



# Texas Catholic Conference of Bishops

THE PUBLIC POLICY VOICE OF THE CHURCH

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**Texas House of Representatives Committee on Appropriations, Subcommittee on Article II**

*Submitted via Email:* [Appropriations@house.texas.gov](mailto:Appropriations@house.texas.gov)

**RE: Notice of Formal Request for Information on Subcommittee on Article II, Interim Charge #7 on the Alternatives to Abortion (A2A) Program**

Dear Chair Davis and Members of the Subcommittee on Article II,

As the public policy voice of the Catholic Bishops in Texas, the Texas Catholic Conference of Bishops (“TCCB”) appreciates this opportunity to provide the comments below to the Texas Committee on Appropriations, Subcommittee on Article II regarding how best to utilize increased funding for the Alternatives to Abortion (“A2A”) program.

Thank you for your time and consideration of our comments. Catholics in Texas have long worked to support women and families in need. We see expectant mothers and fathers who, for a multitude of reasons, worry and fear that they will not be able to provide for their children. Like our Lord Jesus Christ, Catholics are moved to compassion and to action. We minister to new families because Christ calls us to love our neighbors, especially the most vulnerable.

In Texas today, the most vulnerable persons are those babies whose lives are not protected. [53,843 Texas babies were killed through abortion in 2017](#) according to the Texas Health and Human Services Commission (HHSC). Each one of them, like each of us, was made in God’s image. Each of them was and continues to be precious in God’s sight. This truth—that every life is valuable—is recognized and defended by Texas law. The A2A program exists to support mothers and fathers facing an unplanned or overwhelming pregnancy.

A2A services include counseling and mentoring, care coordination for perinatal services, educational materials, referrals to county and social service programs, life skills classes, material items, and support groups. They are delivered through contracted providers and are available to any pregnant woman or adoptive parent seeking services. This program gives parents the support needed to give every baby the welcome that a human person deserves.

In this respect, the Texas A2A program has been funded via an appropriation rider each session. *See, e.g.,* [2018-19 General Appropriations Act, House Bill \(H.B.\) 1, 86th Legislature, Regular Session, 2019 \(Article II, Health and Human Services Commission \[HHSC\], Rider 80\)](#). The Legislature appropriated \$59,876,059 for the A2A program in the 2020-21 biennium, and additionally authorized HHSC to transfer up to \$20,000,000 in General Revenue from other appropriations made in the General Appropriations Act for the biennium if additional funding is needed.

Last year, HHSC released a request for stakeholder input asking how HHS can best utilize the increased funding for A2A on July 23, 2019. The TCCB submitted comments to the agency that noted our support of the A2A program, while also recognizing potential areas for improvement to ensure the program meets its target goals of supporting mothers and their children through:

- Supporting the Legislature’s work to implement new reporting requirements that are publicly available and standardized to ensure needs are identified, improve access to care, and target service delivery in a meaningful manner that will improve outcomes, while also being responsible and transparent with taxpayer dollars and not creating barriers to service provision.
- Keeping focus on the three-fold legislative mandates for the A2A program on reducing abortion and improving pregnancy outcomes, improving child health and development, and improving family self-sufficiency rather than expanding to tangential areas.
- Supporting the extension of A2A services through kindergarten enrollment for children who are enrolled before their first birthday. Making this change will improve continuity of program support for families who enter the program to improve child health and development and improve family self-sufficiency.
- Maintaining the integrity of the additional funding to strengthen program support within A2A’s current array of support services, while still connecting pregnant women, new mothers, and their children to other programs for the integrated pregnancy care coordination without diverting the funding stream to unrelated programs.

