

**THE TEXAS
“ALTERNATIVES TO ABORTION”
PROGRAM:
Bad Health Policy, Bad Fiscal Policy**

March 2011



**NARAL
Pro-Choice Texas Foundation**

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EXECUTIVE SUMMARY

During the 2005 Texas Legislative Session, lawmakers forced an unprecedented rider onto the state budget. Over the past five years, this rider has diverted \$18 million dollars from preventive women's health and family planning services and funneled them into an experimental new "Alternatives to Abortion" program. This program and its primary contractor, the Texas Pregnancy Care Network, have proven themselves to be a taxpayer-funded failure – at a high cost to Texans.

Alternatives to Abortion siphons money away from women's health services despite the fact that:

- 50% of all Texas women giving birth are forced to rely on Medicaid to cover their child's birth;
- 35% of Texas babies are born to women who receive inadequate prenatal care;
- Texas has the nation's third-highest teen birth rate; and
- the money already spent on Alternatives to Abortion could have provided more than 16,500 Texas women with much-needed health services.

Alternatives to Abortion endangers Texas women's health.

- It creates a funding stream for controversial, non-medical counseling.
- It funds centers that propagate factually inaccurate information.
- It implements no licensing requirements for its social service providers.

The Texas Pregnancy Care Network, the primary contractor of the Alternatives to Abortion program, is a wasteful and inefficient public structure.

- It has absorbed millions of dollars to cover its own administrative and overhead costs.
- It uses state money to purchase materials produced by religious organizations or available free from other sources.
- It creates no new social services.

The Texas Pregnancy Care Network repeatedly fails to meet self-identified goals.

- It fell 35% short of its projected client goal in its first two fiscal years.
- It fell 20% short of its projected client goal as recently as FY 2010.
- It overestimated its budget needs by half a million dollars in FY 2010.

Yet in spite of these repeated failures, the TPCN was rewarded with a 60% budget increase in 2009. As the country still struggles with the effects of the recession and thousands of citizens have lost their jobs, the state continues to bail out this wasteful, irresponsible program with Texas taxpayer dollars.

Recommendations

Instead of sinking millions of women's health dollars into an inefficient, controversial program with a narrow focus and a hefty price tag, the state would do well to invest in streamlined programs that have proven to be successful and effective at providing health care and support for Texas women and families.

One such program, the Texas Medicaid Women's Health Program (WHP):

- does not provide or receive funding for abortion or emergency contraception;
- provides low-income women with family planning and health services;
- prevented 10,000 unplanned pregnancies in 2008;
- reduces infant death and low birth weight deliveries by providing education on the spacing of births;
- offers family planning services by 1,500 licensed practitioners across Texas; and
- specifically serves low-income women who are not eligible for Medicaid.

WHP also represents a sound investment in these tight economic times. This program:

- serves six times as many women as Alternatives to Abortion, at just one-fifth of the client cost;
- saved the state \$40 million in 2008; and
- receives unlimited 9 to 1 federal matching funds – by allocating \$18 million to Alternatives to Abortion instead of comprehensive women’s health care, the state has forgone as much as \$162 million in federal matching grants.

As revealed in this report, the Alternatives to Abortion program provides no recommended health services, does nothing to reduce the rate of unintended pregnancy (and thus the need for abortion), and uses millions of taxpayer dollars to fund a limited network of controversial, unlicensed, and unregulated social service providers.

As pro-life Sen. Judith Zaffirini (D-Laredo) said in 2007:

“[Programs like Alternatives to Abortion have] failed pregnant women by neglecting to provide recommended health and social services and failed pro-life supporters by directing funds away from the health-care safety net that prevents unintended pregnancies and abortions.”¹

By investing this money in comprehensive health programs such as the Texas Medicaid Women’s Health Program and others, Texas has the opportunity to make a significant and lasting impact on the health and well-being of all of its women – not just in times of crisis, but throughout their lifetimes. The cost of not doing so is just too high.

