**prenatal-to-3
policy** IMPACT CENTER
RESEARCH FOR ACTION AND OUTCOMES

2023 Texas Roadmap Summary

Effective Roadmap Policy | 2023 Policy Snapshot

Expanded Income Eligibility for Health Insurance to 138%
▶ **16%** of the FPL
Texas has not expanded Medicaid eligibility under the Affordable Care Act; thus, only parents earning up to 16% of the FPL are eligible for Medicaid coverage in TX.

Paid Family Leave Program of at Least 6 Weeks
▶ **0** weeks
Texas does not have a statewide paid family leave program, but it newly enacted a paid family leave program for eligible state employees in September 2023.

State Minimum Wage of $10.00 or Greater
▶ **$7.25** per hour
The current state minimum wage in Texas is $7.25, and it is set by state statute to the federal minimum.

Refundable State Earned Income Tax Credit of at Least 10%
▶ **No EITC**
Texas does not have a refundable state EITC and the state does not have an income tax, which is the typical mechanism used to finance and provide administrative structure for a state EITC.

✓ State has adopted and fully implemented the policy   +1 State has newly adopted and fully implemented the policy since October 1, 2022

Effective Roadmap Strategy | 2023 Strategy Snapshot

Reduced Administrative Burden for SNAP
▶ ○ 12-month Certification Period | ○ Simplified Income Reporting | ✓ Online Case Management

Comprehensive Screening and Connection Programs
▶ ○ Statewide Goal | ✓ Medicaid Funding | ✓ State Funding

Child Care Subsidies
▶ ✓ Income Eligibility (85% SMI) | ○ Limit Family Copayments | ✓ Equitable Reimbursement Rates

★ **Group Prenatal Care**
▶ ✓ Enhanced Medicaid Reimbursement Rate | ✓ State Funding

Community-Based Doulas
▶ ○ Medicaid Coverage | ○ Fund Training and Credentialing

Evidence-Based Home Visiting Programs
▶ ○ Medicaid Funding

Early Head Start
▶ ○ State Support

Early Intervention Services
▶ ✓ Very Low Birthweight Qualification | ○ At-Risk Qualification | ○ Eliminate Family Fees

★ State implemented all key policy levers   ✓ State has met the criteria for the key policy lever   ○ State has not met the criteria for the key policy lever

THE PRENATAL-TO-3 SYSTEM OF CARE IN TEXAS

The prenatal to age 3 (PN-3) period is the most rapid and sensitive period of development, and it sets the foundation for long-term health and wellbeing. The science of the developing child points to eight PN-3 policy goals that all states should strive to achieve to ensure that infants and toddlers get off to a healthy start and thrive.

To date, states have lacked clear guidance on how to effectively promote the environments in which children can thrive. This **Prenatal-to-3 State Policy Roadmap** identifies the 12 most effective evidence-based investments that states can make to foster equitable opportunities for infants and toddlers.

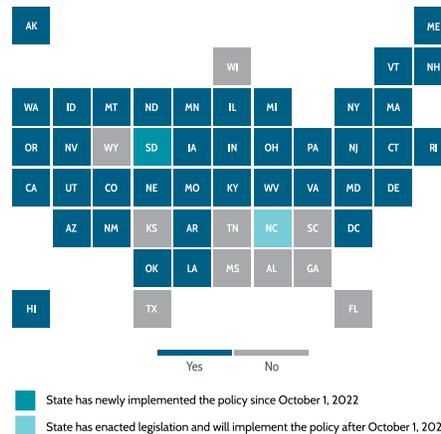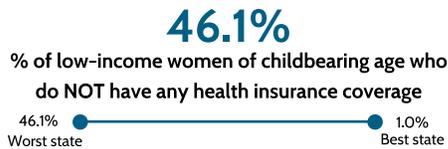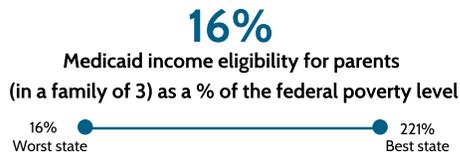**The Prenatal-to-3 State Policy Roadmap is a tool for your state to:**

- Assess the wellbeing of your state's infants and toddlers and prioritize your state's PN-3 policy goals;

- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;

- Monitor the adoption and implementation of the 12 effective policies and strategies;

- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.

