



News: September 5, 2008

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Anti-Abortionists Want More Health-Care Money

By Jordan Smith

With the 81st legislative session just around the corner, funding requests from various state agencies putting together budget documents for next year have begun to circulate – including a Legislative Appropriations Request from the state's **Health and Human Services Commission** that proposes adding another \$1.5 million to the pet project of Sen. **Tommy Williams**, R-The Woodlands, the **Alternatives to Abortion** program.

The program, created by a budget rider in 2005, is designed exclusively to "promote childbirth" and to steer women away from abortion. It does so, however, without providing any medical services whatsoever and yet has been funded by siphoning \$5 million per biennium from the ever-dwindling pot shared by traditional providers of actual medical services – family planning and reproductive health services – for low-income women and others without other access to health care. Now HHSC has included in its biennial request additional funding for the Alternatives to Abortion program, which is administered by the group **Texas Pregnancy Care Network** – an outfit created in summer 2005 (presumably in response to the new funding opportunity created by Williams' rider) by three people without experience in either nonprofit administration or in women's health care – but with solid, all-important anti-choice credentials.

The money that has gone to TPCN to administer the Alternatives to Abortion program would otherwise have gone to traditional health-care providers – including **Planned Parenthood** (certainly the best known provider of women's health care but ultimately just one of several agencies doing this work) – to provide core medical services. These providers offer not only gynecological exams and HIV and STD testing but also cancer and diabetes screenings and counseling related to abortion, adoption, birth control, childbirth, and domestic and sexual abuse.

In contrast, the Alternatives to Abortion program was designed to provide very little – it is the one goal the program appears to have achieved. TPCN is responsible for contracting for services with providers – overwhelmingly these are so-called "crisis pregnancy centers," which "counsel" women (at a cost to taxpayers of more than \$1 per minute) about childbirth and adoption, for example, as desired outcomes. The providers refer clients to other state and federal programs – like Medicaid, food stamps, etc. (programs that the government already advertises) – and provide "classes" on topics like "life skills" and "parenting." (To date, the state has failed to provide open records requesters, including the *Chronicle*, with syllabi for these classes because, as they've said, they don't actually have that information.)

Unlike the performance measures required of providers of medical care, the performance measures that were designed by, and must be met by, TPCN under its own contract with the state are completely subjective. They provide that a certain number of women must visit their contracted providers, for example, and that "99 percent of the women served will report they feel supported."

Indeed.

According to HHSC spokeswoman **Stephanie Goodman**, from Sept. 1, 2007, through July 1, 2008, nearly 54,000 individuals made "visits" to one of TPCN's providers. (TPCN originally said it anticipated signing on between 100 and 150 providers; this year it has downgraded that target to between 20 and 40. In reality, as of May 31, it had 18 providers.) But those providers served a total of 9,992 "clients." The additional funding of \$1.5 million would allow TPCN providers to "allow for as many as 11,990 clients and up to 65,819 visits in Fiscal Year 2010 and 13,908 clients and up to 76,350 visits in Fiscal Year 2011," Goodman wrote in an e-mail. She says the request for additional funding was prompted by the service providers, who "have indicated that there's more demand for these services than they can provide with the current funding."

Nonetheless, as things stand and based on the most recent numbers provided by Goodman, just 18% of the folks who visit a TPCN provider actually become clients. In that context, it's hard to understand what sort of need exists that would justify infusing the program's budget with additional taxpayer dollars.

By contrast, there's little doubt that there is a demonstrable need for funding actual health care for poor women. In her e-mail, Goodman notes that the HHSC appropriation request includes "additional funding for the Women's Health Program that provides family planning services to women who don't otherwise qualify for Medicaid." That program began in 2007 and is "serving almost 124,000 women per month" with actual health-care services. "We expect that number to increase to 131,539 [per month] in FY2011."

A Federal Rule Change?

Meanwhile, in D.C., the **Department of Health & Human Services** has drafted a new proposed rule that, if enacted, could further undercut women's access to reproductive health services and provide avenues for organizations like TPCN and a host of crisis pregnancy centers to receive additional federal tax dollars. Ostensibly, the proposed rule, championed by HHS Secretary Michael Leavitt, was drafted to ensure that health-care providers cannot be discriminated against for refusing to participate in procedures they find objectionable – like abortion or sterilization. But the way the rule is worded, it would protect health-care workers from participating in any measure they object to on "conscience," including providing information about or referrals for birth control. Moreover, the rule would forbid any recipient of federal funding from "discriminating" against an individual because of his or her moral objections and would withhold access to federal funds for any entity that fails to comply with the provisions of the rule.

The potential result, says **Sarah Wheat**, vice president of community affairs for Planned Parenthood of the Texas Capital Region, is that women's health clinics could be forced to hire employees who fundamentally disagree with their core mission. "It's sweeping, is what it is," she said. The rule would

impact as many as 584,294 providers – including hospitals, medical schools, private doctors offices, and public clinics – with a yearly cost of \$44.5 million to implement.

Yet there have been nondiscrimination "conscience" rules on the books that protect health-care workers who object to abortion and sterilization since the 1970s. Why these are suddenly insufficient to protect workers is unclear. If the new rule is enacted, says Wheat, standards that come with certain federal funds could be erased. Those standards identify clear and quantifiable performance measures required to receive funding that provides for family planning and preventative health screening services but not abortion (no federal funding can be spent on abortion) or prenatal care. Without those standards, it would seem nearly impossible to restrict entities eligible to receive funds – meaning that crisis pregnancy centers and groups such as TPCN could access funding historically targeted to providing actual health care. Currently, under Title X, it is "very clear that grantees have to provide the full range of options. But if the rule says, 'OK, your conscience won't let you [do that],' then you can't be punished" for not providing those options, she says. If the rule passes, then "what would prevent [crisis pregnancy centers] from applying for federal family planning funding?"

The rule is currently in limbo, pending a required 30-day comment period. A draft of the rule can be found [here](#), along with instructions on how to submit comments to HHS.