SECTION I: A HIGH COST

Overview of the Texas Alternatives to Abortion Program and the Texas Pregnancy Care Network

The Alternatives to Abortion program was created during the 2005 legislative session. It allocated \$2.5 million per year (in 2009 this amount was increased to \$4 million per year) to programs that would provide “pregnancy support services” and “promote childbirth.”²

The Alternatives to Abortion program has been controversial since its inception for several reasons. First, its origination as a rider tacked onto the 2005 state budget by Sen. Tommy Williams (R-The Woodlands) meant that it was able to pass with little notice or fanfare. Second, the program was designed to siphon funding from established family-planning providers – who provide actual medical and reproductive health services for low-income and uninsured women – and funnel it largely into controversial, non-medical counseling services.

In 2005 the Texas Department of State Health Services projected that the Alternatives to Abortion program would cause an estimated 16,668 low-income women to lose access to preventive health care and family planning services such as breast cancer screenings, Pap tests, and contraception.³

Under the Alternatives to Abortion program, a nonprofit called the Texas Pregnancy Care Network (TPCN) has contracted with the state since 2005 to distribute this funding to preexisting service providers. The TPCN did not exist prior to 2005, and was apparently created solely to take advantage of the new funding option, as its founding directors had no previous experience in women’s health or nonprofit administration.⁴

The TPCN’s self-stated goals are:

- To assist organizations that promote a

woman’s physical and mental well-being during her pregnancy and postnatal period;

- To assist organizations that improve the physical well-being of the unborn child and the newborn; and
- To assist organizations that encourage adoption as an option for women who are unable to parent.

Additionally, service providers who receive funding through the TPCN must “agree not to promote, refer, or counsel in favor of abortion... as an option to a crisis or unplanned pregnancy.”⁵ This means that any licensed social service or medical provider who is willing to discuss abortion as a safe and legal option for a woman seeking to terminate her pregnancy – or even refer the woman to a provider who will discuss it – is not eligible for this program.

No Health Care Services

As Rep. Williams succinctly points out, “The [Alternatives to Abortion] program was never intended to provide medical services.”⁶

The TPCN, which serves solely as an intermediary between the state and existing social service providers, neither offers nor provides support for women’s health care services. **So-called “crisis pregnancy centers” (CPCs), which make up 70% of TPCN service providers, are unlicensed, non-medical “counseling” centers with no confidentiality requirements or oversight. They do not offer any health services and their staff are required merely to receive unspecified “pregnancy counseling/mentoring skills orientation and training.”⁷**

On the TPCN’s own website, in response to the question, “Does the Program reimburse for medical services?” the response is: “No... its core service is counseling and mentoring. Pregnant women need and seek out much more than what the medical community alone can provide.”⁸

While emotional support is certainly an important part of pregnancy, it is dangerous and irresponsible to fund controversial, non-medical counseling at the expense of legitimate and comprehensive health and social services – particularly when:

- **50%** of all Texas women giving birth are forced to rely on Medicaid to cover their child’s birth;⁹
- **35%** of Texas babies are born to women who receive inadequate prenatal care;¹⁰
- **20%** of Texas women aged 18+ have not had a Pap test in the past three years;¹¹
- Texas has the nation’s **third-highest teen birth rate.**¹²

When a woman is pregnant, she deserves more than just a volunteer “holding [her] hand while she’s crying or handing her a baby blanket,” as Vincent Friedewald, Executive Director of the Texas Pregnancy Care Network, described their services.¹³

However, some legislators do not agree that pregnant women seeking support should be served by licensed, regulated medical and social work professionals. These include State Rep. Jim Jackson (R-Dallas) who, in a debate over regulating the program, expressed his disapproval of licensing standards for CPC counselors by posing this question: “Ever think some of these girls need a mama instead of a professional counselor?”¹⁴

Rep. Warren Chisum (R-Pampa), the Appropriations Committee chairman, also agreed in 2007 that although he is “100 percent in favor of providing women [with] health care,” the state should really be focusing on “encouraging people to have babies.”¹⁵

