



Bringing Rural Maternal Health to Life: From Rescue to Moonshot

October 29, 2026 | 12:00 p.m. - 1:00 p.m.



About Texas Health Institute

An independent nonprofit,
working across the state
and in communities to
improve health and
strengthen the systems
that shape it.

Texas Focused.

Nationally Engaged.

Community Centered.

Independent.

Objective.

Collaborative.

Vision

*Healthy People,
Healthy Communities*

Mission

To advance the health of all

Our Priorities



Build Healthier Communities

Health is shaped by the places, opportunities, and conditions of everyday life.



Strengthen Public Health

Communities need strong, connected systems that can anticipate and respond to changing health needs.



Advance Health Systems Transformation

Better health requires systems of care that work for people.

BRINGING RURAL MATERNAL HEALTH TO LIFE: FROM RESCUE TO MOONSHOT

October 29, 2026 | 12 p.m. – 1 p.m. CT



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Texas A&M Rural and
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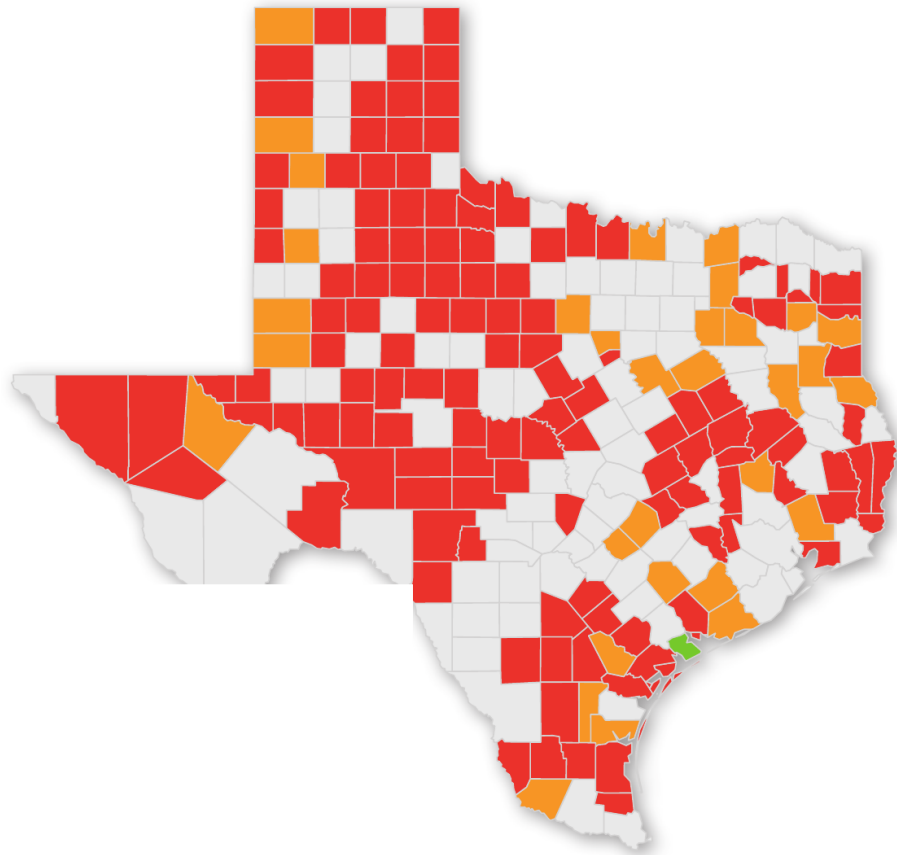


John Shum
Wellness Pointe



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Access to Maternity Care in Texas



60%

of rural Texas counties are defined as maternity care deserts (51% statewide)

16 more counties gained that distinction between 2015 to 2024, the largest increase in the country

-  Maternity care desert
-  Low access
-  Moderate access
-  Full access

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

Today's Rural Maternal Health Landscape

60%

of rural counties are maternity care deserts

51% of all counties; 16 more in the past decade, the largest increase nationally

65%

of rural hospitals (96) no longer provide maternity care

20% (13) more at risk of halting labor and delivery

55%

of rural hospitals (84) are at risk of closing

17% are in immediate danger

22.8%

of Texas women get inadequate or no prenatal care

vs. 16.1% nationally; higher still in rural counties

58%

of rural counties lack sufficient primary care

1 in 5 have no primary care physician at all

22%

of rural women ages 19 to 49 are uninsured

Sources: March of Dimes (2025–26); Center for Healthcare Quality and Payment Reform (2026); HRSA NCHWA (2025); Texas 2036; Texas Demographic Center.



