

# 2009 Annual Report

**Taxpayer Financed Crisis Pregnancy Centers  
in Texas: A Hidden Threat to Women's Health**

**NARAL Pro-Choice Texas Foundation**







# NARAL Pro-Choice Texas Foundation

April 4, 2009

Dear Fellow Texan,

Attached to this letter is NARAL Pro-Choice Texas Foundation's latest report on controversial state-funded crisis pregnancies centers (CPCs) in Texas. This report could not be more timely as the contractors of this failed program request millions in additional taxpayer bailout money.

As you may be aware, the state of Texas has spent over \$5.6 million in taxpayer funds since 2005 through a new program ("Alternatives to Abortion") to primarily support unlicensed, unregulated anti-abortion counseling centers. Adding to the controversy is the fact that these funds were specifically diverted from preventive medical services delivered through Texas' family planning program.

In the three years lifetime of the operation (FY 06, FY 07 and FY 08) this program has proved itself to be a controversial program and failed to deliver meaningful, evidence-based results to Texas taxpayers and to the Texas women it is intended to serve.

The program, which is intended to serve pregnant women:

- does not offer recommended medical and social services by licensed providers;
- has repeatedly failed to meet self-identified goals by up to 74%;
- and, has operated inefficiently with 35% of taxpayer funds (\$875,000) spent in overhead expenses.

Combined totals for the lifetime of the program reveal this program served fewer than 8,000 Texas women, primarily by providing information and referrals at an average cost of more than \$300 per client, in contrast with the more than 500,000 Texas women who received preventive medical services through the public family planning program in the same time period at an average cost of \$150 per client. **Texas women and families simply deserve a higher standard of care and at a better price than this program can provide.**

In fact, several existing Texas programs already deliver non-biased, highly-regulated medical and social services to pregnant Texas women by licensed professionals.

These include the long-established Texas Family Planning Program and the Texas Maternal and Child Health program. In addition, two recently created programs also deliver legitimate, evidenced-based services, including the Women's Health Program and the Texas Nurse-Family Partnership.

**Existing state and local programs such as those listed above already offer non-biased, highly regulated, preventive and ongoing medical and social services by licensed professionals.**

The simple question:

**Why did Texas legislators choose to create this biased, controversial program with no history of service delivery or success rather than invest in established and successful government programs?**

The simple answer:

**A few politicians with a narrow agenda are choosing to play politics with women's health.**

NARAL Pro-Choice Texas Foundation has a long history of supporting women's access to accurate, comprehensive, and unbiased medical information to promote informed decisions and improve the health of women and their families. NARAL Pro-Choice Texas Foundation also believes that the government on the federal, state, and local levels should support legitimate, comprehensive reproductive health services for women, rather than supporting programs that offer limited community resources for pregnant women seeking services at a great cost to the state.

Hardworking Texas taxpayers deserve to know how their money is being spent and whether Texas women are being served. NARAL Pro-Choice Texas Foundation will continue to monitor this program and advocate for greater accountability and accuracy in these programs.

Should you have any questions regarding the attached report, we welcome your call.

Sincerely,



Sara Cleveland  
Executive Director

**I. EXECUTIVE SUMMARY .....7**

**THIS ANNUAL REPORT, “CRISIS PREGNANCY CENTERS IN TEXAS: A HIDDEN THREAT TO WOMEN’S HEALTH,” PROVIDES AN OVERVIEW OF WHAT CRISIS PREGNANCY CENTERS (CPC) ARE AND WHAT THEY ARE NOT, WHY PUBLIC FUNDING FOR THEIR SERVICES IS CONTROVERSIAL AND DETRIMENTAL TO THE HEALTH OF TEXAS WOMEN, AND WHY TEXANS SHOULD BE SERIOUSLY CONCERNED ABOUT THE LACK OF ACCOUNTABILITY AND REGULATION REGARDING THIS USE OF MILLIONS OF DOLLARS OF TAXPAYER MONEY. THIS REPORT EXAMINES THE TAXPAYER-FUNDED “ALTERNATIVES TO ABORTION” PROGRAM AND ITS CONTRACTOR, THE TEXAS PREGNANCY CARE NETWORK (TPCN) AND CONCLUDES THE FOLLOWING: .....7**

**THE TEXAS PREGNANCY CARE NETWORK CONTRACT IS GROSSLY INEFFICIENT AND WASTEFUL. UNDER THE CONTRACT, THE STATE OF TEXAS IS PAYING THE TPCN ALMOST \$2.2 MILLION (39% OF ALL FUNDS) IN ADMINISTRATIVE FEES AND ONLY PASSING THROUGH A LITTLE OVER \$3.4 MILLION (61% OF ALL FUNDS) TO SERVICE PROVIDERS (PRE-EXISTING LOCAL ORGANIZATIONS THAT PROVIDED SERVICES TO WOMEN LONG BEFORE TPCN WAS CREATED). FOR EVERY \$1 THAT IS PASSED THROUGH THE TPCN TO A LOCAL SERVICE PROVIDER, TEXAS TAXPAYERS ARE PAYING THE TPCN OVER \$.39 IN OVERHEAD. FURTHERMORE, BECAUSE SERVICES OFFERED BY CPCs OR MATERNITY HOMES PARTICIPATING IN THE TPCN PRE-DATE THE EXISTENCE OF THE TPCN, IT IS IMPORTANT TO NOTE THAT THIS PROGRAM DOES NOT OFFER ADDITIONAL SERVICES, IT SIMPLY MONETIZES SERVICES OFFERED BY PRE-EXISTING ENTITIES AT A MULTI-MILLION DOLLAR COST TO TEXAS TAXPAYERS.....7**

**THE TEXAS PREGNANCY CARE NETWORK DOES NOT OFFER, IS NOT REQUIRED TO OFFER, AND WAS NOT DESIGNED TO OFFER RECOMMENDED SERVICES FOR PREGNANT WOMEN. THE SERVICES RECOMMENDED BY ORGANIZATIONS SUCH AS THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG) AND NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW) INCLUDE LICENSED MEDICAL SERVICES, LICENSED COUNSELING AND SUPPORT, AND SIGNIFICANT MATERIAL ASSISTANCE, SUCH AS CASH, HOUSING, OR TRANSPORTATION ASSISTANCE. TO DATE, WITH THE EXCEPTION OF MATERNITY HOMES, THE TPCN AND ITS CPC AFFILIATES DO NOT OFFER ANY OF THESE SERVICES. ....7**

**II. WHERE HAVE OUR TAX DOLLARS GONE? .....7**

**THE TEXAS PREGNANCY CARE NETWORK’S (TPCN) INEFFICIENT PROGRAM.....7**

- A. ANALYSIS OF THE TPCN’S ANNUAL BUDGETS VS. PROJECTED AND ACTUAL OUTCOMES ..... 7**
- B. FY 06: A FAILURE TO DELIVER AT A HIGH COST TO TEXAS TAXPAYERS ..... 8**
- C. FY 07: A FAILURE TO DELIVER AT A HIGH COST TO TEXAS TAXPAYERS..... 9**
- D. FY 08: A FAILURE TO DELIVER AT A HIGH COST TO TAX PAYERS..... 9**
- D. FY 06, FY 07, AND FY08 COMBINED TOTALS: A MULTI-YEAR FAILURE AT A MULTI-MILLION DOLLAR COST TO TEXAS TAXPAYERS..... 10**
- E. HOW “STATEWIDE” IS TPCN’S STATEWIDE PROGRAM?..... 12**

