



Anti-Abortion Centers (AACs) Are Not Able To Meet The Needs Of People Forced To Carry Pregnancies In States That Restrict Abortion

This research file was last updated in November 2021.

Anti-Abortion Centers (AACs) are not an adequate resource for people who will be forced to carry a pregnancy to term in states that implement bans on abortion. These entities operate without much oversight, are politically motivated (as opposed to existing to meet public health needs), and are not a responsible use of Temporary Assistance for Needy Family (TANF) funds. Additionally, AACs are [not usually licensed medical facilities](#) and are not bound by Health Insurance Portability and Accountability Act (HIPAA), although they handle sensitive medical records. Discerning which AACs are medically licensed is incredibly difficult to do, especially after courts in [California](#) and [Texas](#) struck down ordinances seeking to hold AACs to basic measures of transparency and display whether they are medically licensed.

AACs exist to deceive and dissuade people from exercising their right to decide what is best for themselves and their families. Furthermore, their programming structures are not conducive to people who do not have spare time to take from their responsibilities—working, school, parenting—to attend classes in exchange for material goods.

AACs do not meet the needs of pregnant, birthing, and parenting people.

Unlike Abortion Centers, AACs Operate With Little Government Oversight Or Accountability

Arizona

Arizona Recently Granted Funding For AACs Despite Acknowledging That AACs Are Not Licensed Healthcare Facilities. “In a [February 2020 email to state lawmakers](#), the Arizona Department of Health Services confirmed that anti-abortion and crisis pregnancy centers are not licensed healthcare facilities, and CAP’s own talking points [acknowledged](#) that the centers are unlicensed.” [[Equity Forward, 8/30/21](#)]

Texas

In Texas, AACs Are Awarded Funding Via No-Bid Contracts In A Clear Display Of Programming Fueled By Political Agendas, Not Public Health Concerns. “Expanding funding to the Texas Pregnancy Care Network without considering bids from competitors would represent a departure from established business procedure. During previous expansions of the Alternatives to Abortion program, the Texas Health and Human Services Commission required contractors to submit applications for state funds. But the lawmakers said doing so caused

'unnecessary delays,' which 'thwarted the legislative intent to greatly expand the existing program.'" [\[Texas Tribune, 7/23/19\]](#)

Missouri

Oversight Of Subcontractors Appears To Not Be Required By Missouri Law, And Is Left Up To Contractors' Discretion. "The alliance [Alliance For Life Missouri] provides the acquisition of the contract and then manages and monitors the program funds and services provided by the sub-contractor." [\[Alliance For Life Missouri 2018 990 via ProPublica, Page 13, accessed 11/13/20\]](#)

Form 990, Part III, Line 4a:

CONTRACTOR WITH THE STATE OF MISSOURI UNDER THE ALTERNATIVES TO ABORTION CONTRACT AFL SUB-CONTRACTS WITH ITS AFFILIATES TO PROVIDE THE SERVICES OF THE PROGRAM TO CLIENTS ACROSS MISSOURI A TOTAL OF 26 SUB-CONTRACTORS PROVIDE SERVICES THAT INCLUDE MATERIAL NEEDS OF FOOD, CLOTHING, SHELTER, TRANSPORTATION, AND EDUCATION IN ADDITION, FATHERHOOD EDUCATION, JOB TRAINING AND ON-GOING CASE MANAGEMENT CLIENTS CONSIST OF YOUNG WOMEN IN UNEXPECTED PREGNANCIES WHO ARE CHOOSING TO CARRY TO TERM OR PLACE FOR ADOPTION AN ESTIMATED 3950 CLIENTS ARE ASSISTED THROUGH THE PROGRAM DURING THE YEAR THE ALLIANCE PROVIDES THE ACQUISITION OF THE CONTRACT AND THEN MANAGES AND MONITORS THE PROGRAM FUNDS AND SERVICES PROVIDED BY THE SUB-CONTRACTOR

[\[Alliance For Life Missouri 2019 990 via ProPublica, Page13, accessed 11/13/20\]](#)

AACs Use TANF Dollars That Could Be Better Used By Effective Programming

Ohio

Equity Forward Has Analyzed Records Which Show The Majority Of TANF Dollars Being Spent On Overhead Costs. [Equity Forward Public Records Received from Ohio Department of Jobs and Family Services, April 2020/April 2021]

During The Pandemic, Gov. DeWine Directed Additional TANF Funds To AACs Through An Executive Order. [\[Executive Order 2020-39D, 11/24/20\]](#)

- **The Executive Order Gave \$50,000 To An AAC That In Its Budget, Allotted Less Than 8% For Participant Education And Support.**

Elizabeth's New Life Center Promoting Healthy Moms and Babies in Hamilton County SFY 2021	
Program Budget Items (Please add explanation if necessary)	SFY 2021 Totals
Salaries & Wages	\$ 16,289.00
Fringe Benefits	\$ 3,257.80
Supplies	\$ 2,650.00
Equipment	\$ -
Staff Mileage & Other Travel	\$ -
Contractual Services	\$ -
Other: (Marketing and Media)	\$ 5,600.00
Other: (Participant Education and Support)	\$ 3,887.75
Other: (Occupancy Expenses)	\$ 13,770.00
Total Program Costs	\$ 45,454.55
Indirect Costs* (See Below)	\$ 4,545.45
Total Amount Budgeted	\$ 50,000.00

[Equity Forward Public Records Received from Ohio Department of Jobs and Family Services, April 2020/April 2021]

According To A Texas Observer Article, “Some \$45 Million Has Been Siphoned To A2A From Temporary Assistance For Needy Families” Since The Inception Of The A2A Program. [\[Texas Observer, 9/29/20\]](#)

The Texas 2020 Alternatives To Abortion Legislative Report Details TANF Expenditure Trends.