We look forward to remaining engaged in this process because we understand how essential it is to strengthen program. In fact, as a result of previous program expansion, in [FY 2019 A2A providers served 66,408 unique clients](#). This represents a 78.2 percent increase from FY 2018. Many of these service providers are faith-based and have either expanded or plan to expand facilities and services in response to the increased funding, including to rural and underserved areas, adding additional staff, interns, and contractors, and adding additional service areas. According to the Texas Pregnancy Care Network, 36 providers throughout Texas are Catholic. Collectively, they provide thousands of services to children, women, and families each year.

As the Subcommittee deliberates the A2A program, we wish to point out a number of additional areas for improvement. In consultation with some Catholic providers of A2A services, we have determined some additional concerns.

First, COVID-19 has impacted the economic status, social supports, and the stress levels of families with babies that our providers serve. At the precisely the same time need is increasing, our providers have had to modify service delivery to comply with health requirements. For example, one of our providers used to permit clients to enter their facility for material distributions, but now must stage orders and deliver them in the parking lot. In addition, providers have also had to implement social distancing and hygienic practices, reduce staffing hours to limit exposure, or meet with some clients over Zoom. Some providers have adapted by providing contactless drop-off to client homes or pick up at service locations. Nevertheless, this will undoubtedly affect service provision and we urge the subcommittee and agency to work with contractors and subcontractors in a way that is practical, flexible, and empathetic, while still ensuring proper controls and management oversight.

Second, some of our providers would like greater flexibility with respect to reimbursements. Clients are facing a great range of challenges such as health challenges, housing insecurity, or unstable relationships. Temporary lodging for pregnant women or mothers with newborns in these cases would be helpful to add to a potential service portfolio. An increase in material reimbursement allowances and increase in counseling reimbursement would also help with improving the spectrum of care by our providers to meet the needs of the whole person: economic, spiritual, and emotional. Finally, consideration should be given to continue to allow the use of technology to recruit and serve families, as providers are seeing significant growth in service outputs since incorporating more virtual platforms.

Finally, another common concern expressed by our providers was the lag-time in disbursement of funds that have been approved for A2A services. One provider stated, “Our concern is the lack of support from Texas HHS as they are holding funds [that] have been approved a year ago.” Another said, “Timely grant execution will allow service providers to plan and implement growth strategies quickly and with confidence.” The notification process seems unpredictable and often funds are withheld even after contracting with the providers. It should be noted that, in addition to the increased funding to the A2A program in the last biennium, the Legislature also set new Performance Measure Targets for the HHSC program. The intent of this was to ensure that the appropriations made to the A2A program were utilized in the most efficient and effective manner possible and to achieve the established objectives and service standards. The performance targets for A2A are measured in the “Number of Persons Receiving Pregnancy Support Services as an Alternative to Abortion” (96,646 and 102,183 for 2020 and 2021, respectively).

While we agree on the need for Performance Measure Targets to assess program impact, as expressed in our initial comments to HHSC, we wish to draw the Committee’s attention to these problems in the subcontracting and grant process. Streamlining the contracting and subcontracting process would allow A2A providers to serve more clients to meet the increased needs and fulfill the legislative mandate of the program more effectively.

The Texas Legislature has provided an important opportunity, through increased funding, to continue the admirable work of the A2A program to meet its goals of promoting childbirth and providing support services to pregnant women and adoptive parents. In strategically channeling these funds to improve data collection, strengthen existing services, and improve continuity of program support, we can improve health outcomes for many more Texas women, their children, and families.

For the foregoing reasons, we respectfully submit these comments to the Article II Subcommittee on Appropriations. Please be assured of our continued prayers for you and your subcommittee’s important work during this unprecedented time. As [Archbishop Joseph Naumann of the U.S. Conference of Catholic Bishops Committee on Pro-Life Activities recently stated](#), “[Pope Francis] challenges us to assess our efforts in assisting pregnant moms in need and to improve our responses, where needed, especially at the local level. In short, to truly accompany each pregnant woman in need.” Please do not hesitate to contact our office if you have any additional questions, comments, or concerns.

Yours in Christ,



Executive Director, Texas Catholic Conference of Bishops