No New Services

The TPCN was modeled after a similar program in Pennsylvania called Real Alternatives. In spite of the fact that the program template already existed – and the fact that, since 2006, more than \$128,000 has been sent out of state to Real Alternatives in exchange for mentoring,

resources, and “ongoing support” for the Texas program – the TPCN failed to meet their projected goal of “clients served” by more than 35% in the first two fiscal years (FY 2006 and FY 2007) of the contract.¹⁶

While they attempted to dismiss these unmet goals and inflated administrative costs as a natural part of the start-up process, this in itself is part of a deeper problem. Rep. Dawnna Dukes (D-Austin) addressed this problem in 2007 in a question posed to state health officials:

“Why would the state want to build a network when we already have entities that provide such services at a lower rate for more women who are low-income, uninsured and underinsured?”¹⁷

This redundancy of services is, in fact, explicit in the contract prepared by the Health and Human Services Commission. According to the contract, “HHSC recognizes that many organizations in Texas already provide support services that promote childbirth and alternatives to abortion.”¹⁸

In effect, the Alternatives to Abortion program creates no new services, while simultaneously directing money away from existing comprehensive health and family planning services.

Wasteful Public Structure

Since 2005, the TPCN has been unable to consistently meet even their own self-identified goals. As recently as FY 2010, they fell nearly 20% short of their projected client goal.¹⁹ Yet in this time of tightening budgets, their underperformance was rewarded with a 60% budget increase in 2009. As the country still struggles with the effects of the recession and thousands of citizens have lost their jobs, the state continues to bail out this wasteful, irresponsible program with Texas taxpayer dollars.

The projected budget the TPCN submitted to the state at the beginning of FY 2010 indicates that of the \$4 million granted to the “Alternatives to

Abortion” program that year, 75% of this money was to be used to reimburse the service providers in their network. **However, as stated above, the TPCN failed to reach their client and site goals and did not end up using the full extent of these funds – resulting in the waste of half a million dollars that could otherwise have been invested in preventive women’s health services.**²⁰

Additionally, a full 20% of the TPCN’s budget was allocated for administrative and overhead costs such as staff salaries, billing system consultation, website hosting, and telecommunications expenses, with the largest single share being designated for Executive Director Vincent Friedewald. In spite of the financial recession and the questionable efficacy of the TPCN, Friedewald has received a pay raise every year of the program’s history – from \$93,372 in 2006 to more than \$107,000 in 2010.²¹

The TPCN also designated \$75,000 for “purchase/development/distribution of written material.”²² **A close examination of the TPCN’s past orders reveals that many of these written materials were produced by the Texas Department of State Health Services and the Office of the Attorney General, from whom they are readily available free of charge to anyone in Texas.**²³

The remaining materials were ordered out of state from religious sources such as Loving and Caring, Inc. (whose mission is “to pray and work towards keeping the pro-life community holy and seeking the face of God”²⁴), Life Cycle Books, and Heritage House. When NARAL Pro-Choice Texas Foundation investigators visited state-funded crisis pregnancy centers in 2009, they were provided with additional literature from such religious organizations as Focus on the Family, Bethany Christian Services, and Care Net.

In January 2011, a San Antonio Express-News reporter visited a state-funded crisis pregnancy center and was provided with both medically inaccurate information and religious references that “appeared to be consistent with the findings of NARAL investigators.”²⁵

An additional \$4,000-\$5,000 is invested annually in the 1-888-LIFE-AID toll-free referral hotline.²⁶ The hotline is apparently shared with and maintained by the Real Alternatives program; its hours are listed in Eastern Time and a voicemail service instructing callers to leave a message (or visit the websites of Real Alternatives or the TPCN) is activated outside of business hours. **The TPCN reported only 91 calls to this referral system throughout the entirety of FY 2010, which means the state is investing thousands of dollars in a shared hotline that receives just 7-8 calls per month.**²⁷

Furthermore, since 2006 the TPCN has paid well over \$100,000 in consultation fees to Real Alternatives in order to provide “ongoing support” to the TPCN.²⁸ This means that every year, thousands of taxpayer dollars are being sent to Pennsylvania on behalf of the Alternatives to Abortion program, rather than staying in-state to be invested in the health of Texas women and families.