**III. OVERVIEW OF THE TEXAS PREGNANCY CARE NETWORK ..... 12**

- A. CREATION AND CONTROVERSY ..... 13**
- B. STRUCTURE OF THE TEXAS PREGNANCY CARE NETWORK..... 15**
  - 1. CRISIS PREGNANCY CENTERS: TPCN PROVIDERS AND STATE CONTRACTORS ..... 15**

<i>II. MATERNITY HOMES: TPCN PROVIDERS AND STATE CONTRACTORS</i> .....	16
<b>C. WHAT DID THE TEXAS PREGNANCY CARE NETWORK (TPCN) PROPOSE TO ACCOMPLISH?</b> .....	<b>16</b>
<b><u>IV. ARE TEXAS WOMEN BEING SERVED?</u></b> .....	<b>17</b>
<b>A. WHAT SERVICES ARE RECOMMENDED FOR PREGNANT WOMEN?</b> .....	<b>17</b>
<b>B. RECOMMENDED MEDICAL SERVICES VS. SERVICES OFFERED BY CRISIS PREGNANCY CENTERS</b> .	<b>17</b>
<b>C. RECOMMENDED SOCIAL SERVICES VS. SERVICES OFFERED BY CRISIS PREGNANCY CENTERS</b> ....	<b>18</b>
<b>D. COMPREHENSIVE WOMEN’S HEALTH CLINICS VS. CRISIS PREGNANCY CENTERS</b> .....	<b>19</b>
<b>E. REGULATION: COMPREHENSIVE WOMEN’S HEALTH CLINICS VS. CRISIS PREGNANCY CENTERS</b>	<b>19</b>
<b>F. REGULATION OF LICENSED SOCIAL WORKERS VS. CRISIS PREGNANCY CENTER VOLUNTEER COUNSELORS</b> .....	<b>20</b>
<b><u>V. CONCLUSION AND RECOMMENDATIONS</u></b> .....	<b>20</b>
<b><u>APPENDICES</u></b> .....	<b>22</b>
<b>I. BACKGROUND ON CRISIS PREGNANCY CENTERS</b> .....	<b>23</b>
<b>II. ANTI-CHOICE LAWMAKERS PROMOTE STATE AND FEDERAL FUNDING FOR CPCs</b> .....	<b>24</b>
<b>III. PROGRAM STRUCTURE</b> .....	<b>25</b>

## I. Executive Summary

This annual report, “Crisis Pregnancy Centers in Texas: A Hidden Threat to Women’s Health,” provides an overview of what crisis pregnancy centers (CPC) are and what they are not, why public funding for their services is controversial and detrimental to the health of Texas women, and why Texans should be seriously concerned about the lack of accountability and regulation regarding this use of millions of dollars of taxpayer money. This report examines the taxpayer-funded “Alternatives to Abortion” program and its contractor, the Texas Pregnancy Care Network (TPCN) and concludes the following:

The Texas Pregnancy Care Network contract is grossly inefficient and wasteful. Under the contract, the state of Texas is paying the TPCN almost \$2.2 million (39% of all funds) in administrative fees and only passing through a little over \$3.4 million (61% of all funds) to service providers (pre-existing local organizations that provided services to women long before TPCN was created). For every \$1 that is passed through the TPCN to a local service provider, Texas taxpayers are paying the TPCN over \$.39 in overhead.<sup>i</sup> Furthermore, because services offered by CPCs or maternity homes participating in the TPCN pre-date the existence of the TPCN, it is important to note that this program does not offer additional services, it simply monetizes services offered by pre-existing entities at a multi-million dollar cost to Texas taxpayers.

The Texas Pregnancy Care Network does not offer, is not required to offer, and was not designed to offer recommended services for pregnant women. The services recommended by organizations such as the American College of Obstetricians and Gynecologists (ACOG) and National Association of Social Workers (NASW) include licensed medical services, licensed counseling and support, and significant material assistance, such as cash, housing, or transportation assistance.<sup>ii</sup> To date, with the exception of maternity homes, the TPCN and its CPC affiliates do not offer any of these services.

- **The Texas “Alternatives to Abortion” program fails to deliver recommended services for pregnant women.**
- **Texas women and families deserve a higher standard of care than the TPCN and its CPC partners are designed to provide.**
- **Hardworking Texas taxpayers deserve to have their multi-million dollar investment in state government programs spent by efficient and beneficial public structures.**

## II. Where Have Our Tax Dollars Gone?

### The Texas Pregnancy Care Network’s (TPCN) Inefficient Program

#### a. Analysis of the TPCN’s Annual Budgets vs. Projected and Actual Outcomes

The following section of this report examines the TPCN’s projected and actual budgets for FY 06, FY 07 and FY08. This is the 30-month period (FY06 was only 6 months) it has operated with taxpayer funds in Texas.

In addition, the following section outlines the projected and actual performance outcomes for

each full year the TPCN has operated in Texas with taxpayer funds.

Finally, the following section analyzes the actual performance outcomes in comparison to the actual budget of the TPCN in order to determine what Texas taxpayers are receiving for their multi-million dollar investment. It is important to note that the TPCN was only in operation for 6 months in FY 06 (March-August 31, 2006). Therefore numbers associated with budgets and performance outcomes should be considered in the context of a 6 month, rather than 12 month, period. In comparison, numbers associated with FY07 and FY08 reflect operations performed during a 12-month timeline.

**b. FY 06: A Failure to Deliver at a High Cost to Texas Taxpayers**

*FY 06 Annual Budget and Expenditures vs. Annual Performance*

A thorough analysis reveals that in FY06 (March 2006-August 31, 2006), the Texas Pregnancy Care Network:

- spent a total of \$638,943 and served only 11 clients (over 90% fewer than the TPCN’s own projection);<sup>iii</sup>
- spent only \$143,770 or 22.5% of the TPCN’s total budget on client services;<sup>iv</sup>
- was only able to recruit one provider (more than 90% fewer than the TPCN’s own projection);<sup>v</sup> and
- in spite of identifying themselves as primarily a counseling and referral service, TPCN only provided services to 10 clients within a 6 month period.<sup>vi</sup>

**In FY 06, out of more than \$600,000 of taxpayer funds, only 22.5% was spent on Texas clients at a cost of over \$13,000 per client.**

**In other words, for every \$1.00 the TPCN received from the HHSC contract, only \$0.23 was passed on to a local provider. In other words, the TPCN administrative costs consumed \$0.77 out of every taxpayer dollar. It is important to note, that because TPCN is paying to copy a pre-existing Pennsylvania based program, start-up costs should be considered in this context.**

An abbreviated budget analysis for FY 06 (March 2006-August 31, 2006) is included below.

**TPCN Budget Analysis for FY06 (6 months)<sup>vii</sup>**

<b>Budget Category</b>	<b>Dollar Amount</b>	<b>% of Budget</b>
Client Services	\$143,770	22.5%
Salaries for 3 full-time employees	\$80,726	12.6%
Other (out-of-state consulting, etc)	\$414,447	64.9%
<b>Contract Total</b>	<b>\$638,943</b>	<b>100%</b>

**c. FY 07: A Failure to Deliver at a High Cost to Texas Taxpayers**

*FY 07 Annual Budget and Expenditures vs. Annual Performance*

A thorough analysis reveals that in FY07 (September 2006-August 31, 2007), the Texas Pregnancy Care Network:

- paid the executive director \$93,372, an increase of \$15,200 over the previous year salary;<sup>viii</sup>
- spent a total of \$2,500,000 and served only 3,874 clients (33% fewer than the TPCN's own projection);<sup>ix</sup>
- received only 419 calls on the TPCN 1-800 line (just over 1 phone call per day statewide);<sup>x</sup> and
- failed again to meet provider recruitment goals by recruiting only 15 providers (out of 212 the TPCN identified).<sup>xi</sup>

**In FY 07, out of more than \$2,500,000 of taxpayer funds spent, only 65% was spent on Texas clients at a cost of over \$400 per client**

**To break this number down even further, it becomes apparent that for every \$1.00 the TPCN received from the HHSC contract, only \$0.65 was passed onto a local provider. In other words, the TPCN administrative costs consumed \$0.35 out of every taxpayer dollar.**

An abbreviated budget analysis for FY 07 (September 1, 2006-August 31, 2007) is included below.

