

IDAHO MATERNAL AND INFANT HEALTH REPORT

Healthy Moms, Strong Babies: Opportunities to Improve Maternal and Infant Health in Idaho

Healthy births are the first step in ensuring babies grow, develop, and thrive. Yet Idaho is falling well behind in key maternal and infant health indicators. Following the U.S. Supreme Court's decision to overturn Roe v. Wade and Idaho's 'trigger law' that criminalizes abortion services, maternal and infant health needs in Idaho will grow.

Now is the time to take steps to reverse Idaho's troubling health trends by advancing a set of broad state priorities focused on improving birth outcomes, the health of infants, and the well-being of moms. As Idaho policymakers explore opportunities to increase supports for pregnant women and newborns, it is essential that they consider what the data shows about the needs of families.

“ We fully acknowledge this monumental moment in our country's history means we must confront what we know will be growing needs for women and families in the months and years ahead... We are being called to support women and our fellow community members in extraordinary new ways, and I'm confident Idahoans are ready to meet this responsibility with love and compassion. ”

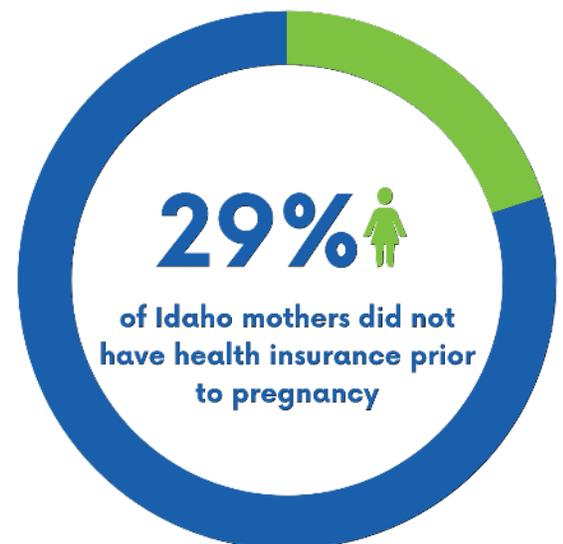
Governor Brad Little on SCOTUS overrule of Roe V. Wade, June 24, 2022 ¹

MEDICAID IS AN ESSENTIAL LIFELINE FOR PREGNANT WOMEN AND CHILDREN IN IDAHO

Providing women with comprehensive health coverage before, during, and after pregnancy leads to improved preventive care, reductions in maternal mortality rates, and improvements in birth outcomes. Children with consistent health coverage are able to access necessary care at crucial developmental times. In Idaho, Medicaid and the Children's Health Insurance Program (CHIP) are the major public sources of health coverage available to pregnant and postpartum women and children. Medicaid is an essential lifeline for families and communities in Idaho.

States with higher Medicaid eligibility levels have seen increases in people accessing regular checkups, screenings for cancer, filling prescriptions and decreases in depression.² Investments in preventative care and routine health services saves money by avoiding the higher costs incurred when medical problems go undetected and escalate to crisis levels. Increased access to care reduces uncompensated care costs in addition to saving lives. Several studies have demonstrated how access to affordable health coverage through Medicaid improves financial stability for families. It reduces the number of families struggling to pay medical bills and increases economic mobility, creating community savings.²

In 2020, over one-third (35%) of Idaho mothers had Medicaid at the time of their child's birth.³ Medicaid is even more vital for certain parts of the state. For example, in 2018, Medicaid covered 44% of



