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Texas' Alternatives to Abortion Program: Historical Overview and Funding Analysis

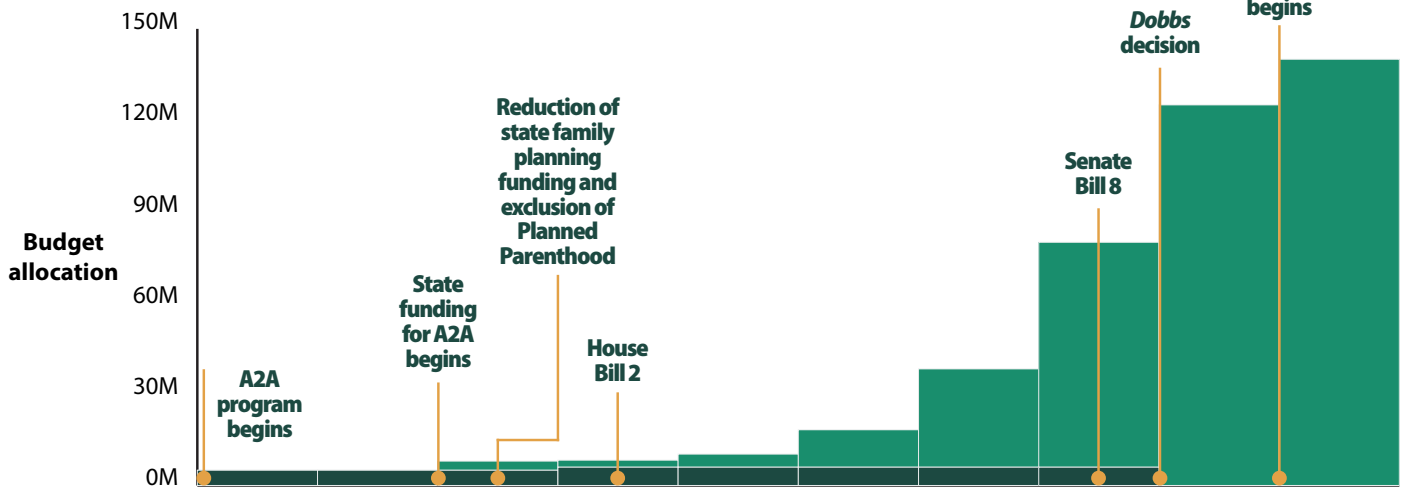
Laura Dixon, PhD, Anna Chatillon, PhD, Pritika Paramasivam, Kari White, PhD, MPH

Texas' Alternatives to Abortion (A2A) program began in 2005 with an aim to reduce abortions and to "promote childbirth and provide support services to pregnant women and their families, adoptive parents, and parents who have experienced miscarriage or the loss of a child."[1] The program worked toward these goals by using state funding awarded to organizations throughout Texas, including pregnancy centers (also called "crisis pregnancy centers"), maternity homes, adoption organizations, and social service organizations. These organizations provided counseling, referrals, and non-medical services in person or through call center support.

In 2023, the Texas Legislature renamed the program "Thriving Texas Families" (TTF) and expanded its funding and scope. The core purpose of TTF remains similar to A2A, and the new program is in many ways a continuation of its predecessor. The Legislature increased the 2022-2023 funding total to $125 million via a $25 million supplement and allocated $140 million to the program for the 2024-2025 biennium.[2] This most recent investment capped a decade of substantial growth in state funding for the program. Over the same time period, state legislation substantially restructured and restricted access to evidence-based reproductive health care.

In this brief, we provide an overview of Texas' A2A program up to its shift to TTF in 2023, based on publicly available materials, providing a benchmark for assessing change in the future. We also examine the 2022 geographic distribution of A2A funding in comparison to state funding for family planning programs for low-income Texans.

Alternatives to Abortion Budget Timeline[2,3]



	06-07	08-09	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25
TANF	$5M	$5M	$5M	$6M	$6M	$6M	$6M	$6M	$0	$0
State General Revenue	$0M	$0M	$3M	$2.3M	$4.3M	$12.3M	$32.3M	$73.8M	$125M	$140M
Total	**$5M**	**$5M**	**$8M**	**$8.3M**	**$12.3M**	**$18.3M**	**$38.2M**	**$79.8M**	**$125M**	**$140M**

Program History

The Texas Legislature created A2A as a pilot program to reduce abortion in 2005, allocating $5 million in Temporary Assistance for Needy Families (TANF) funding to the program for the 2006-2007 biennium as a rider to the state Health and Human Services budget.[4] This funding was diverted from the state's annual family planning budget, which supports medical services such as contraception and screening for reproductive cancers and sexually transmitted infections for Texans who are uninsured or living on low incomes.