**TPCN Budget for FY07 (12 months)<sup>xii</sup>**

<b>Budget Category</b>	<b>Dollar Amount</b>	<b>% of Budget</b>
Client Services	\$1,612,618	65%
Salaries for 3 full-time employees	\$428,632	17%
Other (out-of-state consulting, etc)	\$458,750	18%
<b>Contract Total</b>	<b>\$2,500,000</b>	<b>100%</b>

**d. FY 08: A Failure to Deliver at a High Cost to Tax Payers**

*FY 08 Annual Budget and Expenditures Vs. Annual Performance*

A thorough analysis reveals that in FY08 (September 1, 2007 – August 31, 2008), the Texas Pregnancy Care Network (TPCN):

- paid the executive director \$98,041, an increase of nearly \$5,000;<sup>xiii</sup>
- spent a total of 2,493,299 and served only 8040 clients. Of which, only 28% were counseled on parenting skills and only 8% received adoption “counseling”;<sup>xiv</sup>
- received only 366 calls on the TPCN Hotline 1-800 Line (an average of 1 call per day);<sup>xv</sup>
- failed yet again to meet provider recruitment goals, ending the year with only 19 providers (4 more than FY07);<sup>xvi</sup>
- only 8% of total clients served were counseled on adoption;<sup>xvii</sup> and
- only 28% of clients served were counseled on parenting skills.<sup>xviii</sup>

**In FY08, out of nearly 2.5million dollars of taxpayer funds, only 68.3% was spent on Texas Clients, at a cost of \$311 per client. In contrast, the Women’s Health Program spends approximately \$150 per client, for a full year of family planning services and education.**

**For every taxpayer dollar TPCN spent, only \$0.68 was passed on to a local provider, with TPCN overhead consuming the other \$0.32.**

An abbreviated budget analysis for FY 08 (September 1, 2007-August 31, 2008) is included below.

**TPCN Budget for FY08<sup>xix</sup>**

<b>Budget Category</b>	<b>Dollar Amount</b>	<b>% of Budget</b>
Client Services	\$1,596,884	63%
Salaries for 3 full-time employees	\$437,032	18%
Other (out-of-state consulting, etc)	\$466,084	19%
<b>Contract Total</b>	<b>\$2,500,000</b>	<b>100%</b>

**d. FY 06, FY 07, and FY08 Combined Totals: A Multi-Year Failure at a Multi-Million Dollar Cost to Texas Taxpayers**

A thorough analysis of the TPCN’s budget and deliverables for the 30-month period of FY’06, FY07, and FY08 (March 2006-August 31, 2007) reveals a multi-year failure to meet even modest, self-projected goals. When reviewing the combined totals for the TPCN’s budget and outcomes, it is clear:

- The TPCN program is expensive and ineffective. The TPCN has received and spent over \$5.6 million taxpayer funds and failed to meet self-projected goals in some categories by as much as 74%. Furthermore, when compared with other programs aiming to

address needs of Texas women in their childbearing years, this program offers no cost-savings to the State or taxpayer.<sup>xx</sup>

- The TPCN has proven itself an unattractive program. Out of 212 potential providers the TPCN has only recruited 19 providers to join the network.<sup>xxi</sup>

- There is extremely limited accountability in the TPCN program. While the TPCN is responsible for creating self reported quarterly reports, many components of the program such as the software, client-service forms, and other essential data from the billing program are not made available to the state or public. The program lacks full transparency.

- It is not possible that a pregnant woman seeking services will receive reliable medical information through the TPCN. Because there are simply no requirements of CPC staff, it is unclear how unlicensed volunteers may be equipped to address the totality of circumstances a woman must consider including mental health, economics, physical health, family situation, etc.

- The TPCN program potentially endangers women’s health. Pregnant women seeking support can encounter significant emotional, financial, and medical difficulties. The program is intended to funnel these women to an informal provider network staffed primarily by unlicensed volunteers who are not trained in these difficult issues and who are specifically prohibited from discussing certain medical needs.

**Combined totals for FY 06 and FY 07 reveal the TPCN served only 3,900 Texas women, primarily by providing information and referrals at an average cost of more than \$450 per client.**

**In the same time period, more than 500,000 Texas women received preventive medical services through the public family planning program in FY 06, FY07, and FY08 at an average cost of \$150 per client.**

**For every \$1.00 the TPCN receives from the HHSC contract, only \$0.56 is passed onto a local provider. In other words, the TPCN administrative costs consume \$0.44 out of every taxpayer dollar.**

**Based on FY06, FY07, and FY 08, the only predictable and reliable outcome of this State contract is that the TPCN will continue to receive and spend millions in taxpayer funds.**

An abbreviated budget analysis for the combined 30-month period of FY06, FY07, and FY 08 is included below.

**TPCN Combined Budget Totals for FY06, FY07, and FY08<sup>xxii</sup>**

<b>Budget Category</b>	<b>Dollar Amount</b>	<b>% of Budget</b>
Client Services	\$3,460,083	60%
Salaries for 3 full-time employees	\$946,390	17%
Other (out-of-state consulting, etc)	\$1,339,281	23%
<b>Contract Total</b>	<b>\$5,745,754</b>	<b>100%</b>

**e. How “Statewide” is TPCN’s statewide program?**

TPCN boasts 19 service providers with a total of 24 sites scattered across Texas. However, a closer examination reveals that TPCN’s “statewide” program is only located in Houston, Austin, and Dallas. The following is a comprehensive list, by city, of TPCN’s provider sites:

**TPCN Provider Sites by City<sup>xxiii</sup>**

City	Number of Sites
Midland	2
Dallas	3
Georgetown	1
Austin	2
San Antonio	4

City	Number of Sites
Bryan	1
Sherman	1
Fort Worth	1
Waco	1
Jacksonville	1
Lufkin	1
Houston	6
Beaumont	1

When looking at a breakdown of provider sites by city, it is apparent that TPCN’s “statewide” program is only located around 3 major cities: Austin, Houston, and Dallas. In contrast, the Women’s Health Program offers family planning services by licensed practitioners at over 500 sites, distributed across Texas.<sup>xxiv</sup> The \$2.5 million/year spent on these 19 sites, at a cost of over \$300/client, could be spent on family planning services for one of the truly statewide programs already offered by Health and Human Services.

**III. Overview of the Texas Pregnancy Care Network**

Over the past three years, the controversial rider creating the Texas “Alternatives to Abortion” program and its contractor, the Texas Pregnancy Care Network (TPCN), has shifted nearly \$3 million per year, for the last 3 years, from preventive health screening and contraceptive services largely into unlicensed and unregulated crisis pregnancy centers (CPCs), often staffed with non-medical volunteers, whose primary purpose is political in nature: to dissuade pregnant teenagers and women from choosing safe, legal abortion.

