The COVID-19 pandemic has made clear the vital role women play in our economy and in the economic security of families, both nationally and in Texas. Now more than ever, lawmakers in Texas must do better to ensure all women and families have quality reproductive health care, safe workplaces, equal representation in government, and economic security.

Women need policies that reflect their roles as providers and caregivers—roles that the COVID-19 pandemic has demonstrated are critical to the well-being of families, communities, and the economy. In Texas, mothers are the sole, primary, or co-breadwinners in 60.3 percent of families, and these numbers are higher for some mothers of color across the United States.

The following policy recommendations can help support the economic security of women and families in Texas.

Promote equal pay for equal work

Although federal law prohibits unequal pay for equal work, there is more that can be done to ensure that both women and men across Texas enjoy the fullest protections against discrimination.

• In 2019, Texas women who were full-time, year-round workers earned about 80 cents for every dollar earned by their male counterparts; if the wage gap continues to close at its current rate, women will not reach parity in the state until 2049. The wage gap is even larger for Black women and Latinas in the state, each of whom earned only 59 and 46 cents, respectively, for every dollar earned by white men from 2015 to 2019.

• Due to the gender wage gap, each woman in Texas will lose an average of $418,200 over the course of her lifetime.
Increase the minimum wage

Women constitute a disproportionate share of low-wage workers; raising the minimum wage would help hardworking women across Texas and enable them to better support their families.

- Women make up about two-thirds of all minimum-wage workers in the United States.\textsuperscript{7} Nearly 6 in 10 minimum wage workers in Texas are women.\textsuperscript{8}

- In Texas, the current minimum wage is $7.25 per hour.\textsuperscript{9} The minimum wage for workers who receive tips is $2.13 per hour.\textsuperscript{10} Notably, 66 percent of tipped-wage workers in Texas are women.\textsuperscript{11}

- Increasing the minimum wage to $15 per hour by 2025 would boost wages for 2,534,263 women in Texas and 19 million women nationally.\textsuperscript{12} Fifty-seven percent of Texas workers who would be affected by raising the minimum wage to $15 are women.\textsuperscript{13}

Guarantee access to quality health care

Women need access to comprehensive health services—including abortion care, contraceptives, and maternal health care—in order to thrive as breadwinners, caregivers, and employees. To ensure women are able to access high-quality care, states should, at minimum, implement measures to reduce racial and other disparities in pregnancy-related morbidity and mortality; protect and improve their Medicaid programs; strengthen family planning programs and expand contraceptive access; and end onerous restrictions that reduce access to abortion care and undermine the patient-provider relationship.

At the state level, Texas should ensure that women have access to the full spectrum of quality, affordable, and women-centered reproductive health services.

- **Maternal health:** Texas’ overall pregnancy-related mortality rate—13.9 deaths per 100,000 live births in 2013\textsuperscript{14}—is below the national rate of 17.3 deaths per 100,000 live births in the same year.\textsuperscript{15} Certain communities experience higher maternal and infant mortality and morbidity than others; namely, Black and Indigenous people are, nationally, about three times more likely than their white counterparts to die from pregnancy-related complications.\textsuperscript{16} Stark disparities in pregnancy-related mortality also persist in Texas, as Black, non-Hispanic women were disproportionately affected by pregnancy-related deaths in 2013, compared with white, non-Hispanic women.\textsuperscript{17} Additionally, estimates suggest that as many as 89 percent of pregnancy-related deaths in Texas in 2013 were preventable.\textsuperscript{18}
• **Medicaid expansion:** Nationally, Medicaid covers a disproportionate share of Black women and Latinas, and the program accounts for roughly 75 percent of all public family planning spending and nearly half of all births. If Texas were to implement the Medicaid expansion offered by the Affordable Care Act, an estimated 406,000 Texan women—many of whom are women of color—could gain access to affordable, comprehensive health care coverage, including for pregnancy and family planning care.

