based model for group prenatal care at a rate that is greater than the rate of reimbursement for an individual prenatal visit. The Director may condition the enhanced rate on the provider being accredited in a recognized model for group prenatal care or having such accreditation pending.

(b) Reimbursement for dyadic intervention services that deliver integrated physical and behavioral health screening and services to an infant and the infant's parent or caregiver together. Such screening and services may include, without limitation:

(1) Screening for behavioral health needs, maternal mental health conditions, interpersonal safety and health-related social needs; and

(2) Referrals to appropriate follow-up care.

(c) Reimbursement for clinical lactation consultation as a distinct, separately billable service rather than bundling such reimbursement into a global payment for maternity services or a visit to the office of a provider for perinatal care.

(d) Reimbursement for prenatal and parenting education services as a distinct, separately billable service rather than bundling such reimbursement into a global payment for maternity services or a visit to the office of a provider for perinatal care.

(e) Coverage for remote patient monitoring services for pregnant and postpartum recipients of Medicaid who are at high risk of complications.

(f) An increased rate of reimbursement for perinatal and maternity care provided in rural areas to:

(1) Incentivize participation by providers:

(2) Support the sustainability of rural providers and services; and

(3) Improve access to perinatal and maternity care and outcomes for pregnant and postpartum recipients of Medicaid in rural areas.

(g) Incentives to increase the use of:

(1) Prenatal and postpartum care;

(2) Screenings and brief interventions for maternal and postpartum behavioral health needs; and

(3) Screenings for social determinants of health.

3. The Authority may apply to the Secretary of Health and Human Services for any waiver of federal law, any amendment of the State Plan for Medicaid or any other federal approval that is necessary for the Authority to receive federal funding to provide the coverage and alternative methods of reimbursement described in subsection 1.

4. If the Authority applies for a waiver, amendment or other federal approval pursuant to subsection 3, the Authority shall fully cooperate with the Federal Government in obtaining the waiver, amendment or other federal approval, as applicable.

Sec. 2. NRS 232.4993 is hereby amended to read as follows:

232.4993 1. The Authority shall administer:

(a) The provisions of chapters 449, 449A, 634B, 640D, 640E, 652, 695I and 695K of NRS and NRS 232.4996 to 232.49969, inclusive, 287.0402 to 287.049, inclusive, and 422.001 to 422.410, inclusive, ***and section 1 of this act,*** and 422.580, 439.258, 439.271 to 439.2794, inclusive, 439.581 to 439.597, inclusive, 439.800 to 439.918, inclusive, 439A.200 to 439A.290, inclusive, 439A.350 to 439A.398, inclusive, 439B.600 to 439B.695, inclusive, 439B.800 to 439B.875, inclusive, and 444.003 to 444.430, inclusive, and all other provisions of law relating to the functions of the divisions of the Authority; and

(b) Any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

2. The Governor may delegate functions to the Authority other than those described in NRS 232.49903 to 232.49945, inclusive.

Sec. 3. This act becomes effective on July 1, 2027.

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