5. Funding and Expenditures

A2A receives federal Temporary Assistance for Needy Families (TANF) block grant and state General Revenue (GR) funds to support services for pregnant women, their families, and adoptive parents. While A2A funding remained level for 2006-2009, it has increased since 2010 (refer to Table 5).

Table 5. A2A Funding, Fiscal Years 2006-2021

Biennium	TANF	General Revenue	Total
2006-07	\$5,000,000	\$0	\$5,000,000
2008-09	\$5,000,000	\$0	\$5,000,000
2010-11	\$5,000,000	\$3,000,000	\$8,000,000
2012-13	\$6,000,000	\$2,300,000	\$8,300,000
2014-15	\$6,000,000	\$4,300,000	\$10,300,000
2016-17	\$6,000,000	\$12,300,000	\$18,300,000
2018-19	\$6,000,000	\$32,300,000	\$38,300,000
2020-21	\$6,000,000	\$73,876,059	\$79,876,059

[\[Alternatives To Abortion Legislative Report, 12/20\]](#)

The Amount Of Money Awarded Is Disproportionate To The Amount Of People Served Through The Texas A2A Program.

Table 2. Total Clients Served by Gender and Age

Age	Total Male	Total Female	Grand Total	% Male	% Female
Under 15	6	124	130	5%	95%
15 to 17	217	2,615	2,832	8%	92%
18 to 22	2,008	24,953	26,961	7%	93%
23 to 29	3,652	35,134	38,786	9%	91%
30 to 39	3,468	23,745	27,213	13%	87%
40 to 49	938	3,342	4,280	22%	78%
50 to 59	202	437	639	32%	68%
60+	38	160	198	19%	81%
Unknown	3	57	60	5%	95%
Totals	10,532	90,567	101,099	10%	90%

[\[Alternatives To Abortion Legislative Report, 12/20\]](#)

From 2017 to 2020, Alternatives To Abortion Funding Increased As Funds For Other Much Needed State Programs Remained Underfunded. “In 2017, \$4.3 million dollars of Missouri’s TANF funds (Temporary Assistance for Needy Families) were used to fund the anti-abortion “Alternatives to Abortion Services” program under the state budget. According to Missouri Budget, the “Alternatives to Abortion” programs was allotted \$5.9 million dollars in 2018, and Missouri legislatures set aside \$6.45 million for the program in 2019. In July 2020, Governor Parson allocated a whopping \$6.46 million dollars to CPCs. In comparison, the budget for food distribution programs has remained the same the past three years (\$1.5 million), and the budget for assisting victims of sexual assault has remained under \$1 million dollars the past three years. This means that Missouri was actively diminishing state welfare programs in order to stop abortions.” [[NARAL Pro Choice Missouri, 8/25/20](#)]

FY2017 TANF Funds Were Discreetly Diverted To Fund AACs Through The Alternatives To Abortion Program. “Some of the pregnancy centers are part of an Alternatives to Abortion Services Program that Missouri funds with state appropriations and a portion of a federal welfare block grant the state receives, Temporary Assistance for Needy Families...For fiscal year 2016, the Alternatives to Abortion Services Program received its usual state funding, approximately \$2 million, according to the Office of Administration budget bill. But for the fiscal year 2017 budget, the alternatives to abortion section had an additional line of funding — from the Temporary Assistance for Needy Families grant.” [[The Columbia Missourian, 2/6/17](#)]

Many AACs Are Not Health Care Facilities And As Such Are Not Bound By HIPAA

Volunteers Or Lay People Who Work At AACs Are Not Subject To Abide By HIPAA Protocols, Since They Are Not Licensed Healthcare Providers

Most Employers Are Not Considered Covered Entities Under Current HIPAA Definition Standards, Even If They Maintain Employee Health Records. “Under the definition of HIPAA Covered Entities provided by HHS, most employers are not considered to be CEs, even if they maintain records of employees’ health information.” [[The HIPAA Guide, 2021](#)]

As Such, Non-Licensed AACs Fall Into This Category Of Non-HIPAA-Covered Employers Handling Health Records, Despite Trying To Portray The Opposite. “[AACs] strive to give the impression that they are clinical centers, offering legitimate medical services and advice, yet they are exempt from regulatory, licensure, and credentialing oversight that apply to health care facilities.” [[AMA Journal of Ethics, 3/2018](#)]

It Follows, Then, That The Lay Volunteers And Employees At AACs Are Similarly Not Covered By HIPAA, Despite Handling Confidential, Sensitive PHI. “Lay volunteers who are not licensed clinicians at CPCs often wear white coats and see women in exam rooms. ... Despite looking like legitimate clinics, most CPCs are not licensed, and their staff are not licensed medical professionals. CPCs that are not licensed medical clinics cannot legally be held to the privacy provisions of [HIPAA], which could lead to violations of client privacy.” [[AMA Journal of Ethics, 3/2018](#)]

This Reality Opens The Door For All Sorts Of Potential Privacy Abuses At AACs. “For example, client information might not be kept confidential, and information about pregnancy or abortion intentions might be shared with people outside the clinic.” [[AMA Journal of Ethics, 3/2018](#)]