In this Roadmap summary, we provide a snapshot of the progress your state has made implementing each of the 12 effective policies and strategies over the last year. Additional details, including extensive information on the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states compare to each other in their generosity and reach of the policies and strategies is provided in the full Roadmap in a longer profile for each policy and strategy.

Visit the US Summary for more extensive information on the progress states have made over the last year toward full and equitable implementation of each of the 12 solutions.

MEDICAID EXPANSION

✕ Texas

16%
Medicaid income eligibility for parents
(in a family of 3) as a % of the federal poverty level

16%
Worst state — 221%
Best state

46.1%
% of low-income women of childbearing age who
do NOT have any health insurance coverage

46.1%
Worst state — 1.0%
Best state

AK											ME
					WI				VT	NH	
WA	ID	MT	ND	MN	IL	MI		NY	MA		
OR	NV	WY	SD	IA	IN	OH	PA	NJ	CT	RI	
CA	UT	CO	NE	MO	KY	WV	VA	MD	DE		
	AZ	NM	KS	AR	TN	NC	SC	DC			
			OK	LA	MS	AL	GA				
HI			TX				FL				

Yes — No

■ State has newly implemented the policy since October 1, 2022
■ State has enacted legislation and will implement the policy after October 1, 2023

40 states
have fully
implemented the
Medicaid expansion
under the Affordable
Care Act.

Legislative History
As of October 1, 2023, Texas is one of 11 states that has not expanded Medicaid eligibility under the Affordable Care Act. Texas has the highest uninsured rate among the nonelderly population and has the lowest income eligibility threshold for parents of any state, at 16% of the FPL. Texas has implemented or is planning to implement an extension of Medicaid coverage to 12-months postpartum.

Policy Update
In the last year, legislators introduced more than 20 bills to expand Medicaid coverage to adults with incomes at or below 138% of the FPL. Legislators also introduced H.B. 2124 to provide Medicaid coverage to lawfully-present pregnant people. None of the bills progressed. More than 1.4 million uninsured adults would become eligible for Medicaid if the state opted to expand coverage.

For additional information about how states compare to one another, see the detailed profile on Medicaid expansion.

PAID FAMILY LEAVE
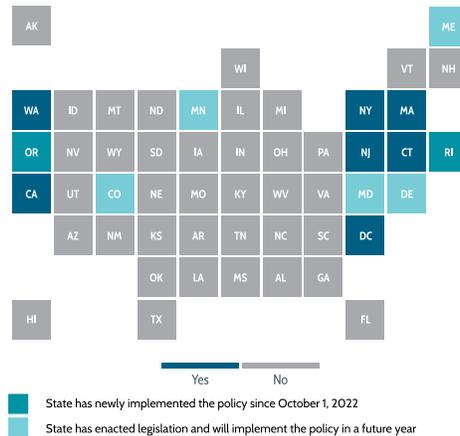
⊗ Texas

Maximum number of weeks of paid leave
0

Maximum dollar value of weekly benefit
$0

Who funds the PFL program: Employer, workers, or shared between employer and workers?
NA

Yes	No

■ State has newly implemented the policy since October 1, 2022

■ State has enacted legislation and will implement the policy in a future year

9 states have fully implemented a **paid family leave** program of a minimum of 6 weeks.

