2026 Rural Texas Maternal Health Rescue Plan: *From Rescue to Moonshot*

CALL TO ACTION: The Rural Texas Maternal Health Assembly respectfully urges the 90th Legislature to launch a **Healthy Rural Texas Pregnancy Moonshot,** wherein the state supports a multi-year, coordinated, aspirational, visible, and funded public strategy designed to promote a high-quality, enduring rural maternal health care system that fosters healthy families, sustains strong communities, and promotes economic prosperity today and for future generations.

The Rural Texas Maternal Health Assembly offers 12 policy priorities to achieve this goal.

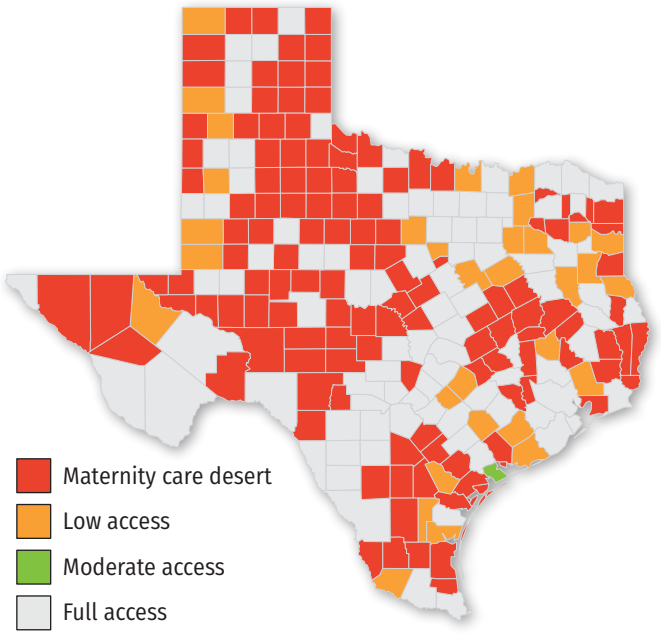
Rural[1] communities are the cultural and economic lifeblood of the state. When people envision Texas, it is rural Texas they see. Rural communities anchor Texas' economic vitality, contributing $200 billion annually to the state's economy.[2] Yet the slow degradation of Texas' rural maternal healthcare system threatens rural families' way of life.

Some 665,000 women ages 15 to 45[3] live in rural Texas, along with their families. When their communities lack women's preventive healthcare and maternity care services, women and families do not want to live there, meaning employers cannot thrive there. Consider these facts.

- **In Texas, 60% of rural counties and 51% of all counties remain "maternity care deserts," counties without maternity care services.[4] Over the past decade, 16 more gained that distinction — the largest increase nationally.[5]**
- **65% (96) of rural hospitals in Texas no longer provide maternity care, while 20% (13) remain at risk of halting labor and delivery services.[6]**
- **55% (84) of rural hospitals are at risk of closing entirely, with 17% in immediate danger.[7]**
- **22.8% of Texas women receive inadequate or no prenatal care, compared to 16.1% nationally. In rural counties, the rate is even higher.[8]**
- **58% of rural counties lack sufficient primary care, with one in five having no primary care physician at all, although rural primary care clinics provide essential services before, during, and after pregnancy.[9]**
- **22% of rural women ages 19 to 49 are uninsured.[10]**

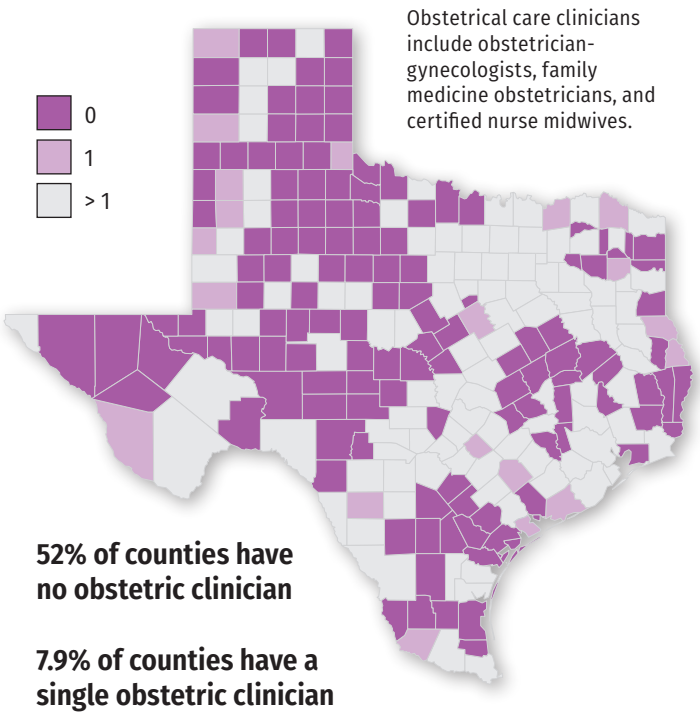
60% of rural Texas counties are maternity care deserts.