The TPCN is paid using funds from the Texas Health & Human Services’ Temporary Assistance for Needy Families (TANF) program, which is intended to support low-income Texans. While similar TANF programs have income requirements, TPCN service providers do not. **In spite of claims that the Alternatives to Abortion program is specifically for “low-income women who are pregnant and want to have the child,” TPCN service providers are under no obligation to ensure that the funds are used for this population.**²⁹

In a state which consistently has the highest rate of uninsured women in the country, and with one out of every 11 members of the Texas workforce currently unemployed, this is not the time to divert money from effective public health programs to high-risk, no-return experimental projects. Those who suffer most from such funding cuts will, once again, be the low-income women and families who already have difficulty making sure their most basic health needs are met.

SECTION II: A CLOSER LOOK AT CRISIS PREGNANCY CENTERS

In FY 2010, approximately 70% of the TPCN's service provider partner organizations were "crisis pregnancy centers" (CPCs). CPCs are unlicensed, unregulated, non-medical organizations with no confidentiality requirements or oversight. They are designed to persuade teenagers and women facing unintended pregnancies to carry their pregnancies to term. These independent – often church-affiliated – organizations offer limited "counseling" services, frequently provided by community volunteers.

While some centers offer some degree of additional services (such as free pregnancy tests or material donations of baby blankets or clothing), CPCs serve primarily as a source of information and referral. CPCs regularly provide biased and frequently inaccurate information about the supposed "risks" (both spiritual and physical) of safe and legal abortion care, contraception, premarital sex, and other subjects.

A SIDE-BY-SIDE COMPARISON: COMPREHENSIVE WOMEN'S HEALTH CLINICS vs. CPCs

Medical Services Offered by Comprehensive Women's Health Clinics³⁰

- Annual gynecological exams
- Pap tests and basic lab tests
- STI testing and treatment
- HIV testing and counseling
- Pregnancy testing (blood and urine)
- Abortion services
- Urinary infection treatment
- Prenatal care
- Vasectomies
- Long-term birth control and sterilization
- Contraception
- Colposcopy and cryotherapy
- Clinical research
- Screening for breast and cervical cancers, diabetes, and high blood pressure

Medical Services Offered by Crisis Pregnancy Centers

- Urine-only pregnancy testing
- Limited sonogram services
- Selective referrals to community resources

CPCs often run aggressive and well-funded advertising campaigns, reaching out via billboard (the ubiquitous “Pregnant? Scared? Need Help?” slogans and similar variations are among the most recognizable), television commercials, and online and print media to promote their centers and toll-free hotlines.

A 23-year-old woman from Fort Worth, “Haley,” recently shared a story with NARAL Pro-Choice Texas Foundation about her experience while pregnant with her first daughter at the age of 18:

“I went to a local pregnancy clinic... When I first came in they asked me if I was thinking about abortion and I told them no. I had already decided I was going to keep the baby which was my own personal private choice. But even after telling them I was keeping the child they still showed me [a] horrible video. Then to top it off a lady came in afterwards and asked me a million inappropriate questions... [like] if I knew that sex before marriage was an offense worthy of hell.”

False information and scare tactics may be an effective way to frighten pregnant teenagers and women into carrying their pregnancies to term. By utilizing these tactics, however, CPCs are denying these women vital medical and legal information, preventing them from making a responsible decision weighing all the factors, and behaving in ways that are unacceptable by any public health standards.