Legislative History
Texas does not have a statewide paid family leave program and has a preemption law in place preventing localities from enacting one.
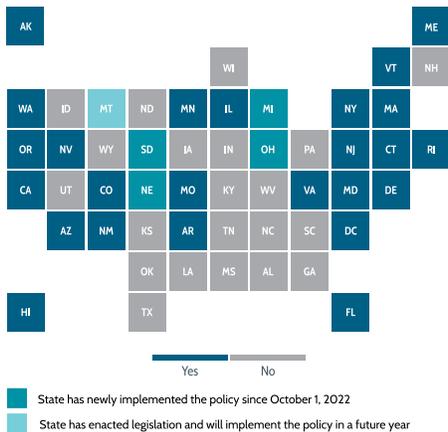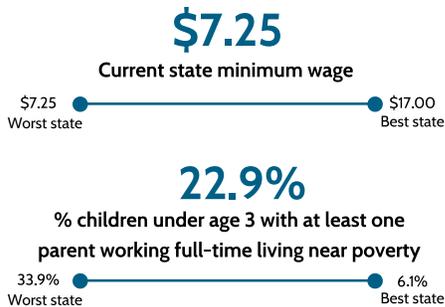
Policy Update
In the last year, legislators enacted S.B. 222 to create a paid family leave program for eligible state employees, effective September 1, 2023. The program provides eligible state employees with up to 8 weeks of benefits for birthing parents and up to 4 weeks of benefits for non-birthing parents. Eligible employees receive full pay while on leave.

Legislators also enacted H.B. 1996 to authorize private insurance companies to sell paid family leave insurance. The legislation requires that each insurance plan provide at least 2 weeks of paid family leave, otherwise, specific details of the plans are at the discretion of the private insurer. Additionally, legislators introduced companion bills (S.B. 1079/H.B. 2604) that would have established a statewide paid family leave program with up to 12 weeks of benefits, but the bills did not pass.

For additional information about how states compare to one another, see the detailed profile on paid family leave.

STATE MINIMUM WAGE

❌ **Texas**

$7.25
Current state minimum wage

$7.25 ●━━━━━━━━━━━━━● $17.00
Worst state   Best state

22.9%
% children under age 3 with at least one parent working full-time living near poverty

33.9% ●━━━━━━━━━━━● 6.1%
Worst state   Best state

29 states have fully implemented a **minimum wage** of $10.00 or greater.

Yes | No

■ State has newly implemented the policy since October 1, 2022
■ State has enacted legislation and will implement the policy in a future year

Policy Update

The current state minimum wage in Texas is $7.25, and it is set by state statute to the federal minimum. Approximately 340,000 hourly workers would see an increase in their wages if Texas increased its state minimum wage to $10.00 an hour. The current tipped minimum wage defaults to the federal minimum of $2.13. Texas has a preemption law in place preventing localities from enacting a minimum wage that is higher than the state minimum wage.

In the last year, legislators introduced three bills (H.B. 169, H.B. 737, and H.B. 1126) that would have increased the state minimum wage to $15.00 on varying timelines. Legislators also introduced a bill (H.B. 1919) that would have increased the state minimum wage to $17.00 and would have eliminated the tipped minimum wage. Another bill (H.B. 2175) was introduced that would have made the tipped minimum wage the same as the federal minimum wage. Legislators also introduced companion bills (S.B. 582/H.B. 193) to repeal the state minimum wage preemption law. None of the bills passed.

For additional information about how states compare to one another, see the detailed profile on state minimum wage.

HOW POLICY CHOICES IN TEXAS IMPACT

FAMILY RESOURCES

A state's policy choices do not operate in isolation from one another. Instead, they interact to create a system of support of varying generosity for parents and children. Tax credits and near-cash supports, such as SNAP, provide valuable resources to families. However, state minimum wage, paid family leave, and child subsidy policies are significant drivers of the variation across states in the amount of resources a working parent has available to support their family.

We simulate the level of annual resources available to a single parent with an infant and toddler, who works full time at a minimum wage job, takes 12 weeks of leave under the Family and Medical Leave Act with benefits from paid family leave if available, and who uses a subsidy to leave their two children in center-based child care that charges the equal access target rate (which is the 75th percentile of the state's market rate survey).