When A2A launched in 2006, the Texas Pregnancy Care Network, which had established itself as a nonprofit the previous year in advance of the opportunity, began recruiting applicants.[4] To receive funding, program applicants had to demonstrate a commitment to promoting childbirth as a fundamental part of their mission and attest that they would not perform or promote abortions, nor affiliate with any entities or individuals that did so.[4] This rule remains in TTF.

Initially, the program relied exclusively on TANF funds. In 2010-2011, the Legislature added state general revenue funds to the program. Between the 2012-2013 and 2024-2025 biennia, state funding for A2A increased substantially. TANF funding for the program remained level (about $5-6 million per biennium) until the Legislature discontinued TANF funding for the program in the 2022-2023 funding cycle. By the 2022-2023 biennium, state general revenue accounted for all A2A funding.[5]

During this period of growth in the A2A program, the Texas Legislature implemented major programmatic changes to publicly funded family planning programs. In 2011, the Legislature reduced the family planning program's budget by two thirds in an effort to prevent Planned Parenthood from receiving any funds for family planning because some health centers provided abortion, although public funding could not be used for abortion care. Additionally, the Legislature required the state Health and Human Services Commission to exclude organizations that provide or were affiliated with entities that provide abortion care, such as Planned Parenthood, from participating in the state's Medicaid 1115 waiver that covers certain sexual and reproductive health services. Although this legislation specifically targeted organizations that provide abortion care and their affiliates, many other family planning providers had their budgets significantly reduced and were forced to close or stopped offering family planning services.[6,7] In 2013, Texas' exclusion of qualified providers like Planned Parenthood resulted in a loss of the federal funds that supported the state women's health programs. In 2020, funds were reinstated by the Trump administration.

Fewer low-income Texans received publicly funded reproductive health care following the funding cuts; although state (and federal) funding was later restored and allocated through a different constellation of programs, it can still be difficult for low-income Texans to obtain evidence-based care.[8,9]

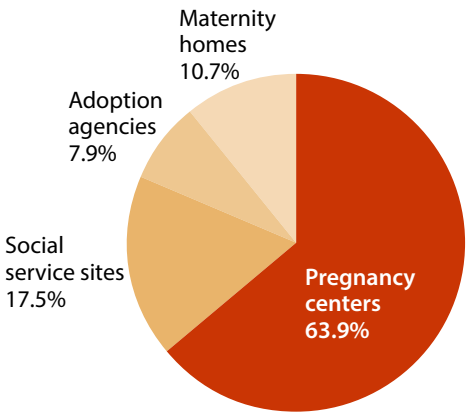
Alongside the restructuring of family planning programs, Texas also enacted over 15 abortion restrictions between 2011 and 2022, mostly focused on abortion providers and facilities.[10] Considered among the most restrictive in the U.S. at the time, laws such as House Bill 2 (2013) led to the closure of half of Texas' abortion-providing facilities and Senate Bill 8 (2021) effectively lowered eligibility for abortion care from 22 weeks gestation to 5-6 weeks, forcing thousands of Texans to leave the state for abortion care or continue their pregnancies. [11, 12,13,14,15] In 2022, the Supreme Court issued the *Dobbs* decision that overturned *Roe v. Wade*. The Texas "trigger ban" then went into effect, prohibiting abortion care except to save the life of the pregnant person. That exception has proven difficult to interpret and apply.[16]

A2A-Funded Organizations and Sites

In 2022, Texas distributed A2A funding to four contractors, which in turn distributed the funding to sites throughout the state: 179 brick-and-mortar locations, 10 mobile units, and two virtual sites.[5] Of the four main contractors, the Texas Pregnancy Care Network (TPCN) received the largest budget allocation, funded the most sites, and reported serving the most people. Human Coalition, the second-largest recipient of funding, operates statewide via their virtual sites. Austin LifeCare, now part of The Source network of pregnancy centers, was the third largest contract. Longview Wellness Center, a federally qualified health center that also receives state family planning funding, was the only publicly funded family planning organization that received A2A funding.