• **Family planning:** In 2014, more than 1,795,000 women in Texas were in need of publicly funded family planning services and supplies, and 37 percent of those women were uninsured. In addition, more than 1,749,000 women in Texas live in contraceptive deserts, or counties that lack reasonable access to a health center that offers the full range of contraceptive methods.

• **Title X:** The nation’s only domestic family planning program—which provides reproductive and preventive care, such as contraception, sexually transmitted infection testing, and breast and cervical cancer screenings—served about 154,700 women in Texas in 2019, up from 150,300 women in 2016. Texas’ Title X funding has also fallen, from $16.2 million in 2018 to $14.9 million in 2019.

• **Abortion:** Texas bars state public funds from covering abortion care except in cases of rape, incest, or life endangerment. And typically, a patient seeking an abortion in Texas must submit to a mandatory 24-hour waiting period, counseling designed to discourage termination, a fetal ultrasound, and, if they are a minor, parental notification before being permitted to obtain an abortion. The Texas Legislature continues to pass—and the Texas governor continues to sign—unconstitutional legislation that bans abortion months before viability and enables civilians to sue abortion providers or anyone who helps a person obtain abortion care.

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Ensure workers have access to paid sick days

Everyone gets sick, but not everyone is afforded the time to get better. For instance, many women go to work sick, because they fear that they will be fired for missing work. Allowing employees to earn paid sick days helps keep families, communities, and the economy healthy.

• More than 30 million U.S. employees, or 25 percent of the nation’s private sector workforce, do not have access to paid sick days. In response to the COVID-19 pandemic in 2020, Congress passed the Families First Coronavirus Response Act, which provided workers up to two weeks of emergency paid sick leave to recover from COVID-19, quarantine, care for a family member sick with COVID-19, or care for a child whose school or place of care was closed. This also expanded emergency paid sick leave in Texas, covering up to 4,769,000 private sector workers.
in the state. However, the emergency paid sick leave tax credits became voluntary in 2021, emphasizing the need for a state or federal law guaranteeing workers access to paid sick leave.

Ensure fair scheduling practices

Many workers in low-paid jobs—64 percent of whom are women—face erratic work schedules and have little control over when they work and for how long.

- Seventeen percent of the workforce has unstable work schedules, with irregular and on-call work shift times or split or rotating shifts. Hourly and low-wage workers are more likely to face irregular work schedules. This can be especially difficult for parents who need to plan for child care.

- In addition to threatening the economic security of these workers and their families, unfair scheduling practices are often accompanied by reduced access to health benefits and increased potential for sexual harassment.

Provide access to paid family and medical leave

Access to paid family and medical leave would allow workers to be with their newborn children during the critical early stages of the child’s life; to care for an aging family member; to recover from their own serious illness; or to assist in a loved one’s recovery from a serious illness or injury.

- Only 20 percent of private sector workers in the United States have access to paid family leave through their employers.

- Unpaid leave under the Family and Medical Leave Act (FMLA) is inaccessible to 61 percent of working people in Texas. Workers and families in the state need paid family and medical leave for reasons other than childbirth. For example, about 1 in 5 workers in Texas are at least 55 years old, and in roughly 20 years, the share of the state’s population that is 65 and older will grow by nearly one-sixth. Texas’ aging population means an increase in older adults with serious medical conditions who will need additional care.

- National survey data on the FMLA show that 51 percent of employees who took leave in the last 12 months did so for personal medical reasons. Meanwhile, 25 percent of workers used leave to care for a new child, while another 24 percent used it to care for a family member.
Expand quality, affordable child care

Families need child care to ensure they are able to work, but many lack access to affordable, high-quality child care options that support young children’s development and meet the needs of working families.

