



## Texas Catholic Conference of Bishops

THE PUBLIC POLICY VOICE OF THE CHURCH

August 9, 2019

Submitted via Email: [Alternatives to Abortion Program@hhsc.state.tx.us](mailto:Alternatives to Abortion Program@hhsc.state.tx.us)

Dr. Courtney N. Phillips  
Executive Commissioner  
Texas Health and Human Services  
4900 N. Lamar Blvd.  
Austin, TX 78751-2316

**Re: Comments in response to stakeholder input request on “how HHS can best utilize increased funding for the Alternatives to Abortion program.”**

Dear Dr. Phillips,

As the public policy voice of the Catholic Bishops in Texas, the Texas Catholic Conference of Bishops (“TCCB”) offers the comments below to the Texas Health and Human Services (“HHS”) regarding how best to utilize increased funding for the Alternatives to Abortion (“A2A”) program. To provide the most assistance to HHS, these comments will only answer the portion of question two pertaining to policy analysis, on which the TCCB has expertise.

Before we begin, we pause to thank you for your time and consideration of our comments, and to make one prefatory remark: Catholics in Texas have long worked to support women and families in need. We see expecting 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, 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. As a result, 54,507 Texas babies were killed through abortion in 2016. 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 and the A2A program. We are grateful that Texas Catholics are able to work with you and your staff to give every parent the support needed to give every baby the welcome that a human person deserves. May God bless you and this work.

**Comments:** In sum, we believe that the following aspects of the program can be modified and adjusted to ensure transparency and thereby help the program’s administrators efficiently invest A2A funding:

First, Legislators established new reporting requirements in 2019 which will strengthen the program's effectiveness if implemented prudently.<sup>1</sup> The reports must include:

1. the total number of A2A providers, including subcontractors, by geographical region, and the total number of unduplicated clients served by each provider, by gender and age;
2. a description of A2A outreach efforts by providers and HHSC;
3. the total expenditures, by method of finance;
4. total contract amounts by provider, including subcontractors; and
5. any outcome measures included in contracts with providers.<sup>2</sup>

This builds upon progress from 2018, when HHSC issued Proposed Client Demographic Data Elements to include information on client demographics, medical care data, prenatal care metrics, nutrition services, adoption services, education and employment services, parenting education and support services, and referrals to other HHS programs.<sup>3</sup> We suggest that the agency annually publish this additional information from contractors and required subcontractors to provide the data elements necessary to evaluate program impact.

In that regard, A2A currently contracts with two agencies: Texas Pregnancy Care Network ("TPCN") and Human Coalition ("HC"). While much of TPCN's data is available from their FY 2017-18 report submitted to HHS, no similar report is publicly available from HC.<sup>4</sup> We recommend that A2A state contractors be required to annually submit this information to HHS. The data should be standardized such that the state contractors each use the same methodologies. Moreover, the data should be published on HHS's website, such as on the official *Alternatives to Abortion* webpage.<sup>5</sup>

We believe comprehensive and efficient implementation of data gathering is important to ensure needs are identified, improve access to care, and target service delivery in a meaningful manner that will improve outcomes, while being responsible and transparent with taxpayer dollars. This data gathering must be developed in consultation with direct providers to ensure that it doesn't create barriers to program implementation.

In addition to improving the collection of information on the A2A Program, we emphasize that focus should be maintained as a program to encourage families to choose life and provide the practical supports needed to support parents and their children. The legislative mandates for the A2A program are three-fold: reducing abortion and improving pregnancy outcomes, improving child health and development, and improving family self-sufficiency. To those ends, current services under A2A include counseling and aid mentoring, care coordination for prenatal services, educational materials, referrals, classes on a variety of topics, material item support, and support groups. In determining whether to add additional services or enhance existing services, if any, we believe that the range of services should be circumscribed within those existing goals rather than expanding to tangential areas.

Third, we support 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. In addition, for abortion minded parents who seek consultation during pregnancy, the knowledge that the program will continue to support their parenting through school age provides hope and practical help to choose life. A2A programs and

services should be available to any Texas resident who is the parent of a child 36 months or younger.

Finally, while we support comprehensive case management programs, the A2A funding should not be used to fund other programs that are already funded by other streams (i.e. Medicaid, CHIP, SNAP, TANF, WIC, Early Childhood Intervention, Healthy Texas Women, and Nurse Family Partnership). Rather, the additional funding should 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.

In conclusion, we believe the Texas Legislature has provided an opportunity to the agency, 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.

Respectfully Submitted,



Jennifer Allmon  
Executive Director

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<sup>1</sup> Compare 85 RS SB 1 ENR [II-75](#); 86 RS HB 1 ENR [II-71](#).

<sup>2</sup> Ibid.

<sup>3</sup> HHS, [Alternatives to Abortion Report FY 2017](#) (December 2017) (Accessed Aug. 8, 2019)

<sup>4</sup> TPCN, [FY 2017-18 Annual Report to Health and Human Services Commission](#). (FY 2017-18), Page 8.

<sup>5</sup> HHS, [Alternatives to Abortion](#). (Accessed Aug. 8, 2019)