It’s no surprise that women like Haley enter the doors unsuspecting. **CPCs frequently take advantage of this vulnerability by choosing medical-sounding names, locating their operations near family planning clinics, and misrepresenting the services they do offer.** Many CPCs operate from the guidelines outlined in Robert Pearson’s manual, *How To Start and Operate Your Own Pro-Life Outreach Crisis Pregnancy Center* (1984), which suggests that CPC workers:

- answer with, “We are a pregnancy testing center” when asked by callers or clients if they are a pro-life center;
- use neutral advertising, seek listings in the Yellow Pages alongside abortion clinics, and

adopt “dual names” (one to “draw abortion-bound women” and one to attract donations from people against abortion);

- “never counsel for contraception”; and
- remember that when administering pregnancy tests [the same home pregnancy tests available from drugstores], “at no time do you need to tell [the client] what you’re doing.”³¹

In 2009, NARAL Pro-Choice Texas Foundation conducted visits to several TPCN-funded crisis pregnancy centers in Central Texas. During these visits, investigators found that:

Taxpayer-funded CPCs in Texas violate standards of the Federal Charitable Choice Act.

- 67% of CPCs visited offered the investigator either prayer or religious counseling, in spite of Federal Charitable Choice Act regulations³² and the Texas Pregnancy Care Network’s own claims that their service providers “agree not to promote the teaching or philosophy of any religion while providing services to the client.”³³
- One center maintains a connection to Care Net, a national organization working to promote “a culture where lives are transformed by the Gospel of Jesus Christ.”³⁴

Taxpayer-funded CPCs in Texas endanger women’s health by propagating medical misinformation.

- 100% of CPCs visited referenced a false link between abortion and breast cancer, with one CPC even claiming that a woman’s risk of breast cancer is increased “by 35%” after an abortion.³⁵ **In fact, every credible mainstream medical organization (including the National Cancer Institute, the World Health Organization, the American Medical Association, and the American Congress of Obstetricians & Gynecologists) has stated that that there is no relationship between induced abortion and a subsequent higher risk for breast cancer.**³⁶
- 100% of CPCs visited described a fictional “post-abortion stress” syndrome. The American Psychological Association does not recognize “post-abortion stress syndrome”³⁷ and, as reported by Reuters in 2008, “no high-

quality study done to date can document that having an abortion causes psychological distress.”³⁸ A 2010 study found that the same is true of adolescents who obtain abortions.³⁹

The nation’s current leading “expert” on this mythical syndrome is Dr. David C. Reardon, Ph.D., whose degree is from an unaccredited online college that offers only one Ph.D. track, in Philosophy of Business Administration.⁴⁰

- **67%** of CPCs visited told investigators that condoms are not effective in stopping the spread of sexually transmitted infections (STIs), despite substantial scientific and medical evidence that condoms are effective in preventing or reducing the risk of transmission of many STIs, including HIV.⁴¹

Taxpayer-funded CPCs are controversial.

- One woman was shown pictures of a fetus while a “counselor” explained that the fetus had a heartbeat and was beating at the moment. (The woman had not yet taken a pregnancy test.)⁴²
- One CPC asked the investigator to imagine “putting a vacuum up there” and asked her,

“Doesn’t that seem like it would cause damage?”⁴³

- Though *A Woman’s Right to Know* – state-mandated material – does not recognize the following conditions as possible side effects of an abortion procedure, investigators were told they could face depression, weight gain, anorexia, bulimia and/or suicide as a result of an induced abortion.⁴⁴
- One center told an investigator that a woman was built to have children—it would be unnatural to terminate a pregnancy because “a woman’s purpose is to bear children.”⁴⁵

The only training that the TPCN requires for staff of CPCs that participate in its network is unspecified “pregnancy counseling/mentoring skills orientation and training.”⁴⁶ **While staff and volunteers used by CPCs may include licensed professionals, CPCs are under no requirement to use licensed professionals, nor are they required to be supervised by licensed professionals of any kind – including CPCs participating in the Texas Pregnancy Care Network.**

SECTION III: A BETTER SOLUTION

The state is currently serving only a fraction of Texas women in need of reproductive health services. Instead of bailing out inefficient, redundant programs, the state should be investing in streamlined programs that already provide support to women and families and are proven to be successful and effective.

The Texas Medicaid Women's Health Program (WHP) is one example. WHP provides low-income women with family planning exams, related health screenings and birth control through Texas Medicaid. The target population is uninsured women ages 18 to 44 with a net family income at or below 185% of the federal poverty level who would not otherwise be eligible for Medicaid – unlike TPCN-funded crisis pregnancy centers, which have no income requirements.