Excluding the two virtual sites, there were 189 A2A-funded sites in 2022. Based on our analysis of state reports, 50% (95/189) of A2A sites are best described as pregnancy centers, also referred to as "pregnancy resource centers" or "crisis pregnancy centers" (see box 1).

A2A Funding Distribution: 2022



A2A Contractors: 2022[5]

	Number of Funded Sites (Physical / Virtual or Mobile)	Contract Amount	% of Total Funding	Clients Served	% of Total Clients Served
Texas Pregnancy Care Network	169/10	$37.3M	79%	84,355	75%
Human Coalition	2/1	$8.5M	18%	36,381	23%
Austin LifeCare	3/1	$1.4M	3%	1,959	2%
Longview Wellness Center	5/0	$153K	< 1%	430	< 1%

Pregnancy centers received 64% of A2A funds ($27,997,542). Social service sites (40 locations), including charitable organizations with larger missions that may offer select services for pregnant people, such as Catholic Charities, community centers, or breastfeeding support organizations, received $7,676,907 (or 18% of total A2A funding). Maternity homes (16 sites) received $4,705,970 (or 11% of A2A funds), and adoption agencies (38 sites) received $3,455,772 (or 8% of funds).

Box 1. Crisis Pregnancy Centers (CPCs)

Texas is home to 198 crisis pregnancy centers (CPCs), the most of any state.[17] Also known as "pregnancy resource centers," "pregnancy centers," and "anti-abortion clinics," these organizations—often Christian in mission and evangelical in practice[18,19]—aim to dissuade pregnant people from choosing abortion. CPCs frequently offer free pregnancy tests and ultrasounds, which studies have shown to be the most common reasons people visit, along with free goods to support parenting, such as diapers and baby clothes.[20,21,22] CPCs can also offer counseling and classes to both the pregnant person and the other person involved in the pregnancy. Several studies have reported that some CPCs rely on deceptive practices to engage pregnant people, such as operating near reproductive health centers that provide abortion care to cause confusion, creating websites that suggest they provide abortions, and providing medically inaccurate information about the risks of abortion care and the efficacy of contraception.[22] Because CPCs typically do not provide medical care, client information is not covered by data privacy laws, such as HIPPA, that protect medical information.[23]

A2A-Funded Services

The pregnancy centers, social service organizations, maternity homes, and adoption organizations that received A2A funding provided billable services in several categories, none of which were medical services. TTF is expected to deliver many of the same services.[1]

In 2022, the A2A-funded services that these organizations most commonly offered were educational materials and counseling/mentoring.[5] The distribution of services among each category and the 2022 A2A program guidelines for these services are as follows:

- **Educational materials (41%)**: Organizations must provide materials on government assistance programs and the state anti-abortion pamphlet "A Woman's Right to Know," which contains outdated and inaccurate medical information about abortion and childbirth.[24,25,26]
- **Counseling and mentoring services (30%)**: Counseling must relate to pregnancy, government assistance programs and enrollment, and parenting. The state of Texas does not require licensed professionals to perform counseling, instead permitting "qualified-care coordinators" to do so. According to state materials, qualified-care coordinators can include "registered nurses, individuals with degrees in a related social services field, or certified community-health workers."[24]
- **Classes (12%)**: Topics for classes are not mandated but they must "meet client needs." Suggestions included parenting, newborn care, budgeting, and adoption education.[24]
- **Non-medical material goods (7%)**: Goods must be free and "directly support or promote childbirth." This can include cribs, car seats, maternity clothes, baby clothes, formula, baby food, and diapers.[24] Research shows that many CPCs have programs that require people seeking services to complete activities such as parenting and religious classes to "earn" such material goods.[27]
- **Referrals (7%)**: Pregnancy centers can make referrals to government assistance or social services, such as Medicaid, the Supplementary Nutrition Assistance Program (SNAP), or Nurse Family Partnership program.[24] Program documents do not define a "referral" or require A2A-funded organizations to track if the referred person made contact with or successfully enrolled in the program.[5]
- **Call center communications (2%)**: Call centers provide information about services and schedule appointments.[24]