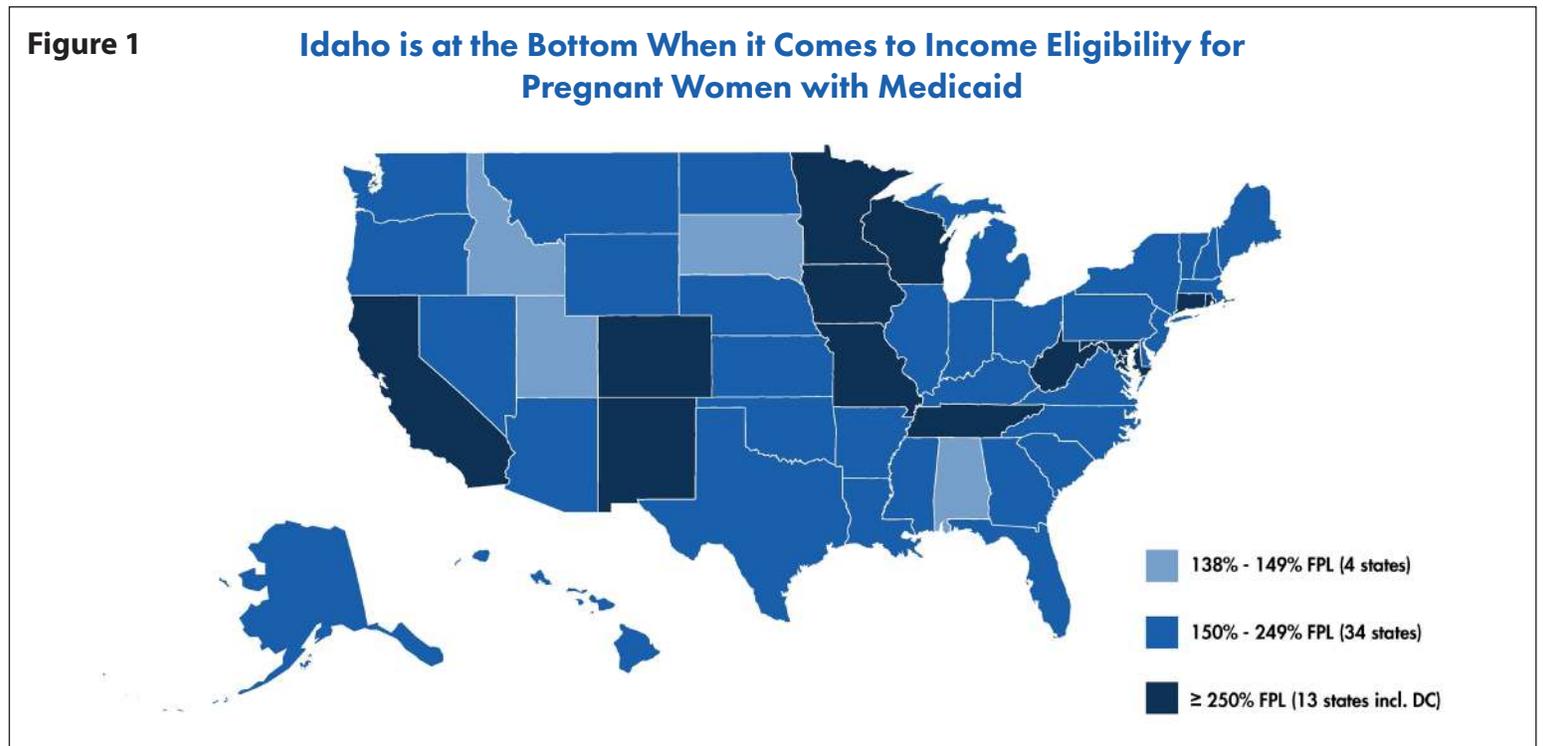


births in Canyon County, 53% in Lewis County, and 61% in Lincoln County.⁴ In 2020, 3 out of 10 Idaho mothers lacked health insurance prior to their pregnancy, underscoring the importance of affordable health coverage.⁵ Two-thirds of Idaho infants and toddlers live in households with low-incomes.⁶ Medicaid and CHIP are typically the only affordable coverage option to these families experiencing the greatest hardship in today's difficult economy.



IDAHO'S MEDICAID ELIGIBILITY RATES AND POSTPARTUM COVERAGE OPTIONS LAG BEHIND THE NATION

Idaho's income eligibility level for pregnant women in Medicaid ranks **last in the nation**, and the state's Medicaid coverage for pregnancy ends after just 60 days postpartum, cutting off access to care at a critical time for new mothers. Idaho's income eligibility for children in Medicaid ranks **second to last in the nation**, resulting in coverage gaps that can lead to children missing out on important well-child checkups and routine medical care.