While the TPCN reimbursed non-medical service providers at only 40 sites statewide in FY 2010 – with more than half of their clients located in just three counties: Harris, Dallas, and McLennan⁴⁷ – WHP offers family planning services by nearly 1,500 licensed practitioners across Texas, many of whom work in more than one location.

Furthermore, unlike the Alternatives to Abortion program, WHP receives unlimited 9 to 1 federal matching funds. This means that for every dollar Texas spends through WHP, the state receives nine dollars from the federal government. **By granting \$18 million to the Alternatives to Abortion program instead of women's health care, the state is forgoing as much as \$162 million in federal matching grants.** These unclaimed funds could be used to significantly increase the scope of preventive health services offered to Texas women and families.

As reported by the *Texas Tribune*, the Women's Health Program "prevented 10,000 unplanned pregnancies in 2008 (through contraception and other family planning methods, not abortion), and it saved the state roughly \$40 million a year."⁴⁸ But WHP offers more than merely enormous cost-savings to the state. It also "is expected to minimize the overall number of births paid for by

Medicaid by improving access to contraception and providing counseling on the spacing of births. For women whose poverty limits their access to health-care services, WHP could reduce the number of infant deaths and premature and low birth weight deliveries attributable to closely spaced pregnancies."⁴⁹

As previously stated, TPCN-funded crisis pregnancy centers do not provide (or even make referrals for) contraception. They are also not staffed by trained medical providers and counselors and, as such, can never have a comparable impact on the number of infant deaths or premature and low birth weight deliveries in Texas.

In FY 2010, the TPCN reported that 13,338 "eligible clients" were served by their member organizations. Not taking into account the \$500,000 by which the TPCN initially overbilled the state for service provider reimbursements in FY 2010, the TPCN reimbursed its providers at the hefty rate of \$153 per client.⁵⁰

By comparison, WHP provided health services to more than 88,000 women in calendar year 2009, at a cost of \$2.8 million to the state. **In other words, for just 70% of the cost of the Alternatives to Abortion program, the Women's Health Program served seven times more women.**⁵¹ This means that for \$31.64 per client, low-income Texas women enrolled in WHP were able to receive comprehensive health and family planning services, thus improving Texas women's health and helping to reduce the rate of infant deaths, premature and low birth weight deliveries, and unintended pregnancies.

Family planning programs like WHP have a proven record of saving taxpayer dollars by reducing unintended pregnancies and providing preventive health care detection and treatment. Unlike the TPCN, the Medicaid Women's Health Program has already demonstrated itself to be a proven success at providing Texas women with health care and the resources to keep themselves and their families healthy. Abortions and emergency contraception are not funded or provided through WHP; rather,

the focus is on sustainable, long-term preventive health services. These include traditional family planning and gynecological services as well as a

wide range of other services such as diabetes screening, blood tests, and follow-up contraceptive counseling.

CONCLUSION

Where Should Our Money Go?

Pregnant women – all women – deserve much more than just “a shoulder to cry on.” The Alternatives to Abortion program provides no recommended health services, does nothing to reduce the rate of unintended pregnancy (and thus the need for abortion), and uses millions of taxpayer dollars to fund a limited network of controversial, unlicensed, and unregulated social service providers.

As pro-life Sen. Judith Zaffirini (D-Laredo) said in 2007:

“[Programs like Alternatives to Abortion have] failed pregnant women by neglecting to provide recommended health and social services and failed pro-life supporters by directing funds away from the health-care safety net that prevents unintended pregnancies and abortions. We need to redirect these funds to evidence-based programs that improve women's health.”⁵²

By investing this money in comprehensive health programs (such as the Texas Medicaid Women’s Health Program and others), Texas has the opportunity to make a significant and lasting impact on the health and well-being of all of its women – not just in their times of crisis, but throughout their lifetimes. The cost of not doing so is just too high.

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