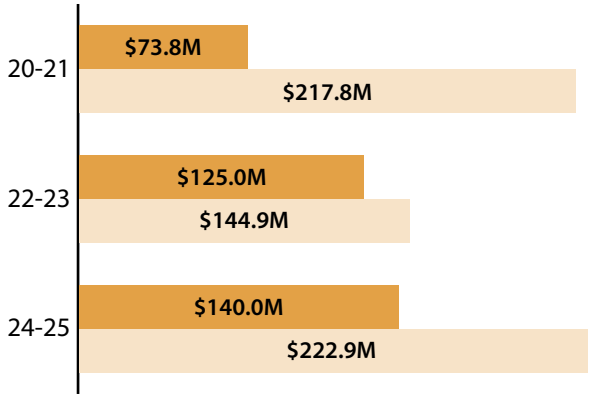
A2A and Women's Health Program Funding in Context

A2A was initially created by shifting money away from state women's health programs. Over the last 10 years, state family planning funding, now concentrated in Healthy Texas Women (HTW) and the Family Planning Program (FPP), has fluctuated from biennium to biennium. These fluctuations were in part due to changes in federal funding for state reproductive health programs related to Texas' exclusion of qualified family planning providers (see chart, page 5). In contrast, state funding for A2A rose consistently during this time period, and nearly doubled between the 2020-2021 and 2024-2025 budget cycles.

State-administered women's health programs (HTW and FPP) received more state funding than A2A did each budget biennium, though in some biennia funding levels for the two programs were quite close. In the 2022-2023 biennium, for instance, state funding for the A2A program was the equivalent of 86% of state funding allocations for the women's health programs (HTW and FPP). Notably, HTW and FPP require substantial funding to support the programs' clinical services, including trained medical staff, contraceptive medications and devices, and health screenings.[28]

In the 2024-2025 biennium, the TTF program is projected to receive approximately 63% as much funding from the state as women's health programs.

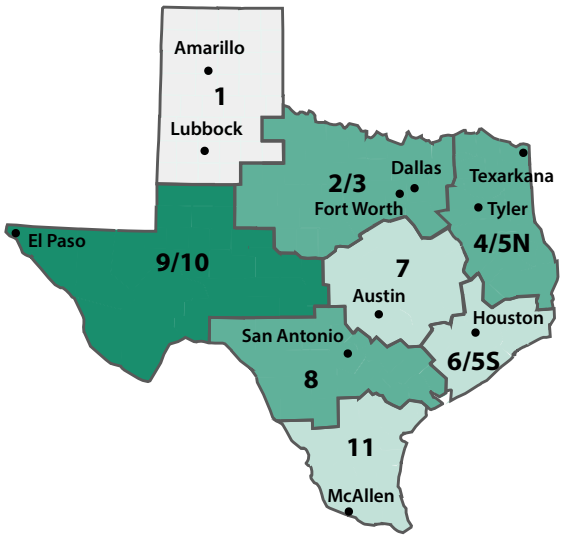
State funding for A2A and Women's Health Programs by Biennium* [2,3,28,29,30]



* Federal matching funding for HTW is excluded from this comparison, as is federal funding for additional programs (TANF, Title X and BCCS). Many A2A-funded organizations also receive private funding. Values reported in millions.

In 2022, A2A funding was largely concentrated in densely populated health service regions (HSR) 2/3 (Dallas/Ft. Worth) and HSR 8 (San Antonio). In that year, there was more state funding for A2A than for women's health programs in HSR 9/10 (El Paso/West Texas). This geographical analysis does not include the $8.5 million that Human Coalition received to operate a virtual network across all regions.

State funding for A2A and Women's Health Programs by Health Service Region: 2022* [5,28]



Health Service Region	A2A Funding	State Women's Health Program Funding	A2A Funding as % of Women's Health Program Funding
1	$320.0K	$2.4M	12
2/3S	$10.0M	$21.4M	47
4/5N	$2.7M	$3.6M	74
6/5S	$5.2M	$20.8M	25
7	$3.8M	$11.3M	34
8	$7.1M	$8.0M	88
9/10	$3.1M	$2.5M	128
11	$3.1M	$14.4M	22

* Human Coalition is not included in this analysis of geographic distribution because, although grants are disbursed to HSR2/3, it operates statewide, largely virtually. This analysis is based on the amounts awarded to subcontractors as reported in the A2A FY22 report. The report provides topline numbers for each main contractor; these topline numbers do not total the same amount as the total amount awarded to subrecipients. Women's health program funding does not include BCCS.