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Primary Care Availability in Rural Texas

Family physicians per 100,000 population, rural counties, 2025



58% of rural counties lack sufficient primary care

1 in 5 rural counties have no primary care physician at all

52% of Texas counties have no obstetric clinician; 7.9% have just one

Sources: WWAMI Rural Health Research Center, University of Washington, 2026; HRSA NCHWA, 2025; March of Dimes, 2026.

Access to Local Rural Maternal Health Care is an Economic Issue

When communities lack women's preventive and maternity care, families do not want to live there, and employers cannot thrive there.

\$200B

contributed by rural communities to the state's budget each year

60–92%

of rural births covered by Medicaid, which pays the lowest rates (53% statewide)

40%

less paid by commercial plans for a rural C-section than a metro one (\$6,710 vs. \$10,842)

\$6B+

in lost work time, travel and lodging nationally when mothers must seek care outside their home county

Sources: Texas 2036 (2025); Texas HHSC (2025); Texas A&M Rural and Community Health Institute; Heartland Forward (2024).



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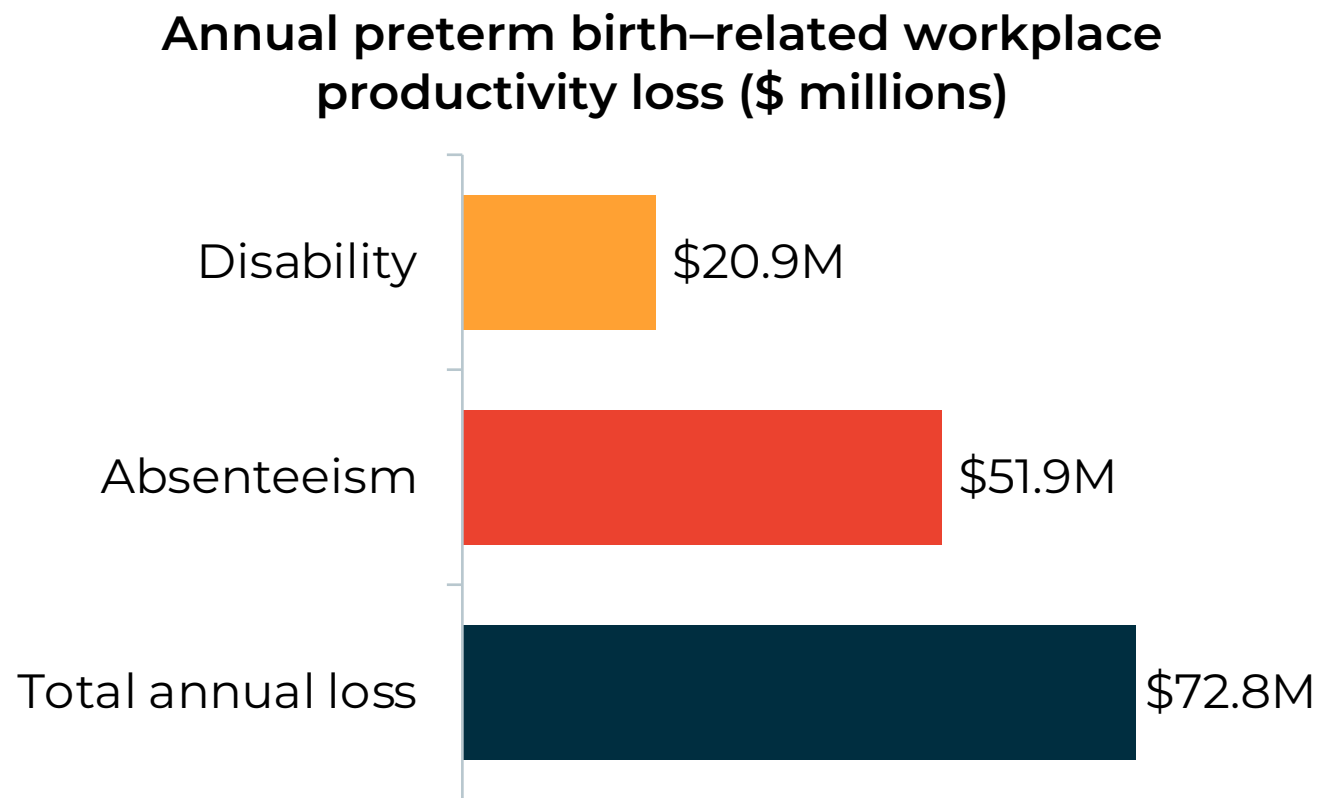