Unlike family planning clinics, CPCs do not provide women with health services such as gynecological exams and prenatal care. Rather, CPCs provide biased and often inaccurate information about the risks of safe and legal abortion care. It is important to note that a portion of these funds support maternity homes, which, in contrast to CPCs, are licensed facilities and may offer some recommended services for pregnant women.

As a result of this unprecedented political move and because of the funding cuts resulting from

the creation of the “Alternatives to Abortion” program, the Texas Department of State Health Services estimated in 2005, when the program began, that 16,668 low-income women lost access to preventive medical care. By projecting this figure over three years, one could assume that over 50,000 women since 2005 may have lost access to preventive medical care.

### **a. Creation and Controversy**

During the 2005 Texas legislative session, anti-choice Texas lawmakers led by Senator Tommy Williams (R-The Woodlands) forced an unprecedented rider onto the state budget to create an experimental “Alternatives to Abortion” program. This rider cut a total of \$5 million from family planning funding over the 2006–2007 biennium.

Described as the purpose of the program, the following mission statement describes the intent of information distributed to promote the program’s mission:

“The purpose of the program is to promote childbirth rather than abortion. Therefore, providing abortions, or providing information about abortions or referrals to abortion services is inconsistent with the purpose of this program. However, under the provision of the RFP, abortion may be discussed in the context of promoting childbirth rather than abortion.”<sup>xxv</sup>

Because licensed social service and medical providers may discuss abortion as a safe and legal option for a woman seeking to terminate her pregnancy, they are not eligible for the program. **In effect, only organizations who do not offer women information about all of their options, i.e. they are specifically opposed to safe, legal abortion are eligible to participate.**

In addition to the biased mission of the program, many have complained about the unusual process through which this program was enacted into state law, moving through the Legislature through a back-door process as a rider rather than a bill. As reported by the *Austin Chronicle*, Texas officials complained about the back-door nature of the rider’s incorporation in the state budget:

“Sen. Judith Zaffirini, D-Laredo, noted that the rider was never discussed by the committee’s work-group (in fact, until that day, the committee as a whole wasn’t aware that the rider even existed).

The rider passed quickly out of committee, despite the stern and final objection of Senator Barrientos (D-Austin), “The bottom line, it appears to me, is that [in] transferring the money [to the CPCs], are we are saying it’s OK to get pregnant and then deal with it as a crisis?” he asked. “I really think we need to think about this item a little more.”<sup>xxvi</sup>

In the same article regarding lack of accountability for the proposed program, the following conversation occurred between Senator Shapleigh (D-El Paso) and Senator Williams (R-The Woodlands):

“Does your rider require that [the CPCs or other service providers] be licensed by the state?” Sen. Shapleigh asked.

“No,” Sen. Williams said. “This rider does not do that.”

“Don’t you want to license them, [to] make sure that the information being given out is accurate?” Sen. Shapleigh asked.

“Uh, you know, that wouldn’t be proper,” Sen. Williams responded. “That might be the proper way to craft a ‘general law’,” he said, “but not for a rider.”

“Well, we could restrict [the funding to make sure it goes] to licensed agencies, couldn’t we?” Sen. Shapleigh continued.

“No,” Sen. Williams replied, that’s “not necessary.”<sup>xxvii</sup>

When pressed as to why the state would cut funding from proven family planning programs to create an experimental and perhaps duplicative bureaucratic program, several officials responded:

- Rep. Dawna Dukes (D-Austin), a member of the House Appropriations Committee, questioned the motive for the program when she asked state 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?”<sup>xxviii</sup>
- Rep. Dan Gattis, (R-Georgetown), also a member of the House Appropriations Committee, stated, “Everyone knows this is a debate over Planned Parenthood and pregnancy resource centers.” He said that he and Dukes “have some philosophical differences” and that he was confident the program’s costs would decline.<sup>xxix</sup>
- Rep. Warren Chisum (R-Pampa), Appropriations Committee chairman, said that while he is “100 percent in favor of providing women [with] health care” (which the program does not provide) he also favors “encouraging people to have babies.”<sup>xxx</sup>
- Stephanie Goodman, spokeswoman for the Health and Human Services Commission, said the new program was intended “to serve a different population — low-income women who are pregnant and want to have the child. The services they need are different, and so are the costs.... This program is about giving women real choices. It offers support for women who choose not to have an abortion and go ahead and have their child. There are very meaningful choices being provided to these women where there weren’t before.”<sup>xxxi</sup> However, there are no eligibility requirements, income or otherwise, for the women served by the program whereas the Texas Maternal and Child Health program, a long- established program, does have eligibility requirements and does provide medical and social services to pregnant women.

**One widely noted explanation for the specific funding cuts and diversion to this specific unproven state program is “philosophical differences.” These differences are clearly described by Rep. Gattis and Rep. Chisum, who favor funding unlicensed, un-regulated and untested pro-life counseling centers over licensed, highly-regulated and proven family planning programs that provide Texas women medical and social services based on philosophies held by Texas women – not those of a particular legislator.**

## **b. Structure of the Texas Pregnancy Care Network**

The Texas Pregnancy Care Network (TPCN) is a little-known entity, which did not exist, and incorporated as a non-profit shortly after the Texas Legislature created the “Alternatives to Abortion” program. In February 2006, the Texas Health and Human Services Commission awarded the TPCN a two- year, \$5 million grant to start and operate the new program.<sup>xxxii</sup>

The TPCN has no history or performance record in women’s health, nor does its primary board and staff. The majority of the TPCN’s board members have no background in women’s health, no medical credentials, and no history of nonprofit or state-funded program administration. Instead, several board members have a strong background in the oil and gas and/or the aeronautics industry. The TPCN’s executive director, Vincent Friedwald, has no known background in directing a nonprofit organization, managing taxpayer-funded programs, or in women’s health.<sup>xxxiii</sup> Because the staff or board members of the TPCN had no known history in creating or administering such a program, the TPCN contracted with “Real Alternatives,” a Pennsylvania-based “alternatives to abortion” program in order to replicate their service delivery system in Texas.

**In FY06 and FY07 alone, the TPCN has spent \$263,000 in taxpayer financing to this out-of-state consultant to replicate their program and train their staff.<sup>xxxiv</sup> When combined with the funds spent in FY08 so far, the TPCN has sent a cumulative total of \$1.3 million of Texas taxpayer funds to out-of-state consulting agencies.**

At the end of FY 08, the TPCN maintained contracts with only 19 individual service providers statewide such as crisis pregnancy centers and maternity homes in Texas.<sup>xxxv</sup> One significant difference between these two types of providers (CPCs vs. maternity homes) is regulation: because maternity homes offer temporary shelter, they are required to be licensed by the state of Texas.<sup>xxxvi</sup> **CPC providers are not required by the state or federal government to be licensed or maintain any licensed staff.**

When asking, “Why are licensing requirements important?” the answer is simple: licensing requirements hold government programs and contractors accountable to taxpayers and the government. Because the “Alternatives to Abortion” program and its contractor the TPCN have no licensing requirements set forth by the State, the accountability mechanism for the contracted services is non-existent.

### *i. Crisis Pregnancy Centers: TPCN Providers and State Contractors*

Crisis pregnancy centers (CPCs) are unlicensed, unregulated organizations, often staffed with non-medical volunteers, with the express purpose of persuading pregnant teenagers and women seeking services for unexpected pregnancies to opt for motherhood and adoption, with limited expertise and licensed support for that specific, and significant choice. While some CPCs may offer additional services, **CPCs serve primarily as a source of information and referral. CPCs are not required to use licensed professionals (medical or otherwise) and are not even required to be supervised by licensed professionals of any kind – including CPCs participating in the TPCN.**

More information regarding CPCs can be found in the Appendices I and II.

