

# For immigrants and others without insurance, nonprofit OB-GYN clinic is a blessing

By Tovin Lapan

Community:



[Steve Marcus](#)

Deanna Prichard performs an ultrasound exam on a pregnant woman at Nevada Obstetrical Charity Clinic, 1950 Pinto Lane, Wednesday, Sept. 17, 2014. The clinic is focused on serving women who can't afford care and are not eligible for Medicare or Medicaid.

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[Nevada Obstetrics Charity Clinic](#)

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When Maria Maldonado got pregnant with her first child in 2009, the hairdresser had no idea where to go for care.

“I didn’t have insurance, and everywhere I went it was really expensive,” Maldonado said. “There was a point when I didn’t know where to go or what to do, so I was really lucky to know Theresa.”

One of Maldonado’s clients at the hair salon was nurse practitioner Theresa Chevalier of the Nevada Obstetrical Charity Clinic, which had just undergone a fundamental shift to nonprofit status in 2009. The change would be the catalyst for a new strategy at the clinic, and Maldonado was one of the first beneficiaries.



In the last five years, [NOCC](#) has built a robust lineup of free and reduced-price services, particularly for women who are uninsured and are not eligible for Medicaid or Medicare.

In 2005, when Dr. Kord Strebel first came to Las Vegas, his obstetrics and gynecology practice was for-profit, but with an emphasis on keeping prices low for the uninsured population.

It was when his patients left his clinic that costs soared.

“I found that patients were not going for recommended tests or blood work because they couldn’t afford it,” Strebel said.

Strebel, with a push from Chevalier, who detailed the need in the community for low-cost care, decided to explore nonprofit status. Immediately, he realized the potential. As a nonprofit he could negotiate a rate on a variety of services for all of his patients, collaborating with medical service providers who got to bolster their regular roster of patients.

“I provided basic care here and tried to keep costs down, but for these tests they were paying out of pocket significantly more than insurance companies would typically get reimbursed for the same procedure,” Strebel said. “I went to Quest Diagnostics, and they said: ‘Oh yeah, if you are a nonprofit this lab work that used to cost \$800, we can do it for \$50.’”

Strebel filed for nonprofit status in 2009, and has been building services at the Nevada Obstetrical Charity Clinic ever since.

Today, the clinic, tucked into the health care district around University Medical Center, has its own pharmacy and lab for blood work and other tests. Many services are offered free, or at significantly lower prices than at for-profit clinics. Since 2009 the clinic has expanded its own offerings, including ultrasound services and even some minor surgical procedures.

Once set up as a nonprofit, Strebel was able to negotiate better rates with providers and also connect with other specialists willing to volunteer their time, or at least offer services at a deep discount.

The clinic’s pharmacist donates his time, and materials like prescription labels are donated, helping to cut down on recurring costs. Pregnancy tests are free, and pregnant women walk out with free prenatal vitamins.

As a member of the Women's Health Associates of Southern Nevada, Strelbel can offer the clinic's patients broader access to hospital services and around-the-clock obstetrical care. They also have collaborations with University of Nevada Reno, University Medical Center and UNLV Nursing to help provide services.

"The model with this clinic is nobody's left behind; the door is always open," Strelbel said. "And with all of these organizations working together, we can really keep that door open. The amount of patients we can roll through this clinic is large as long as people know about it."

Esmeralda Valdez, 25, works with Maldonado at the hair salon, and overheard her co-worker discussing the clinic one day. Valdez had never gotten a Pap smear, which is recommended for all women between 21 and 65 to check for cervical cancer, and she lived with irregular periods because she could not afford care.

"I got my first Pap smear, and I got a prescription for birth control to help with my period," Valdez, 25, said. "I had gone to another clinic before, but they charged too much money. Here birth control is free, and the other place was \$30 per month. Other things were double the price."

While the Affordable Care Act expanded Medicaid and mandated all Americans be insured, not everyone is covered. Some people cannot afford plans on government exchanges and will face penalties. Immigrants in the country illegally and some classes of legal immigrants are not eligible to purchase insurance on the exchanges and are not covered by the regulations. The majority of the patients the clinic sees are Hispanic, and between 30 and 50 percent of the patients who come through each month are undocumented immigrants.

Strelbel said the services are offered universally because it is a community benefit, and will result in positive change for everyone who needs medical care in the area.

"Undocumented patients are getting their care through the emergency rooms, and that leads to a couple of things," Strelbel said. "That actually can increase our taxes, because now we are paying for this emergency care center, and that's not what these patients really need. The second part is you or I have chest pain, and we go in there, and we have to wait in longer lines to get treated for our chest pains."

"So, why don't we increase the clinics, and increase the ability for these patients to get proper care? Because the emergency room is an emergency room, not a clinic. That's the message we need to get out to the local community. We need to quit using emergency rooms as primary care facilities."

According to a [2013 report from March of Dimes](#), Nevada has one of the worst premature birth rates in the country, and received a "D" on the organization's state-by-state report card. Additionally, March of Dimes released in June found Hispanic women are significantly more likely to have a baby with a neural tube birth defect, and nearly a quarter of all preterm births in the United States are Hispanic.

"It's so important to offer these services and do preventative care to address these issues, and improve health care overall," Chevalier said. "Some things can be easily avoided or treated instead of leaving them until it's a real problem, and then it's more costly and invasive measures may be needed."

Approximately 4,500 patients are in the Nevada Obstetrical Charity Clinic network, and the services keep growing. Just recently the clinic launched a free parenting program.

Over at the beauty salon Valdez and Maldonado now act as surrogates for Chevalier, displaying clinic pamphlets for interested customers and tipping off clients who express a need.

"I think a lot of community clinics are overwhelmed, and they just want to get money from you. They don't have time to listen to you," Valdez said. "Here they take time with you and you feel like you can tell them anything and

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they will do their best to help. They make you feel comfortable.”