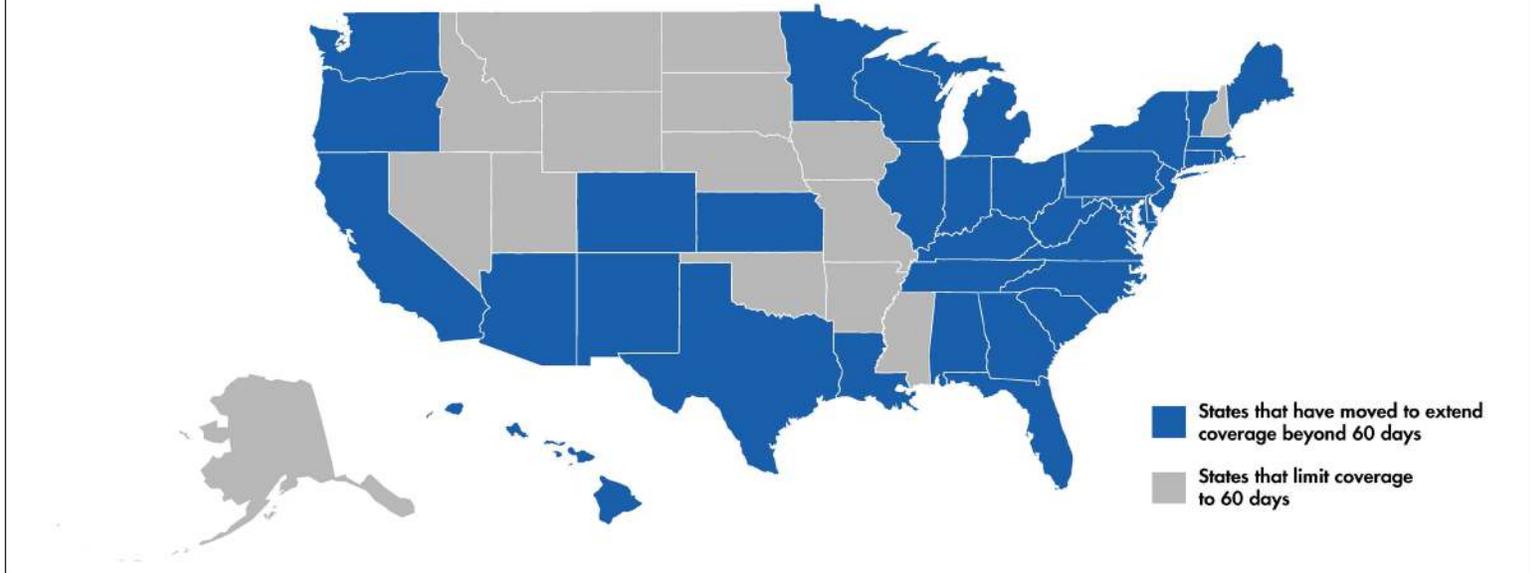
Idaho's income eligibility for pregnant women in Medicaid and CHIP is 138% of the federal poverty level or FPL (annual incomes for a family of 3 for all of the poverty levels referenced can be found in the appendix at the end of the report). The national median eligibility limit for coverage for pregnant women in Medicaid and CHIP is 205% FPL. Two-thirds of the states (35) cover pregnant women at or above 200% FPL (See Figure 1).⁷





