SENATE BILL NO. 81–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 health care during pregnancy. (BDR 38-530)

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; requiring the establishment of a program to use alternative methods of reimbursement for comprehensive maternity care provided to a recipient of Medicaid through a pregnancy medical home; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Nevada Health Authority to administer the Medicaid program, and requires Medicaid to cover certain health-related goods and services. (NRS 422.270, 422.2717-422.2724295, 422.27497) Existing law specifically requires Medicaid to cover certain goods and services relating to pregnancy, including doula services provided by a doula enrolled with the Medicaid Division of the Authority and postpartum care services. (NRS 422.27173, 422.27177, 422.271775, 422.272423) **Section 1** of this bill requires the Director of the Authority, to the extent federal financial participation is available, to establish a program to use alternative methods of reimbursement for comprehensive maternity care provided to pregnant or postpartum recipients of Medicaid though a pregnancy medical home that meets certain requirements. **Section 1** additionally requires the Director to establish the: (1) criteria for the recognition of providers of health care, groups of providers of health care, medical facilities, including federally-qualified health centers, and other entities and organizations that wish to participate in the program as a pregnancy medical home and provide such comprehensive maternity care; and (2) requirements and standards governing participating pregnancy medical homes. **Section 1** authorizes the Director to limit the implementation of the program to a limited population of pregnant and postpartum recipients of Medicaid, including recipients who have a serious mental illness or substance use disorder or

who are most at risk for complications relating to pregnancy. **Section 2** of this bill requires the Authority to administer the provisions of **section 1** in the same manner as other provisions 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 federal financial participation is available, the Director shall establish a program to use alternative methods of reimbursement for comprehensive maternity care provided to a recipient of Medicaid through a pregnancy medical home, which may include, without limitation, maternity care that is delivered in the home through a voluntary, evidence-based model that meets the criteria set forth in 42 U.S.C. § 711(d)(3)(A)(i)(I).

2. To be eligible for reimbursement under the program established pursuant to subsection 1, comprehensive maternity care must:

(a) Be provided in a culturally responsive manner;

(b) Include, without limitation:

(1) Comprehensive clinical care throughout each stage of pregnancy, including the postpartum period, as necessary to provide the recipient of Medicaid with the full range of obstetric, gynecological and other clinical services associated with pregnancy;

(2) Behavioral health services and referrals for such services; and

(3) Coordination of services, including, without limitation, assisting a pregnant or postpartum recipient of Medicaid in navigating the behavioral and social needs of the recipient, including referrals to community and social support services as needed; and

(c) Meet any additional requirements prescribed by the Director pursuant to paragraph (a) of subsection 4.

3. In establishing the program described in subsection 1, the Director:

(a) Shall assess the viability of and the cost associated with making the program available to all pregnant and postpartum recipients of Medicaid in this State;

(b) May limit the implementation of the program to a limited population of pregnant and postpartum recipients of Medicaid, which may include, without limitation, such recipients of Medicaid

who have a serious mental illness or a substance use disorder or who are most at risk for complications relating to pregnancy; and

(c) Shall, if the Director limits the implementation of the program pursuant to paragraph (b), periodically evaluate the program and determine whether the program should be expanded to include additional populations of pregnant and postpartum recipients of Medicaid.

4. As part of the program established pursuant to subsection 1, the Director shall establish:

(a) Requirements, standards and eligibility criteria for pregnancy medical homes that wish to participate in the program established pursuant to subsection 1, including, without limitation:

(1) Criteria governing the recognition of pregnancy medical homes by the Authority. Such criteria must include, without limitation, the standards that a provider of health care, a group of providers of health care, a medical facility, including, without limitation, a federally-qualified health center, or such other entities or organizations deemed acceptable by the Authority must satisfy in order to be recognized as a pregnancy medical home pursuant to this subparagraph.

(2) Requirements, in addition to the requirements set forth in paragraphs (a) and (b) of subsection 2, governing pregnancy medical homes that participate in the program established pursuant to subsection 1. Such requirements must include, without limitation, standards to ensure the provision of coordinated, evidence-based care throughout the prenatal, delivery and postpartum period.

(b) One or more alternative methods of reimbursement for care that is provided by participating pregnancy medical homes. Such alternative methods of reimbursement may include, without limitation:

(1) Tier-based methods of reimbursement;

(2) Incentive payments;

(3) Pay-for-performance arrangements;

(4) Global or bundled payment arrangements;

(5) Shared-savings or shared-risk arrangements; and

(6) Other value-based payment arrangements that are tied to patient outcomes or the total cost of providing the care described in this section rather than the volume of services provided.

5. The Director shall design the program established pursuant to subsection 1 in a manner best calculated to significantly expand access to high-quality, coordinated maternity and perinatal care, improve maternal and infant outcomes, reduce

preventable infant deaths, reduce maternal morbidity and mortality, reduce disparities in perinatal health, reduce unnecessary emergency room visits and reduce avoidable costs, including the costs of services arising from preventable complications of pregnancy.

6. The Authority shall:

(a) 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 reimbursement under the program established pursuant to subsection 1.

(b) Fully cooperate in good faith with the Federal Government during the application process to satisfy the requirements of the Federal Government for obtaining a waiver, amendment or other federal approval pursuant to paragraph (a).

7. As used in this section:

(a) "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

(b) "Pregnancy medical home" means a provider of health care, a group of providers of health care, a medical facility, including, without limitation, a federally-qualified health center, or any other entity or organization that satisfies the criteria for recognition as a pregnancy medical home established pursuant to subparagraph (1) of paragraph (a) of subsection 4 and is recognized by the Authority as a pregnancy medical home.

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. 1. This section becomes effective upon passage and approval.

2. Sections 1 and 2 of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2028, for all other purposes.

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