*ii. Maternity Homes: TPCN Providers and State Contractors*

In contrast to CPCs, maternity homes must be licensed facilities because they offer temporary shelter, among other services, to pregnant women.

**Licensing requirements of maternity homes pre-date their participation in the TPCN.**

While the majority of CPCs offer little more than information and referrals, maternity homes have a long history of providing recommended social services for pregnant women such as material, housing and transportation assistance. Unlike unlicensed and unregulated CPCs that are generally staffed by volunteers, many maternity homes employ licensed social workers to deliver licensed social services to pregnant women.

Because of the employment practices and accountability associated with such licensing requirements, many consider maternity homes to be reputable providers of licensed and recommended social services.

**As such, the question of whether maternity homes are delivering legitimate social services to pregnant women is not evaluated in the context of this report.**

**c. What did the Texas Pregnancy Care Network (TPCN) propose to accomplish?**

In their proposal to the State, the TPCN proposed the following goals; “lower the Texas Abortion Choice Percentage...and contribute significantly to reducing medical costs, improved women’s health, and increased overall savings for the taxpayers of Texas.”<sup>xxxvii</sup> NARAL Pro-Choice Texas Foundation examines each of these proposed accomplishments below.

**Claim #1: This program will decrease the Texas Abortion Choice Percentage.**

The results: The percentage of pregnant women in Texas who choose abortion began to decline well before the TPCN incorporated.<sup>xxxviii</sup> If this trend continues, there is no way to examine whether the TPCN’s program will have made any direct contribution to a decrease in the number of women who choose abortion. Furthermore, while researchers consider many factors when examining any changes in the percentage of pregnant women who choose abortion, it is widely accepted that reducing the number of unintended pregnancies through access to family planning services reduces women’s need for abortion services.

**Claim #2: This program will reduce medical costs because women with an unintended pregnancy frequently delay prenatal care, resulting in costly health complications.**<sup>xxxix</sup>

The results: CPCs are not certified to provide prenatal care and rarely have any medical professionals on their staff. It is unclear how these unlicensed agencies would play any role in reducing medical costs among Texas women. Indeed, the nearly 17,000 women per year who are no longer able to receive preventive health care as a result of the budget cuts that fund this new program may have caused increased health costs to the State.

**Claim #3: This program will improve women’s health by decreasing abortions and lowering breast cancer rates.**

The results: Every credible, mainstream medical organization (National Cancer Institute, World Health Organization, American Medical Association, Breast Cancer Resource Center, American

College of Ob/Gyn) has refuted a link between breast cancer and abortion. An outcome based on a mythical link will be unable to produce actual, medical results such as lowering the breast cancer rate among Texas women. In fact, because women who obtain early detection breast exams at their local family planning clinic may no longer be able to do so due to the funding cuts, it is possible that the TPCN's program could negatively affect breast cancer survival rates for Texas women.

**Claim #4: This program will save taxpayer money.**

The results: Family planning programs have a proven record of saving taxpayer dollars by reducing unintended pregnancies and providing preventive health care detection and treatment. In fact, one such program, the Texas Women's Health Program, which provides preventive reproductive health care to thousands of Texas women, enjoys unlimited \$9- \$1 federal matching funds and is projected to save Texas taxpayers \$467 million over the five-year demonstration timeline (\$278 million in state savings and \$189 million in federal savings). The TPCN has no such projections or cost sharing from the federal government. On the contrary, this grant actually shifts money away from programs that are proven to be cost-effective in delivering services while simultaneously providing cost-savings to the state of Texas.

**IV. Are Texas Women Being Served?**

**The Texas Pregnancy Care Network's Failure to Deliver Recommended Services to Pregnant Women**

**a. What Services are recommended for Pregnant Women?**

It can not be overstated that Texas women who are pregnant and seeking support have significant medical needs and may also face significant needs for licensed social services in order to maintain a healthy pregnancy, prepare for birth and raise healthy children.

In contrast to licensed medical centers, crisis pregnancy centers (CPCs) are unlicensed, unregulated organizations, often staffed with non-medical volunteers, with the express purpose of interfering with pregnant teenagers and women who are seeking comprehensive women's healthcare. While some CPCs may offer additional services, CPCs serve primarily as a source of information and referral.

While volunteers used by the CPCs may include doctors, social workers or other licensed professionals, CPCs are under no requirement to be supervised by or use licensed professionals—including CPCs participating in the TPCN.

By relying on unlicensed volunteers at CPCs who are not required to provide any licensed, recommended services to assist pregnant women, the state of Texas is at risk of grossly underestimating the serious nature of providing services for pregnant women.

**b. Recommended Medical Services vs. Services Offered by Crisis Pregnancy Centers**

The following chart outlines the failure of CPCs to offer recommended medical services for pregnant women as proposed by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) (two associations of licensed medical professionals).<sup>x1</sup>

	<b>AAP and ACOG recommended medical services for pregnant women</b>	<b>Services offered by TPCN's Crises Pregnancy Centers</b>
Pre-natal Care	4	No such services offered
Medical management of pre-existing conditions	4	No such services offered
Nutrition Counseling	4	No such services offered
STD & HIV testing	4	No such services offered
Evaluation and treatment for domestic violence	4	No such services offered
Postpartum depression information and treatment	4	No such services offered
Childbirth and Childcare classes by licensed professionals	4	No such services offered

### **c. Recommended Social Services vs. Services Offered by Crisis Pregnancy Centers**

Texas women who are pregnant and seeking support may face significant needs for social services such as evaluation for material, transportation and housing assistance as well as evaluation for behavioral, psychosocial or community support.

Licensed social service providers employ licensed social workers, which are required to abide by professional and government standards for their services, and as such are accountable to their professional associations, the State of Texas, and taxpayers at the risk of losing their license.<sup>xli</sup> In contrast to licensed social service providers, CPCs in Texas are under no such requirement to employ licensed professionals and therefore have unknown, if any, accountability.

Furthermore, like licensed medical professionals, licensed social workers complete a significant amount of training in their fields, including earning undergraduate and/or graduate degrees in their respective fields, completing field work and fulfilling annual ethics and continuing education credits to deliver competent assessment and treatment for a variety of client needs. In contrast, volunteers at CPCs are not required to be – or supervised by - licensed professionals of any kind or employ licensed staff of any kind – including CPCs participating in the TPCN. As such, volunteers at CPCs are ill-equipped to handle the many issues Texas women who are pregnant and seeking support may face. While some CPCs may offer additional services, CPC volunteers serve primarily as a source of information and referral to licensed professionals – or in other words, they are a middle-man/ an additional layer of bureaucracy for existing taxpayer services..

The following chart outlines an abbreviated list of recommended social services for pregnant women in healthcare settings as proposed by the National Association of Social Workers (NASW), the largest membership organization of licensed professional social workers in the world, with 150,000 members.<sup>xlii</sup>

According to the NASW, a comprehensive, culturally competent assessment includes the following services as compared to what is offered by CPCs participating in the TPCN.

#### d. Comprehensive Women’s Health Clinics vs. Crisis Pregnancy Centers

Because the creation of the Texas “Alternative to Abortion” program resulted in a loss of preventive reproductive health care for almost 50,000 Texas women, as estimated by the Texas Department of State Health Services in 2005. The following chart is included to illustrate the services provided by comprehensive women’s health clinics versus what is offered by CPCs.