Figure 2

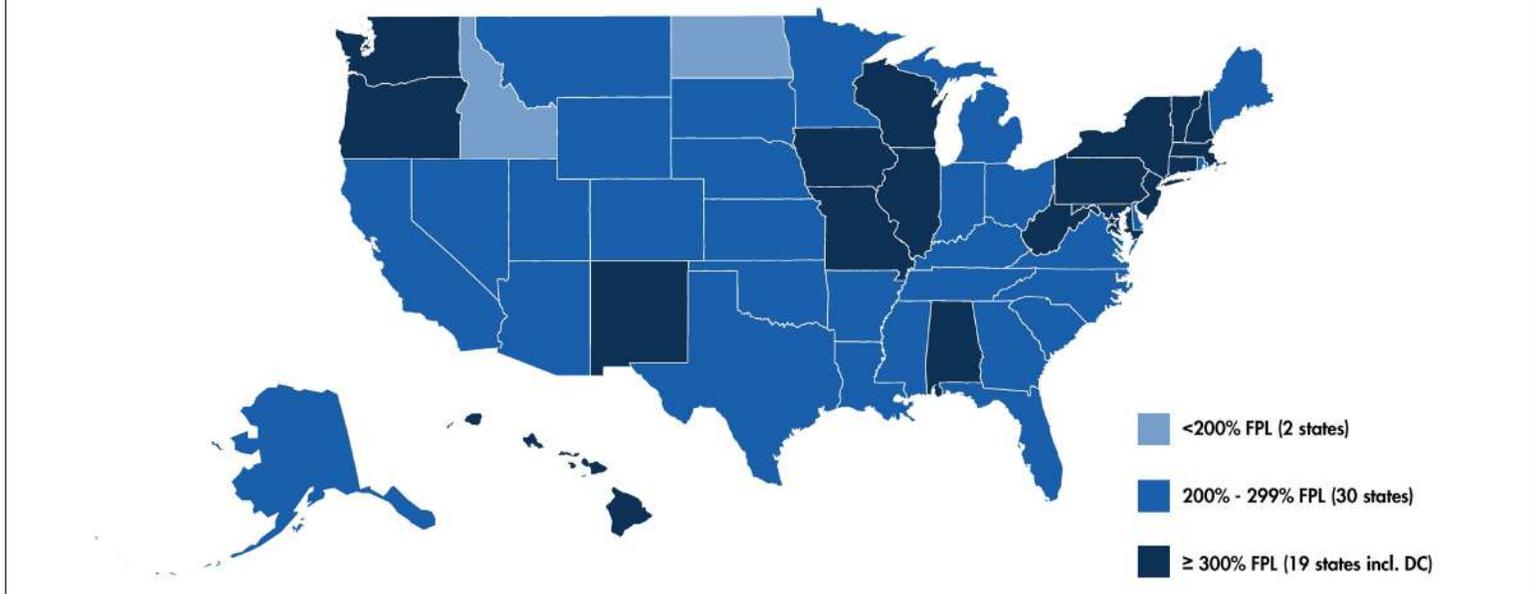
Idaho has Yet to Adopt 12-month Medicaid Postpartum Coverage



Idaho limits postpartum Medicaid coverage to 60 days, making it just 1 of 13 states that have chosen to limit coverage to this time brief time frame. Across the country, 34 states have extended the length of postpartum Medicaid coverage to one full year after birth (See Figure 2).⁸

Figure 3

Idaho Ranks Second to Last in CHIP Income Eligibility



Idaho's income eligibility for children in Medicaid and CHIP is 190% FPL. The national median eligibility limit for coverage for children in Medicaid and CHIP 255% FPL. All but two states (Idaho and North Dakota) cover children at or above 200% FPL, and more than one-third of the states cover children at or above 300% FPL (See Figure 3).⁹



Medicaid and CHIP provide comprehensive benefits that are proven to increase health outcomes in mothers and children, but little outreach is conducted to educate enrollees on available benefits.¹⁰ In addition to routine prenatal and postpartum benefits, additional Medicaid covered services include dental, vision, chiropractic, licensed midwives, physical therapy, and behavioral health services to treat depression and substance use disorders. Home visiting is an additional benefit that connects pregnant women and families with newborns to community resources.¹¹ Yet, most eligible Idahoans do not know what benefits are available or how to access home visiting. Last year alone, only a few hundred moms accessed the home visiting Medicaid benefit.