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Lost Productivity Due to Preterm Births in Texas



\$72.8M

lost to Texas employers every year from preterm birth–related disability and absenteeism

3×

higher preterm birth rates among women without prenatal care

5×

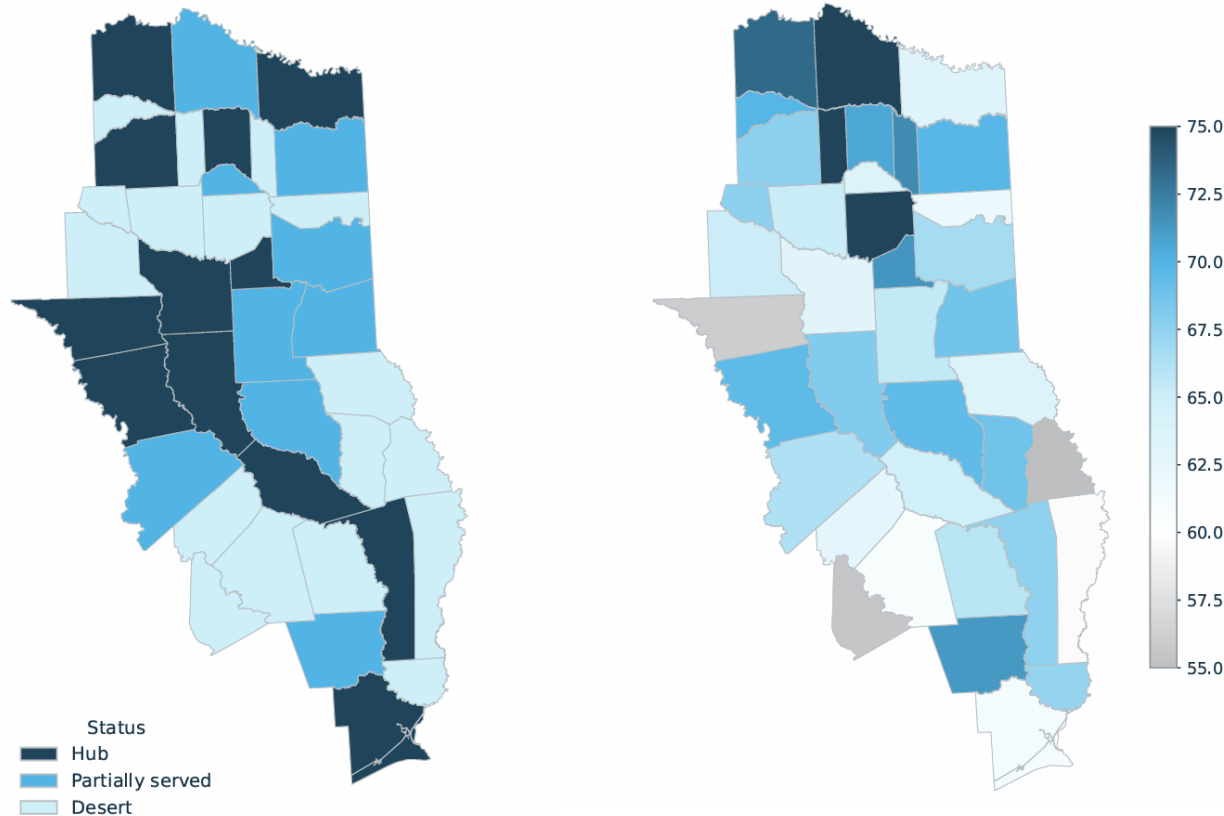
more likely to die: babies born to mothers without prenatal care

Sources: Heartland Forward, "The Economic Case for Investing in Maternal Health," 2024; Georgetown CCF, 2026.

Maternity Care and Prenatal Care in East Texas

Maternity Care Access Classification

Prenatal Care in 1st Trimester (PNC First Rate)



- Nearly half of the region's 38 counties are classified as maternity care deserts
- Early prenatal care initiation remains suboptimal, with no county achieving the Healthy People 2030 target of 80.5%.



