IDAHO KIDS COVERED

Let's build a **strong foundation** for healthy moms and babies

Idaho should be a place where every mom and baby can count on quality care for a healthy start. Yet, in many rural communities, providers and services are disappearing, leaving families without essential support. Idaho must invest in healthcare and coverage to ensure children and families can thrive.

Barriers to Care for Idaho Families

1 **Too many mothers and babies have limited access to care**, especially in rural areas.

About 30%[1] of Idaho counties have no obstetric provider or hospital/birth center offering obstetric care.[2]

Idaho ranks **last** in the U.S. for pediatricians—only 50 doctors per 100,000 children, less than half the national average.[3]

Nearly **1 in 5 Idaho mothers** did not receive 'adequate'[4] prenatal care in 2024, increasing the risk of preterm birth, stillbirth, and infant mortality.[5]

2 **Uninsured rates for moms and kids are climbing.** Working families are being shut out of affordable health insurance.

The number of uninsured children in Idaho climbed **43%** from 2022 to 2024.[6]

In 2023, **1 in 8 women of childbearing age** (15 to 44) lacked health insurance, making it harder to get care before, during, and after pregnancy.[7]

Pregnant women only qualify for Medicaid if their income is less than $21,597 or 138% of the federal poverty level (FPL). The national average is $31,300 or 200% FPL, making Idaho among the **lowest** in the country.[8]

3 **More budget cuts would hit the rural healthcare systems the hardest.** Cuts to maternal care and Medicaid funding threaten emergency care, OB services, pediatric care, and jeopardize rural jobs.

Medicaid is a lifeline for rural moms. In 2024, it covered nearly half of all births in Lewis (46.2%), Lincoln (44.8%), and Butte (42.9%) counties.[9]

Medicaid reimbursement helps hospitals and practices retain physicians, nurses, and specialists.

Reliable Medicaid coverage is linked to better prenatal care, lower maternal mortality, and healthier birth outcomes.

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Annahlise, a married mom of two, works part-time as a bookkeeper while her husband, Colton, is an orthodontic assistant and dental student at Boise State. She first enrolled in Medicaid during her second pregnancy, and now the whole family is covered.

During that pregnancy, a carbon monoxide incident sent Annahlise to the ER. Because she had Medicaid, she received care without fear of the cost; care that could have been delayed without coverage, risking harm to her baby. Today, the Wilhelm family stays on top of wellness visits and has peace of mind knowing they're protected.

"Medicaid has allowed us to start our family earlier than waiting for financial security to come later in life."

Annahlise Wilhelm, Meridian, Idaho

What Policymakers Can Do

Health outcomes for moms and babies are trending in the wrong direction. Idaho lawmakers can strengthen the state's maternal and newborn healthcare infrastructure by:

- Rejecting Medicaid cuts and restoring funding to keep families insured and rural hospitals open.
- Raising Medicaid's income eligibility for pregnant women and children to keep more moms and babies insured and healthy.

Idaho Kids Covered is a project of Idaho Voices for Children. For more information contact: Ivy Walker at iwalker@idahovoices.org or visit Idahokidscovered.org 750 W. Bannock St, #2842, Boise, ID 83701

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[1] US Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022-2023 file; American Board of Family Medicine, 2019-2022; American Association of Birth Centers, 2023; Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES), November 2023 file; National Center for Health Statistics, 2022 final natality data; US Census Bureau, 2022 American Community Survey 5-Year Estimates; American Hospital Association, 2022. Retrieved January 12, 2026, from www.marchofdimes.org/peristats

[2] Defined as any county without a hospital or birth center offering obstetric care and without any obstetric clinician. Obstetric clinicians are defined as obstetricians, family physicians who reported delivering babies, certified nurse midwives and nurse midwives.

[3] America's Health Rankings analysis of U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, United Health Foundation, AmericasHealthRankings.org, accessed 2025. https://www.americashealthrankings.org/explore/measures/PED/ID

[4] Adequate prenatal care is defined as prenatal care that begins early, before the 4th month of pregnancy, and occurs on a regular basis, with the mother attending 80% or more of the expected number of prenatal care visits based on recommendations from the American College of Obstetricians and Gynecologists.

[5] Idaho Department of Health and Welfare, Division of Public Health, Idaho Vital Events Natality Dashboard- 'APNCU Index', (2024). Retrieved 2025

[6] Georgetown University Center for Children and Families. (2025, September 12). U.S. and state-by-state child health coverage trends. Retrieved from https://ccf.georgetown.edu/2025/09/12/u-s-and-state-by-state-child-health-coverage-trends/

[7] March of Dimes. (n.d.). Idaho State Summary – PeriStats. Retrieved January 12, 2026. https://bit.ly/45BWqUo

[8] Kaiser Family Foundation. (2025). Medicaid and CHIP income eligibility limits for pregnant women as a percent of the federal poverty level. KFF. Retrieved January 12, 2026. https://bit.ly/49y9oUb

[9] Idaho Department of Health and Welfare, Division of Public Health, Idaho Vital Events Natality Dashboard- 'Method of Payment for Delivery', (2024). Retrieved 2025