Health or Social Service	Comprehensive Women’s Health Clinic	Crisis Pregnancy Centers
Pap tests and basic lab tests	4	Not offered
Family Planning	4	Not offered
STI testing and treatment	4	Not offered
HIV testing and counseling	4	Not offered
Urinary tract infection treatment	4	Not offered
Prenatal care	4	Not offered
Pregnancy testing (blood and urine)	4	Urine pregnancy testing only
Adoption referrals	4	4

#### e. Regulation: Comprehensive Women’s Health Clinics vs. Crisis Pregnancy Centers

Comprehensive reproductive health care clinics offer women a full range of preventive medical services and are highly regulated in Texas. In contrast, CPCs in Texas rarely have medical professionals on staff and they are not licensed or regulated. Such facilities have no obligation to meet standards of care or provide full and medically accurate information. The table below outlines core regulatory requirements and compares CPCs to comprehensive women’s health clinics. As evidenced by the following table, patients of comprehensive women’s health care clinics are protected by state regulations and oversight agencies, where as patients of CPCs have no such protections.

Regulation	Comprehensive Women’s Health Care Clinics	Crisis Pregnancy Centers
Required to have a licensed physician on staff at all times	4	Not required
Subject to inspection by the Texas Department of State and Health Services	4	Not required
Strict patient consent and confidentiality requirements.*	4	Not required

\* CPCs participating in the TPCN are required to abide by confidentiality standards because they are receiving reimbursement through the federal program Temporary Assistance of Needy Families (TANF). However, CPCs not participating in the TPCN (more than 180 CPCs in Texas) have no confidentiality requirements. As such, there exists no accountability for CPCs that do not participate in the TPCN who release a woman’s personal information without her consent.

**f. Regulation of Licensed Social Workers vs. Crisis Pregnancy Center Volunteer Counselors**

The standards and regulation of licensed social workers differs greatly from CPC volunteers. While both inform their clientele of community resources, only licensed social workers currently play a role in licensed State programs for expectant mothers and infants. For example, Medicaid funded 56% of total births in Texas in 2006 and when Medicaid funds are used to pay for a delivery, a licensed social worker is required to meet with the patient to review her psychological and social history.<sup>xliii</sup> CPC volunteers a may share a calling with licensed social workers, CPC volunteers are not required to have professional training and licensing requirements such as minimum requirements for supervised work experience.

CPCs are not required to use licensed social workers or other licensed professionals. Nor are they required to operate under the supervision of any licensed professional. The primary role of TPCN’s CPC providers is providing unqualified advice, which is often done by unlicensed volunteers. In fact, the TPCN has spent millions of taxpayer funds to reimburse providers for unqualified advice from individuals who have no licensing requirements.<sup>xliv</sup> This puts the women seeking help at great risk.

**As mentioned previously, women experiencing an unintended pregnancy face a number of complicated emotional, financial, and medical difficulties. When evaluating where scarce resources are best used, licensed social workers provide a high level of skill, accountability, and experience that lay or paraprofessional volunteers simply cannot provide.**

The table below illustrates important accountability requirements for persons who counsel patients. Licensed social workers are under scrutiny from professional organizations and the State to ensure they deliver appropriate counseling services. CPC volunteers are not. As a result, persons seeking legitimate counseling from CPC volunteers have no recourse for any inappropriate unqualified advice or mismanaged care through the State or other appropriate professional organizations.

Accountability	Licensed Social Workers	CPC Volunteers
Mechanism to hold people legally and professionally accountable.	4	Not required – furthermore, there is no mechanism for accountability, as licensed professionals are not required.
Required to meet minimum licensing requirements.	4	Not required
Required to complete 3 credit hours of ethics training, 12 additional hours of continuing education, and a biennial licensure review.	4	Not required

**V. Conclusion and Recommendations**

After a thorough review of the genesis, budget, and performance of the Texas “Alternatives to Abortion” program and its contractor the Texas Pregnancy Care Network (TPCN), it is clear that this multi-million dollar, taxpayer funded program:

- is not an efficient public structure, an average of over \$300 per client is unacceptable when other organizations are offering comparable services at an average of \$150 per client;
- does not offer recommended medical and social services by licensed providers to Texas women seeking support.

**The Texas “Alternatives to Abortion” program simply does not deliver significant results to justify a multi-million dollar cost to Texas taxpayers. The 2.5 million dollars in tax-payer money spent annually on this program could be spent in support of proven programs like the Women’s Health Program, the Nurse-Family partnership, or to better fund maternity homes that provide legitimate health services to families in need.**

Texas women and families deserve a higher standard of care and at a better price than the TPCN and its CPC partners can provide. Several existing Texas programs, that already deliver non- biased, highly regulated medical and social services to pregnant Texas women by licensed professionals, need these funds and have a proven record of operating efficiently. These include the long-established Texas Family Planning Program (Texas Department of State Health Services) and the Texas Maternal and Child Health program (Texas Department of State Health Services). In addition, two recently created programs also deliver the aforementioned services in an efficient and responsible manner, including the Women’s Health Program (Texas Health and Human Services Commission), and the Texas Nurse-Family Partnership (Texas Health and Human Services Commission). Furthermore, programs like these often deliver medical services and counseling to women for considerably less than the “referrals and counseling” the TPCN’s providers offer, and enjoy federal matching funds in addition to providing multi-million dollar projected cost-savings to the state.

**Because existing state and local programs such as those stated above already offer non-biased, highly regulated, preventive and ongoing medical and social services by licensed professionals, one may pose the question:**

**Why did Texas legislators choose to create a biased, controversial program with no history of service delivery or success rather than invest in established and successful government programs?**

**Furthermore, will Texas taxpayers consent to another multi-million dollar political experiment at the expense of the health and well-being of Texas women and their families?**

**NARAL Pro-Choice Texas Foundation** believes that women are entitled to accurate, comprehensive, and unbiased medical information to promote informed decisions and improve the health of women and their families. NARAL Pro-Choice Texas Foundation also believes that the government on the federal, state, and local levels should support legitimate, comprehensive reproductive health services for women, rather than supporting programs that offer limited community resources for pregnant women seeking services at a great cost to the state.

Ultimately, Hardworking Texas taxpayers deserve to know how their money is being spent and whether Texas women are being served. They also deserve state programs that make good use of taxpayer funds and offer recommended services to women. NARAL Pro-Choice Texas Foundation will continue to monitor the Texas Pregnancy Care Network, and the remaining providers it funds, and advocate for greater accountability and accuracy in these programs.

**Appendices**

## Appendices

### *I. Background on Crisis Pregnancy Centers*

- The first CPC was established in 1967 by Robert Pearson in response to Hawaii's changing abortion laws. Estimates of the current number of CPCs nationwide range from 2,500 to 4,000.<sup>xlv</sup>
- CPCs typically provide biased and oftentimes inaccurate "counseling" without any health care services. Their mission is to dissuade women from choosing abortion. They are anti-choice groups, not health care providers. Moreover, they provide no pregnancy prevention services.
- Few CPCs are bonafide medical clinics. Volunteers, not medical professionals, staff most. CPCs often represent themselves as comprehensive reproductive health clinics by choosing medical-sounding names, locating near comprehensive women's health clinics, or evading questions about what services they actually provide. Their primary purpose, however, is to advance an ideological, political, and religious agenda.<sup>xlvi</sup>
- CPCs have a controversial history in Texas. The Texas Office of the Attorney General filed charges against CPCs in 1985 for deliberately deceiving consumers. That suit stopped CPCs from advertising themselves as abortion clinics in the telephone book. *"Regardless of where one stands on the legality or morality of abortion," Texas Assistant Attorney General Stephen Gardner said, "the practices at issue here are about whether there is a right to lie to another human being."*<sup>xlvii</sup>
- Many Texas CPCs have a religious, anti-choice mission. The overall message of the Corpus Christi Pregnancy Center (CCPC) is "to share God's gift of eternal life through Jesus Christ with women in crisis pregnancies . . . by ministering to the physical, emotional, and spiritual needs of these women, the CCPC encourages them to consider God's purpose for their lives and that of their baby."<sup>xlviii</sup>

## ***II. Anti-Choice Lawmakers Promote State and Federal Funding for CPCs***

Despite recent CPCs controversies, state and federal anti-choice lawmakers have continued to promote the use of taxpayer dollars for these programs through various mechanisms.