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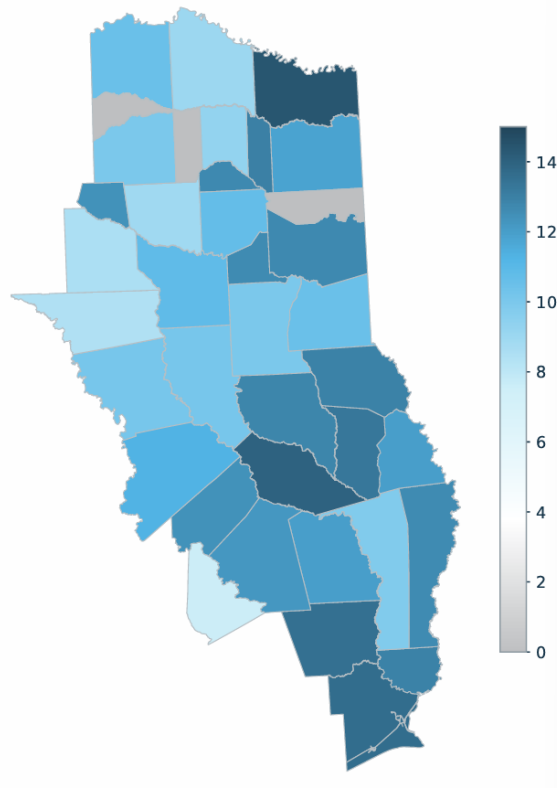
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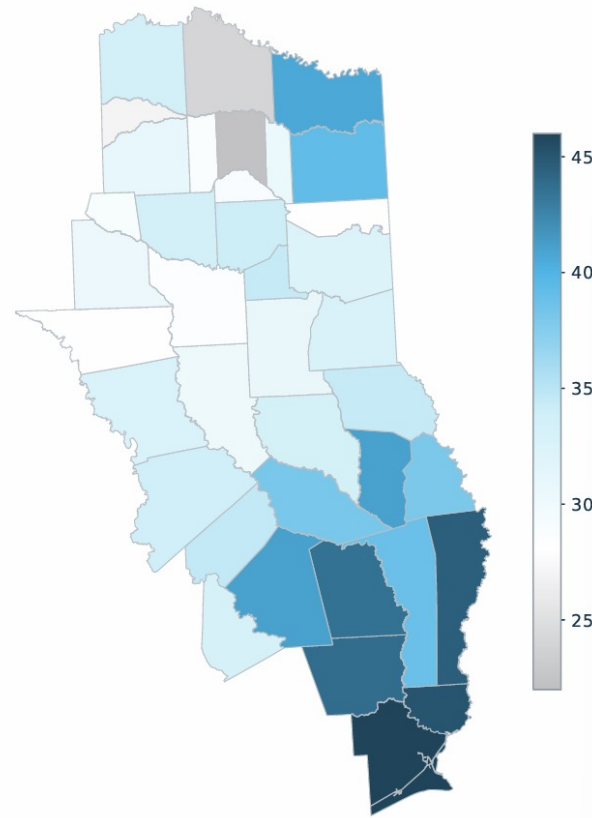
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Maternity Care and Prenatal Care in East Texas

Preterm Birth Rate (PTB Rate)



Cesarean Section Rate (Overall)



- Preterm birth rates demonstrate substantial geographic variation, with several counties exceeding 12% and the highest rates observed in Bowie, Angelina, and Jefferson counties.
- Cesarean delivery rates vary considerably across the region, with elevated rates in southeastern counties.



About the Rural Maternal Health Assembly

OUR PURPOSE

Identify a cohesive, consensus-driven menu of state policy reforms to improve access to rural maternal health.

More than 40 organizations: rural clinicians, hospitals, academic institutions, consumer advocates and foundations.

12 priorities, ranked in three tiers

-  **Code Red:** Urgent reforms to address pervasive issues that threaten rural maternal health viability
-  **Critical:** Strategies to bolster long-term viability of the rural maternal health system
-  **Essential:** Innovations to expand high-quality preventive and maternity care

1

71st Legislature

Texas Rural Health Rescue Act inspires the Assembly model

2

2024 • Phase I

Texas A&M RCHI, TAFP, TORCH, and THI convene the RMHA; 12 priorities emerge

3

2025

Rural Texas Maternal Health Rescue Plan; 89th Legislature enacts 3 of 4 Code Red priorities

4

2026 • Phase II

TACHC joins; Assembly reconvenes to chart the path From Rescue to Moonshot



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2025 Rescue Plan Wins in the 89th Legislature