Access to maternity care in Texas



Source: March of Dimes. Maternity Care in Texas, 2026.

Number of Obstetric Clinicians in Texas Counties

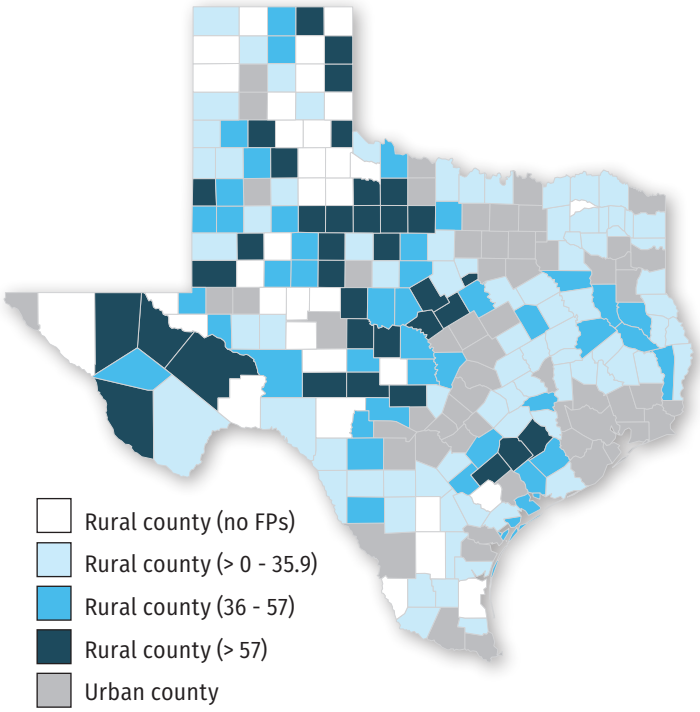


52% of counties have no obstetric clinician

7.9% of counties have a single obstetric clinician

Source: Maternity Care Access in Texas, March of Dimes, 2026.

Family Physicians per 100,000 Population in Texas Rural Counties, 2025



Source: WWAMI Rural Health Research Center, University of Washington, 2026

But fatalism is not in rural Texans' vocabulary. That is why the Rural Maternal Health Assembly gathered in 2024 to formulate a blueprint to halt the decline in rural maternal health.

The Assembly's plan, the Rural Texas Maternal Health Rescue Plan, outlined 12 priority recommendations that if implemented would stabilize and improve rural maternal healthcare access and birth outcomes.[11] Lawmakers heard the warning, adopting several recommendations either wholly or in part, including the passage of House Bill 18, the Rural Health Stabilization and Innovation Act. The legislation, coupled with $150 million in enhanced biennial funding, will improve the financial health of rural hospitals.

Yet, as important as these investments are, the state's rural maternal health system remains precarious. In 2025, two additional rural Texas hospitals suspended their labor and delivery services. That is why the Assembly reconvened in 2026 to articulate what additional policy levers lawmakers should pull to protect rural maternal health access. What emerged from the work is this: **launch a Healthy Rural Texas Pregnancy Moonshot, wherein the state supports a multi-year, coordinated, aspirational, visible, and funded public strategy designed to:**

- **Safeguard and extend rural maternal health to all rural women, and**
- **Measurably improve rural maternal health outcomes within five years.**

The Assembly acknowledges the state budget will be tight when lawmakers convene in 2027. **However, rural maternal health is not something that can wait.** Once these services are gone, they rarely come back. And many of the interventions needed to keep them are low-cost and high-reward, meaning they will save money while saving lives.

By pursuing a coordinated strategy, the Rural Maternal Health Moonshot, Texas will help ensure the heart of the state — its rural communities — remain attractive places to live, work, and visit.

From Rescue to Moonshot — 12 Priorities

CODE RED PRIORITIES

1. Improve the timeliness and availability of rural maternal health by modernizing Medicaid maternal health delivery models and payments for rural maternal health professionals.
2. Boost the rural maternal health workforce by expanding training pipelines and incentive programs for both clinical and nonclinical health professionals committed to rural practice.
3. Sustain state investments to bolster rural maternity hospital care services and to cultivate community health centers' maternal health capacity and innovation.
4. Launch Project Healthy Rural Texas Pregnancies, a multi-pronged, cross-sector campaign and resource center to increase access to and coordination of critical preventive maternal health services.

CRITICAL PRIORITIES

5. Robustly fund the state's women's health programs to sustain women's preventive health services.
6. Bring maternal healthcare services to where rural women live and work by expanding the use of alternative care settings, such as mobile, pop-up, and virtual care clinics, as well as patient navigation.
7. Ensure excellence in rural maternal healthcare quality by growing innovative educational and training partnerships to deliver safe, high-quality maternity care.
8. Pioneer formation of rural maternal health utilities to ensure counties with the highest rurality can offer women access to critical preventive maternal health services.