### **State Funding for CPCs:**

- In 2007, the Texas legislature reallocated millions of taxpayer dollars to fund CPCs.<sup>xlix</sup>
- In 2007, eight states enacted laws to provide state funding for “alternatives-to-abortion programs”: Arizona (\$20,000), Louisiana (\$1,000,000), Missouri, North Dakota, Ohio (\$150,000), Oklahoma (\$40,000), Pennsylvania (\$4,655,000) and Texas (\$2,500,000). In total, similar measures were proposed in sixteen states.<sup>l</sup>
- Pennsylvania, Missouri, Delaware, Michigan, Kansas and Louisiana all have directly funded CPCs with state money in the past.<sup>li</sup> Michigan appropriated additional funds in 2004 for CPCs to purchase ultrasound machines.<sup>lii</sup>
- Other states that fund CPCs do so through revenue from “Choose Life” license plate sales. The extra fee for these specialty plates is earmarked directly for CPCs or other anti-choice organizations and usually is restricted to specifically exclude organizations that counsel women on all their reproductive health options, including abortion. When this went to print, 17 states had “Choose Life” license plates, with seven of these state laws structured to directly fund CPCs or anti-choice organizations.<sup>liii</sup> Courts have struck down these funding programs in several states on constitutional grounds.<sup>liv</sup>

### **Federal Funding for CPCs:**

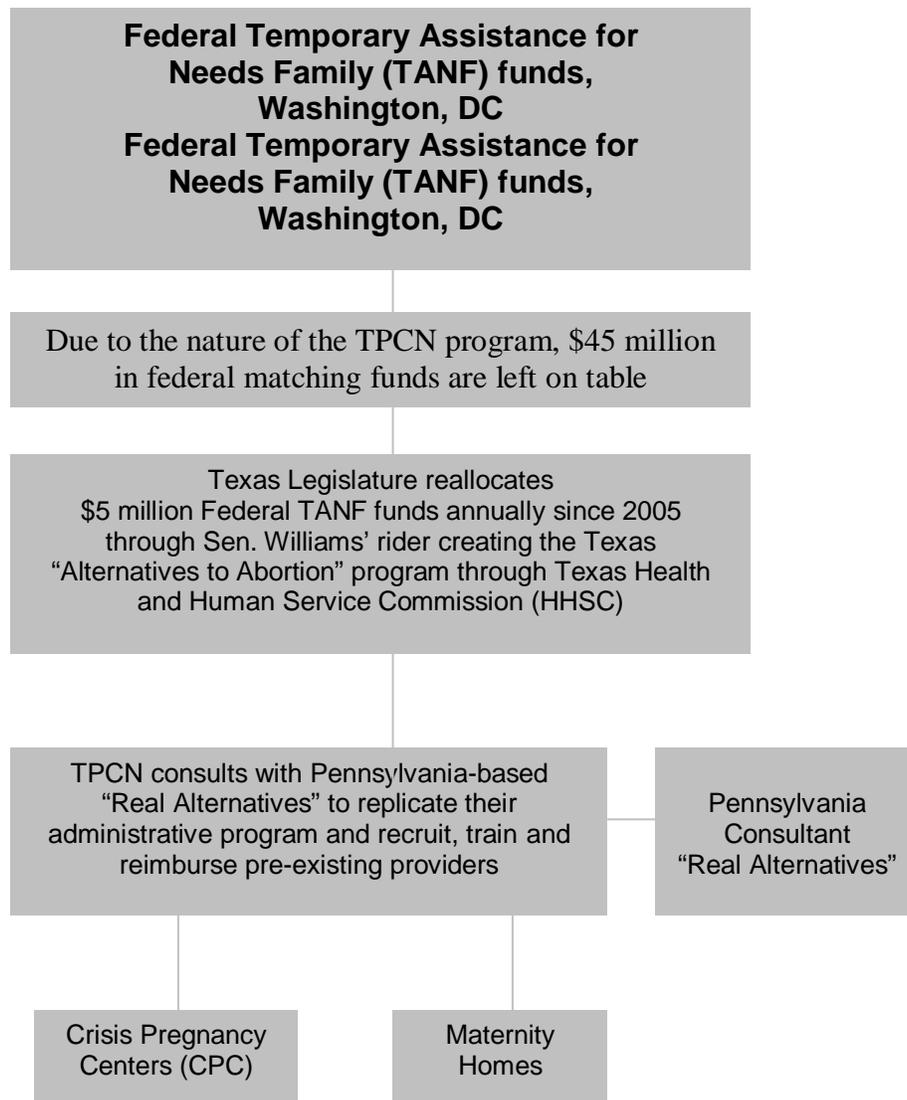
- President George W. Bush cited CPCs as ideal candidates for funding from his White House Office of Faith-Based and Community Initiatives. “This whole faith-based initiative really ties into a larger cultural issue that we’re working on,” President Bush said, “because when you’re talking about welcoming people of faith to help people who are disadvantaged and are unable to defend themselves, the logical step is also those babies.”<sup>lv</sup>
- Prior to the Bush Administration, only a few CPCs received federal funding. Between 2001 and 2005, however, over \$30 million in federal funds went to more than 50 CPCs.<sup>lvi</sup>
- One major source of federal funds for CPCs is funding for abstinence-only education. CPCs have also received funding through congressional earmarks, including for “counseling and pregnancy support services.” Still others have received funding through the “Compassion Capital Fund,” a component of the Bush

Administration's faith-based initiative.<sup>lvii</sup>

- More recent efforts seek federal funding to equip CPCs with sonogram machines. Congressman Cliff Stearns (R-FL) and Senator Jim Bunning (R-KY) introduced companion bills in 2005 to provide \$3 million to help CPCs toward this end.<sup>lviii</sup>

### III. Program Structure

The following illustration provides a visual context for how federal and state taxpayer funds are used for this controversial program.



<sup>i</sup> The Status of Women in Texas, 2004: Highlights. Ed. Amy Caiazza, Dr. and April Shaw. The Status of Women in the States (2004) R297. Institute for Women's Policy Research. Nov. 2004. 26 Feb. 2008 <[http://www.iwpr.org/pdf/TX\\_R297.pdf](http://www.iwpr.org/pdf/TX_R297.pdf)>.

<sup>ii</sup> Agreement between the Texas Health and Human Services Commission and Texas Pregnancy Care Network for Program and Administrative Services, Agreed Modifications to Contractor's Proposal, Exhibit F-1.

<sup>iii</sup> TPCN Quarterly Report Outline, Year-to-Date Statistical Report, 4<sup>th</sup> Quarter 2006.