FALLING BEHIND: IDAHO'S MATERNAL AND INFANT HEALTH TRENDS WORSENING

Maternal Health Trends in Idaho

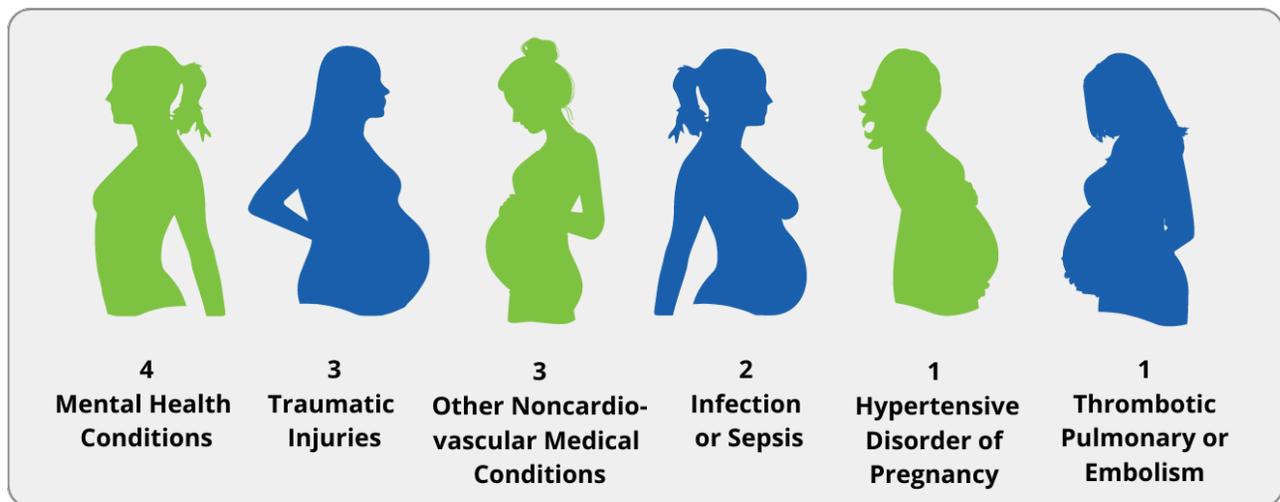
Too many Idaho mothers are not receiving recommended prenatal care, even though routine prenatal care is crucial to healthy pregnancies and healthy newborns. In 2020, nearly 1 in 5 Idaho mothers did not receive any prenatal care in the first trimester of pregnancy.¹² The data show disparities by race and ethnicity, with women of color experiencing more gaps in prenatal care. Approximately 16% were women of color, yet they only accounted for 11% of births.¹³

Ensuring the mental health and well-being of pregnant and postpartum women is a key element of supporting maternal health. Mothers experiencing depression during pregnancy are more likely to have preterm deliveries and to deliver low birth weight babies.¹⁴ Infants with mothers experiencing depression



Figure 4

2018 - 2019 Underlying Causes of Idaho Maternal Deaths



Source: Maternal Mortality Review Committee. (2021). Maternal Deaths in Idaho 2019, and Maternal Deaths in Idaho 2018. Idaho Department of Health and Welfare.

are more likely to miss out on crucial social bonding moments and have been shown to be at higher risk for developmental delays.¹⁵

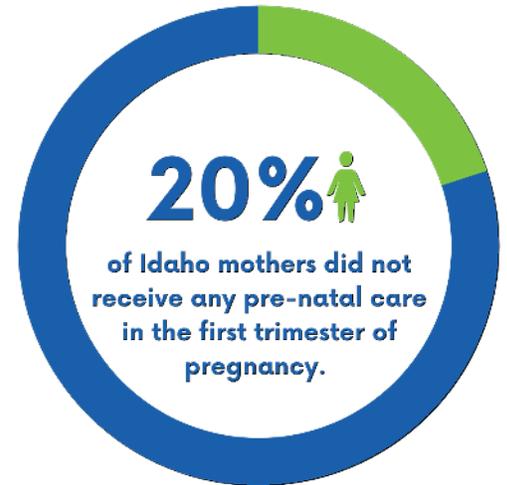
Almost 1 in 4 (22%) Idaho mothers experienced moderate to severe postpartum depression in the three months following pregnancy, outpacing the national average of 15%.¹⁶ Twenty percent of mothers were not screened for depression during pre-natal visits, and over half of pregnant women with depression never received treatment.¹⁷

Maternal death can be the tragic and unfortunate outcome of women lacking health coverage and consistent care. *Maternal death* is defined as the death of the mother during pregnancy or within one year following pregnancy. Idaho's maternal mortality rate doubled from 9.1 per 100,000 in 2019 to 18.6 per 100,000 in 2020, representing an **increase of 104% over one year**.¹⁸ In 2019, the leading causes of maternal death were non-cardiovascular medical conditions, followed by mental health conditions, sepsis, and traumatic injuries. (See figure 4). These conditions are treatable with timely access to proper care. Nearly 1 in 4 pregnancy related deaths occurs between 43 and 365 days after birth.¹⁹ This data underscores the need for consistent coverage and care during and following pregnancy.²⁰

Infant Health Trends in Idaho

The first years of life are crucial for the development of children, but there are concerning trends in infant health data in Idaho. In 2020, 8.5% of births in Idaho were preterm, and 6.8% of babies were classified as low birth weight.²¹ Idaho's infant mortality rate (defined as death under one year of age) increased from 4.4 per 1,000 in 2019 to 5.1 per 1,000 in 2020, representing an increase of 16% over one year.²²

The American Academy of Pediatrics recommends that infants receive six well-child health care exams during their first year. However, 10% of Idaho infants did not receive a single well-child exam in 2020.²³ What's more, over 70% of Idaho children age 9-35 months did not receive a recommended developmental screening, worse than the national average of 63%.²⁴ These infants are missing critical opportunities to stay on track for healthy development and are at higher risk of missing key early detection opportunities for chronic disease or health conditions.