The figure below combines a state's minimum wage, paid family leave, out-of-pocket child care expenses, nutrition benefits, and federal and state income taxes and credits to illustrate the level of resources available to this stylized family in your state.

We rank states from 1 to 51; with number 1 being the District of Columbia, in which the working parent has over $47,000 in annual resources to provide for their family, and Georgia at spot 51, in which the same working parent has just over $20,500 in annual resources, because of low minimum wages and high out-of-pocket child care expenses.

See how policy choices impact family resources across states in our Policy Impact Calculator.

WIDE VARIATION EXISTS IN THE WELLBEING OF CHILDREN ACROSS STATES

State policy choices influence the wellbeing of children and families. The data below illustrate the range on 20 outcome measures of child and family wellbeing between the state in which children and their parents are faring the best, and the state in which they are faring the worst, and demonstrates where your state fits within that range. These data can help your state prioritize its prenatal-to-3 policy goals and track the wellbeing of children and families.

Prenatal-to-3 Outcomes to Measure Impact in Texas

Policy Goal	Outcome Measure	Worst State		Best State	Rank
Access to Needed Services	% Low-Income Women Uninsured	46.1% — **46.1%** TX		1.0%	51
	% Births to Women Not Receiving Adequate Prenatal Care	23.3% — **19.8%** TX		5.0%	47
	% Eligible Families with Children < 18 Not Receiving SNAP	31.5% — **24.3%** TX		5.5%	46
	% Children < 3 Not Receiving Developmental Screening	74.7% — **47.2%** TX		39.8%	8
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.5% — **28.6%** TX		12.6%	33
Sufficient Household Resources	% Children < 3 in Poverty	29.2% — **20.9%** TX		6.1%	38
	% Children < 3 Living in Crowded Households	34.5% — **24.5%** TX		7.4%	45
	% Households Reporting Child Food Insecurity	12.1% — **7.5%** TX		0.7%	42
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	15.0% — **11.4%** TX		8.0%	42
	# of Infant Deaths per 1,000 Births	9.4 — **5.3** TX		2.8	21
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	10.3% — **7.5%** TX		2.5%	39
	% Children < 3 Whose Parent Lacks Parenting Support	25.2% — **18.2%** TX		6.2%	42
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	73.2% — **70.0%** TX		42.1%	47
	% Children < 3 Not Nurtured Daily	51.0% — **39.3%** TX		26.6%	20
	% Children < 3 Whose Parent Reports Not Coping Very Well	43.8% — **35.1%** TX		23.8%	38
Nurturing and Responsive Child Care in Safe Settings	% Providers Not Participating in QRIS^	97.6% — **84.5%** TX		0.0%	
	% Children Without Access to EHS	95.5% — **94.2%** TX		40.9%	49
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	37.4% — **17.0%** TX		7.6%	32
	% Children < 3 Not Up to Date on Immunizations	43.4% — **26.6%** TX		12.1%	23
	Maltreatment Rate per 1,000 Children < 3	33.4 — **20.3** TX		2.0	35

Data marked with a * should be interpreted with caution. For additional information regarding calculation details, data quality, and source data please refer to Methods and Sources.
^ 13 states either do not report these data in the QRIS Compendium or have no statewide QRIS. This outcome is not ranked.

The US outcomes page and the state-specific demographic characteristics section of the Roadmap provide detailed information on these important measures, and where possible, the data are presented by race and ethnicity.

THE SCIENCE IS CLEAR ON THE PATH FORWARD

The science clearly identifies the conditions necessary for children to thrive. The evidence now exists on how your state can invest in effective policies and strategies to foster these conditions. This Roadmap is meant to serve as a guide for your state as it undertakes these important efforts to ensure all children thrive from the start.

View extensive information on the impact each solution has on the eight PN-3 policy goals, the choices states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states compare to each other in their generosity and reach of the policies and strategies in a profile for each policy and strategy.