<sup>iv</sup> Ibid

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- v Ibid.
- vi TPCN HHSC CONTRACT #529-06-02-77-00001 Exhibit F-1.
- vii TPCN Quarterly Report Outline, Year-to-Date Statistical Report, 4<sup>th</sup> Quarter 2006.
- viii TPCN Quarterly Report Outline, Year-to-Date Statistical Report 4<sup>th</sup> Quarter, 2007.
- ix Ibid.
- x Ibid.
- xi Ibid.
- xii Ibid.
- xiii Ibid.
- xiv Ibid.
- xv Ibid.
- xvi Ibid.
- xvii Ibid.
- xviii Ibid.
- xix Ibid.
- xx Ibid.
- xxi Ibid.
- xxii TPCN Quarterly Report Outline, Year-to-Date Statistical Report, October 2006, TPCN Quarterly Report Outline, Year-to-Date Statistical Report, October 2007, and TPCN Quarterly Report, October 2008.
- xxiii TPCN Quarterly Report Outline, Year-to-Date Statistical Report 4<sup>th</sup> Quarter, 2007.
- xxiv Texas Health and Human Services, Women's Health Program website <<http://www.hhsc.state.tx.us/WomensHealth.htm>>
- xxv Signed Agreement between Texas Health and Human Services Commission and Texas Pregnancy Care Network for Program and Administrative Services.
- xxvi Smith, Jordan. "No Real Alternative: In the name of 'promoting childbirth,' the state finds yet another way to deny health care to thousands of Texas Women." The Austin Chronicle 26 Jan. 2007. 26 Feb. 2008 <<http://www.austinchronicle.com/gyrobase/Issue/story?oid=oid:439247>>.
- xxvii Ibid.
- xxviii MacLaggan, Corrie. "Dukes questions progress of abortion alternative program." The Austin American-Statesman 2 Feb. 2007. 26 Feb. 2008 <<http://www.statesman.com/news/content/region/legislature/stories/02/02/2abortion.html>>.
- xxix Ibid.
- xxx Fikac, Peggy. "Family-planning effort questioned: After program helps fewer than expected, some wonder how state funds were spent." The Houston Chronicle 11 Feb. 2007, 2 Star ed.: B5. 26 Feb. 2008 <[http://www.chron.com/CDA/archives/archive.mpl?id=2007\\_4283334](http://www.chron.com/CDA/archives/archive.mpl?id=2007_4283334)>.
- xxxi Ibid.
- xxxii Signed Agreement between Texas Health and Human Services Commission and Texas Pregnancy Care Network for Program and Administrative Services.
- xxxiii Personal resumes of TPCN board members obtained through open records requests filed with Texas Health and Human Services Commission, August-October, 2006.
- xxxiv Agreement between the Texas Health and Human Services Commission and Texas Pregnancy Care Network for Program and Administrative Services, Agreed Modifications to Contractor's Proposal, Exhibit F-1.
- xxxv TPCN HHSC CONTRACT #529-06-02-77-00001 Exhibit V.
- xxxvi Texas Health & Safety Code - Section 249.002.
- xxxvii TPCN contract proposal.
- xxxviii "State Center, State Facts About Abortion: Texas." Guttmacher Institute. 26 Feb. 2008 <<http://www.guttmacher.org/pubs/sfaa/texas.html>>. According the Guttmacher Institute, the abortion rate in Texas has declined 7 percent since 1996.
- xxxix TPCN contract proposal.
- xl Smith, Jordan. "No Real Alternative: In the name of 'promoting childbirth,' the state finds yet another way to deny health care to thousands of Texas Women." The Austin Chronicle 26 Jan. 2007. 26 Feb. 2008 <<http://www.austinchronicle.com/gyrobase/Issue/story?oid=oid:439247>>.
- xli American Academy of Pediatrics, and The American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care. 6th ed. N.p.: American Academy of Pediatrics, 2007.
- xliv NASW Standards for Social Work Practice in Health Care Settings. National Association of Social Workers. 2005. 26 Feb. 2008 <<http://www.socialworkers.org/practice/standards/NASWHealthCareStandards.pdf>>.
- xlvi HHSC Research Team, Strategic Decision Support Division.
- xlvii Texas House of Representatives floor debate, March, 29, 2007.

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- xliv Lin, Vitoria, and Cynthia Dailard. "Issues and Implications: Crisis Pregnancy Centers Seek to Increase Political Clout, Secure Government Subsidy." *The Guttmacher Report on Public Policy*. Volume 5, Number 2. Guttmacher Institute. May 2002. 26 Feb. 2008 <<http://www.guttmacher.org/pubs/tgr/05/2/gr050204.html>>.
- xlvi A number of states, including Texas, New York, California, Ohio, Missouri and North Dakota, have investigated or sued CPCs under consumer protection laws for deliberately deceiving clients. For example, see the charges filed in the case below.
- xlvii Texas Assistant Attorney General Stephen Gardener, testimony before the U.S. House of Representatives Committee on Small Business, Subcommittee on Regulation, Business Opportunities, and Energy, September 20, 1991.
- xlviii "About the Corpus Christi Pregnancy Center." Corpus Christi Pregnancy Center. 2002. 26 Feb. 2008 <<http://ccpregnancy.com/mission.php>>.
- xlivix "Monthly State Update: Major Developments in 2007." State Center. 31 Dec. 2007. Guttmacher Institute. 26 Feb. 2008 <<http://guttmacher.org/statecenter/updates/2007/dec.html#CPCs>>.
- i Ibid.
- ii National Abortion Federation 2003 Legislative Report. National Abortion Federation. 2003. 28 Feb. 2008 <[http://www.prochoice.org/pubs\\_research/publications/downloads/public\\_policy/state\\_bill\\_report\\_2003.pdf](http://www.prochoice.org/pubs_research/publications/downloads/public_policy/state_bill_report_2003.pdf)> and State Legislative Report 2004. National Abortion Federation. 2004. 28 Feb. 2008 <[http://www.prochoice.org/pubs\\_research/publications/downloads/public\\_policy/state\\_bill\\_report\\_2004.pdf](http://www.prochoice.org/pubs_research/publications/downloads/public_policy/state_bill_report_2004.pdf)>.
- lii Michigan Legislative Council, 333.9141.
- liii "Choose Life" License Plates. State Policies in Brief. Guttmacher Institute. 1 Feb. 2008. 28 Feb. 2008 <[http://www.guttmacher.org/statecenter/spibs/spib\\_CLLP.pdf](http://www.guttmacher.org/statecenter/spibs/spib_CLLP.pdf)>.
- liv National Abortion Federation 2003 Legislative Report. National Abortion Federation. 2003. 28 Feb. 2008 <[http://www.prochoice.org/pubs\\_research/publications/downloads/public\\_policy/state\\_bill\\_report\\_2003.pdf](http://www.prochoice.org/pubs_research/publications/downloads/public_policy/state_bill_report_2003.pdf)>.
- lv "Bush 'Ties' Faith-Based Plan to Antiabortion Effort." *Kaiser Daily Women's Health Policy*. 1 Feb. 2001. The Henry J. Kaiser Family Foundation. 28 Feb. 2008 <[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?hint=2&DR\\_ID=2592](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=2&DR_ID=2592)>.
- lvi United States House of Representatives Committee on Government Reform – Minority Staff, "False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers," prepared for Rep. Henry A. Waxman, July 2006.
- lvii Ibid.
- lviii H.R. 216/S. 755 (109th Congress). These bills were previously introduced by the same sponsors in 2003 as H.R. 195/S. 340 (108th Congress).