HEALTHY MOMS, STRONG BABIES: IDAHO KIDS COVERED POLICY RECOMMENDATIONS

Idaho is falling behind the nation when it comes to maternal and infant health. Recent increases in the negative health outcomes, particularly rising mental health challenges and high maternal death rates, show we must do better for moms and babies. The Idaho Maternal Mortality Review Committee found every one of maternal deaths was preventable in their latest report. Lack of access to care and lack of continuity of care were identified as top contributing factors to maternal deaths.²⁵ This is a crisis that cannot be put off any longer, especially as maternal and infant health needs grow.

Idaho has the opportunity to raise Medicaid and CHIP eligibility limits and to extend length of coverage for pregnant women to better ensure mothers and babies receive the care they need at crucial times. Idaho Kids Covered calls upon lawmakers to implement the following policies that meaningfully support healthy moms and strong babies.



1. Increase income eligibility levels for children and pregnant women in Medicaid and CHIP:

The first step in accessing health care services is access to health coverage. Idaho should increase its Medicaid and CHIP income eligibility limits for children to the national average of 255% FPL, which would increase the number of Idaho kids eligible to receive comprehensive health coverage. This would allow more children to receive pediatric care, increase opportunities for early detection of chronic disease and developmental delays, and fill prescriptions. Idaho should also increase its Medicaid and CHIP income eligibility limits for pregnant women to the national average of 205% FPL. Doing so would allow a greater number of pregnant Idahoans to access affordable health coverage for necessary services, including behavioral health services and key prenatal screenings that help ensure the mother is in good health.



2. Extend postpartum Medicaid coverage to improve maternal and infant health:

Idaho should extend Medicaid postpartum coverage from 60 days to 12 months. This extension is a transformational opportunity for states to support improved maternal and infant health in the year following birth and was a key recommendation by the Idaho Maternal Mortality Review Committee. Extending postpartum coverage to a full year, as 34 states have already done, would provide health coverage and access to care for new mothers on Medicaid in this vulnerable time.



3. Outreach and Community Engagement:

Idaho should take advantage of Medicaid administrative matching funds to conduct outreach and education to medical providers and the public on eligibility criteria, extended coverage options for pregnant women, and available maternal and infant benefits. Too many Idaho mothers are not aware of the benefits for which they are eligible. Direct outreach, enrollment assistance, and renewal support for pregnant women and families with newborns is critical. Outreach should include direct communications through text, phone calls, email, and mail in multiple languages, as well as resources for providers and partners such as printable flyers, talking points for conversations with enrollees/patients, and social media content.

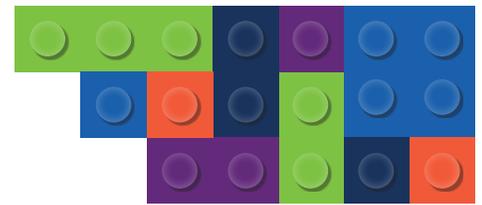


4. Support the success of the Idaho’s Maternal Mortality Review Committee: The Maternal Mortality Review Committee is an interdisciplinary group from across the state that reviews every maternal death and makes recommendations to improve the care for women and to reduce or eliminate preventable deaths. Idaho should center infant and maternal policy discussions around the committee’s findings, annual recommendations, and reauthorize the committee.

Ongoing health coverage and consistent access to care are key to meeting Idaho’s growing maternal and infant health needs, especially for those households with low-incomes. Advocates, care providers, lawmakers, community members, and state agency officials can work together to use the Idaho Kids Covered recommendations for increased coverage options and outreach as impactful opportunity to improve maternal and infant health outcomes in Idaho.

APPENDIX: Federal Poverty Level Definitions by Family Size

Federal Poverty Levels (FPL)	Family of 1	Family of 2	Family of 3
138%	\$18,754	\$25,268	\$31,781
190%	\$25,821	\$34,789	\$43,757
205%	\$27,859	\$37,536	\$47,211
255%	\$34,655	\$46,691	\$58,726
300%	\$40,770	\$54,930	\$69,090



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