- Sixty percent of Texas children younger under the age of 6 have all available parents in the workforce, which makes access to affordable, high-quality child care a necessity.\(^{41}\)

- For a Texas family with one infant and one 4-year-old, the annual price of a child care center averages $15,996 per year,\(^{42}\) or almost one-quarter of the median income for a family in Texas with children.\(^{43}\)

- Texas is ahead of the national average of children enrolled in public preschool, with about 57 percent of 4-year-olds enrolled.\(^{44}\)

- Forty-eight percent of Texas families with a child under 6 live in a child care desert, where there is not nearly enough child care to meet demand.\(^{45}\)

Protect workers against all forms of gender-based violence

Women cannot fully participate in the economy if they face the threat of violence and harassment. There are a number of steps lawmakers can take to prevent violence against women and to support survivors, including establishing greater workplace accountability; strengthening enforcement; increasing funding for survivor support services; and educating the public on sexual harassment in the workplace.\(^{46}\)

- In Texas, 37 percent of women have experienced contact sexual violence in their lifetimes, and about 31 percent of women have experienced noncontact sexual harassment.\(^{47}\) Given that research at the national level suggests that as many as 70 percent of sexual harassment charges go unreported, these state numbers likely only scratch the surface.\(^{48}\)

- About 40 percent of Texas women have experienced intimate partner violence, which can include physical violence, sexual violence, or stalking by an intimate partner.\(^{49}\) Experiencing intimate partner violence has been shown to hinder women’s economic potential in many ways, such as loss of pay from missed days of work and housing instability.\(^{50}\)
Protect the rights of incarcerated women

The growing problem of mass incarceration in the United States hinders the economic potential of those affected and disproportionately harms communities of color. Incarceration can have a particularly destabilizing effect on families with an incarcerated mother, especially if that woman is a breadwinner. The experience of incarceration is also uniquely traumatic for women in ways that can deter long-term economic security, even after release.

• The incarceration rate in Texas is 529 per 100,000 people. Approximately 8 percent of prisoners in Texas are women.

• Women are the fastest-growing segment of the overall U.S. prison population in the past few decades, especially in state prisons and local jails. Yet a report from U.S. Department of Justice found that federal prisons have not effectively managed their oversight of carceral settings for women, and a U.S. Commission on Civil Rights report found that, as of 2018, the rate of sexual assault while incarcerated was substantially higher for women than men—and that women have fewer substantive opportunities than men to participate in rehabilitative or educational programs while incarcerated.

• Incarcerated women suffer from a wide range of abuses at the hands of the prison system, including lack of access to menstrual hygiene products; lack of adequate nutrition and prenatal care; shackling during pregnancy and childbirth; and separation and further disruption from children for whom they are primary caregivers.

• Texas began to address the challenges facing incarcerated women in 2019, when a law was enacted to protect incarcerated pregnant women from shackling and placement in hard-to-reach top bunks, while also ensuring they have access to additional nutrition and hygiene provisions.

Promote women's political leadership

Across the United States, women are underrepresented in political office: They constitute 51 percent of the population but only 31 percent of elected officials.

• Women make up 50 percent of Texas population but only 34 percent of its elected officials.

• Women of color constitute more than 29 percent of the state’s population but only 8 percent of its officeholders.
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Endnotes


8 Ibid.

9 Ibid.

10 Ibid.


13 Ibid.

14 The authors calculated Texas’ pregnancy-related mortality rate (PRMR) using the state’s reported number of pregnancy-related deaths in 2013 (54 deaths). The PRMR was calculated by multiplying the state’s 54 deaths by 100,000 live births and dividing that number by the total number of live births in Texas in 2013 (387,340). For pregnancy-related deaths in Texas in 2013, see Texas Health and Human Services and Texas Department of State Health Services, “Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report” (Austin: 2021), available at https://www.dshs.texas.gov/dhb/pdfs/DSHS-AMMRC-2020-UPDATED-11282020.pdf.


17 Texas Health and Human Services and Texas Department of State Health Services, “Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report.”

18 Ibid.

19 Ibid.


27 Ibid.


31 Ibid.


34 Ibid.


38 Ibid.


40 Ibid.


42 Ibid.

43 Ibid.


52 Ibid.


54 Ibid., Table 2.