ESSENTIAL PRIORITIES

9. Enhance chronic disease prevention, management, and treatment before and between pregnancies to reduce chronic disease-related complications during pregnancy.
10. Improve health outcomes and well-being of rural mothers and babies by alleviating nonclinical barriers to care.
11. Establish and fund innovative, cost-effective partnerships between primary care and dentistry to increase the use of preconception preventive oral care to reduce oral health-related complications during pregnancy.
12. Extend existing Medicaid doula coverage to cover additional nonclinical, evidence-based prenatal and postpartum services for doulas who complete state-approved certification or who demonstrate core competencies.

Rural Texas Maternal Health Rescue Plan Supporters

Association of Women's Health, Obstetric and Neonatal Nurses

Baylor Scott & White Health

Consortium of Texas Certified Nurse-Midwives, affiliate of the American College of Nurse-Midwives

DHR Health

East Texas Community Clinic

Global Family Practice, LLC

Huntsville Memorial Hospital

JPS Health

Lakeland Medical Associates

March of Dimes

Medina Healthcare System

Program of Excellence for Mothers, Children, and Families at the Texas A&M College of Nursing

Rolling Plains Memorial Hospital

Society for Maternal-Fetal Medicine

Texans Care for Children

Texas A&M College of Nursing

Texas A&M Family Medicine Residency Program

Texas Association of Charitable Clinics

Texas Association of Community Health Plans

Texas Dental Association

Texas Hospital Association

Texas Nurse Practitioners

Texas Pediatric Society

Texas Rural Health Association

Texas Tech University Health Sciences Center

Texas Society of Anesthesiologists

Texas Women's Healthcare Coalition

University of Texas at Arlington

University of North Texas College of Osteopathic Medicine

University of North Texas Health Science Center

Waco Family Medicine Institute

Contributor

HealthPoint

Subject Matter Experts

Shivum Agarwal, MD, UT Southwestern Medical Center, Assistant Professor of Family & Community Medicine

American College of Obstetricians & Gynecologists — District XI

Barbara Orlando, MD, PhD, F.A.S.A., Chief of Obstetric Anesthesiology, McGovern Medical School, University of Texas Health Science Center — Houston

Patrick Ramsey, MD, maternal-fetal medicine specialist, University of Texas Health Science Center San Antonio

Stephen Patrick, MD, obstetrician-gynecologist, Professor, UT Tyler School of Medicine

Jess Sexton, MPH, epidemiologist, University of Texas, Tyler

State Agency Informational Resources

Health and Human Services Commission

Department of State Health Services

The conveners invited all entities with a known interest in improving rural maternal health. Several were unable to participate, others declined.

Special appreciation to these Assembly conveners and position paper authors.

Texas A&M Rural & Community Health Institute
Kia Parsi, MD, Executive Director
Jacquelyn E. Alvarado, DNP, APRN, CNM, C-EFM

Texas Academy of Family Physicians
Tom Banning, CEO/Executive Director
Jonathan Nelson, Director of Communications

Consultant
Helen Kent Davis, RMHA senior policy advisor; Founder, HKD & Associates

Texas Association of Community Health Centers
Jana Eubank, Chief Executive Officer
Shelby Tracy, Chief Policy Officer
Daniela De Luna Oliveras, Deputy Director of State Affairs

Texas Health Institute
Ankit Sanghavi, Executive Director
Stephanie Ondrias, Chief Convening and Engagement Officer

Texas Organization of Rural & Community Hospitals
John Henderson, CEO/Executive Director

Special thanks to the T.L.L. Temple Foundation for generously funding the Assembly's work.

REFERENCES

1. "Rural" aligns with the Rural Texas Strong grant application definition as well as the 2026-27 state budget (Senate Bill 1, 89th legislative session): a county with a population of 68,750 or fewer persons according to the 2020 U.S. Census Bureau.
2. Texas 2036, "Empowering Rural Texas: Building Pathways to Prosperous Careers," 2025.
3. Texas Demographic Center, University of Texas at San Antonio.
4. March of Dimes, "Where You Live Matters: Maternity Care Access in Texas."
5. A. Stoneburner, J. F. Chestnut, R. Lucas, E. E. Jones, and A. L. DeMaria, Nowhere to Go: Maternity Care Deserts Across the U.S., Report No. 5 (March of Dimes, 2026).
6. Center for Healthcare Quality and Payment Reform, "The Rural Maternity Care Crisis," January 2026.
7. Center for Healthcare Quality and Payment Reform, "Rural Hospitals at Risk of Closing," July 2026.
8. March of Dimes, "2025 March of Dimes Report Card," 2025.
9. National Center for Health Workforce Analysis, State of the Primary Care Workforce, 2025.
10. March of Dimes, "Uninsured Women: Texas, 2013–2023."
11. ARCHI and collaborating organizations, Rural Texas Maternal Health Rescue Plan, 2025.

For a detailed discussion of each of the 12 recommendations, please download the full report.