3 of 4

Code Red priorities enacted in whole or in part

- ✓ Rural Health Stabilization and Innovation Act (HB 18)
- ✓ Medicaid payment reform for rural hospitals
- ✓ \$5 million for Family Medicine-OB postgraduate training
- ✓ Fully funded women's health programs

1

Medicaid inpatient rate modernization for rural hospitals at risk of closure

2

Grant funding for rural hospital financial viability and innovation

3

Higher rural labor and delivery and obstetrical "add-on" payments

4

Sustained \$40M incubator fund for FQHC capacity and innovation

5

Lactation consultation services made a Medicaid benefit

6

\$20M to extend mobile preventive health clinics to more rural communities

7

New funding for family medicine-obstetrics postgraduate training

8

More funding for Texas A&M RCHI rural maternal health safety, access and quality work



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From Rescue to Moonshot: 12 Priorities from the 2026 Assembly

The Healthy Rural Texas Pregnancy Moonshot: a multi-year, funded state strategy to extend maternal health to all rural women and measurably improve outcomes within five years.

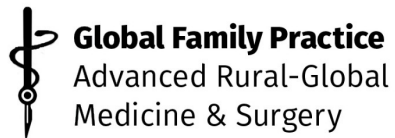
CODE RED PRIORITIES	CRITICAL PRIORITIES	ESSENTIAL PRIORITIES
1 Modernize Medicaid maternal health delivery models and payments for rural clinicians	5 Robustly fund the state’s women’s health programs	9 Improve chronic disease care before and between pregnancies
2 Boost the rural maternal health workforce through training pipelines and incentives	6 Bring care to where women live and work: mobile, pop-up, virtual clinics and navigation	10 Alleviate nonclinical barriers to care, including perinatal home visiting
3 Sustain investments in rural maternity hospital care and community health centers	7 Grow educational and training partnerships for safe, high-quality maternity care	11 Fund primary care–dental partnerships for preconception oral health
4 Launch Project Healthy Rural Texas Pregnancies campaign and resource center	8 Pioneer rural maternal health “utilities” for the most rural counties	12 Extend Medicaid doula coverage to more evidence-based services

Source: 2026 Rural Texas Maternal Health Rescue Plan, p. 7.

2026 Rural Texas Maternal Health Rescue Plan — From Rescue to Moonshot



Supporters



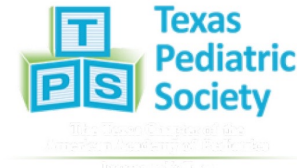
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2026 Rural Texas Maternal Health Rescue Plan — From Rescue to Moonshot



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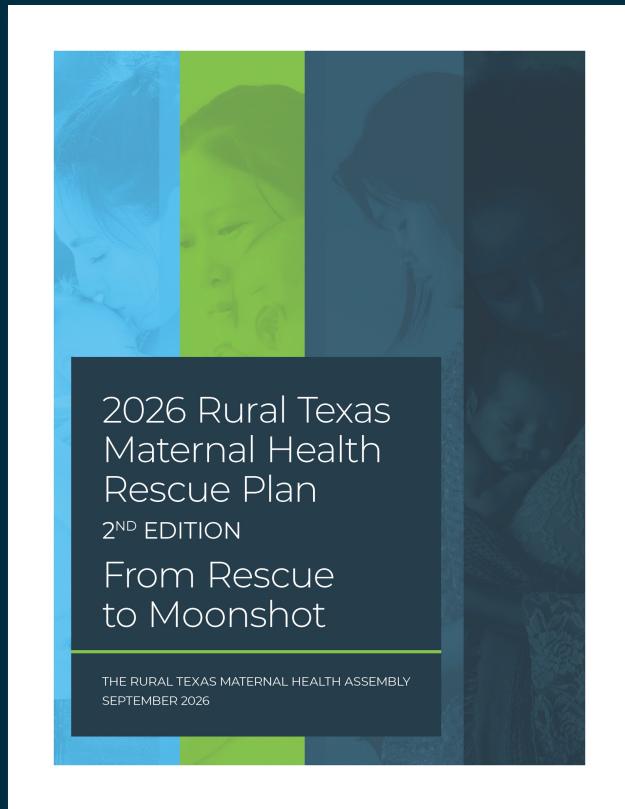
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Special thanks to the T.L.L. Temple Foundation for generously funding the Assembly's work.

2026 Rural Texas Maternal Health Rescue Plan



To view the report, please scan the QR code or visit: bit.ly/RMHA-26



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TEXAS HEALTH POLICY FORUM

December 2, 2026 | Austin, TX

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