Within each HSR, pregnancy center funding in particular ranged from 35% to 81% of the distributed A2A funds. Pregnancy centers received the most funding in HSR 2/3 (Dallas/Ft Worth) and HSR6/5S (Houston/Southeast Texas), at approximately $4 million each. Nearly all A2A funds were distributed to pregnancy centers in HSR 1 (Panhandle), HSR 4/5N (East Texas), HSR 6/5S (Houston/Southeast Texas), and HSR 11 (South Texas).

Program Expansion and Steps Toward Increased Transparency

A2A expanded substantially between its initiation and its transition to TTF, as measured by number of sites, number of people served, and funding allocation. The expansion, however, has taken place with relatively little program oversight or analysis of program efficacy.[31]

Reporting on the program was limited in its early years. Over time, the Texas Legislature added some requirements for program reporting on providers, clients, services offered, outreach efforts, and expenditures, including the distribution of awards to subcontractors and data at the subcontractor level.[32] Since 2023, contractors have also been required to submit monthly reports to the Texas Health and Human Services Commission that provide a wide range of information about clients, services used, and referrals.

TTF moves forward with additional measures in place that have the potential to improve the transparency and accountability of the program, including requiring third party evaluations to measure the impact of program services on participants and collection of participant data relating to "nonmedical health-related needs," also referred to as social determinants of health.[33]

The program's scope has also shifted, while maintaining its longstanding goal of promoting childbirth as an alternative to abortion. Beginning in 2018, Texas permitted sites to use funds to refer people to state agencies–though without any mechanism to track successful enrollment–and to offer job training.[34] In 2023, the program further expanded to promote family and child development and support families' economic self-sufficiency through education and employment.[35] The program also extended client eligibility until the child's third birthday and expanded its mission to support parents and children, including adoptive parents, for a longer time.

Evidence-Based Policy Solutions

There is minimal evidence supporting the policy and strategy decisions surrounding the expansion of the A2A program and, in contrast, substantial evidence for policy solutions Texas has not adopted. Evidence-based policy recommendations for health interventions between pregnancy and a child's third birthday, for instance, include expanding income eligibility for health insurance under the Medicaid program.[36] Texas is one of only 10 states that has not fully expanded Medicaid under the Affordable Care Act, which would increase the share of federal matching funds and make more people eligible for care by raising eligibility to at least 133% of the federal poverty level (FPL).[37] The state's current income threshold of 16% of the FPL for full-benefit Medicaid is the lowest in the nation.[38] To date, all of Texas' bordering states (Louisiana, Arkansas, Oklahoma, and New Mexico) have expanded Medicaid.[39]

Expanding Medicaid can help people enter pregnancy healthy by enabling them to access preventive care before conception for health conditions that, if not addressed, could make pregnancy less safe. Being insured with Medicaid can also keep families financially stable as they avoid either incurring medical debt or delaying health care interventions due to cost. Studies have also shown that Medicaid expansion is associated with better birth outcomes such as improved birthweight, lower maternal mortality rates, and decreased rates of child neglect.[36]

Other policy solutions that could be implemented in conjunction with–or separate from–Medicaid expansion would reach a larger number of Texans, not just those who access A2A services. Delaware and Tennessee, for example, have recently launched programs to provide diapers to babies enrolled in Medicaid or the Children's Health Insurance Program.[40]

Broader policy solutions for healthy parenting and infancy include providing at least six weeks of paid family leave, raising the minimum wage, and increasing the state earned income tax credit.[36]

Conclusions and Implications

The A2A program, initially created by diverting money from the family planning budget, grew over the course of nearly 20 years in size and scope. By the 2023 legislative session, it was established as a statutorily authorized program, TTF. State funding for this program is now nearly two thirds that of family planning funding; in some regions, funding has exceeded that of women's health programs.

A large portion of the program's funding to date has been distributed to pregnancy centers and other religiously oriented organizations that do not provide medical services. Despite its increased budget and an expanded mission to support children and families, the program has not historically relied on evidence-based approaches to health and wellness for pregnancy, birth, and family wellbeing nor were its program operations or finances transparent.[31]

This investment in the program is of further concern because Texas has the highest number of uninsured women in the nation, and state women's health programs are not meeting the need of Texans for contraception and wellness.[9,41] Texas also has a maternal health crisis, with maternal mortality rates among the highest in the nation.[42] These outcomes disproportionately affect people who are Black and living on low incomes and are considered preventable with proper medical support. The state-level ban on abortion has created confusion about what is legal and compromised people's ability to get evidence-based care when needed.

As the TTF program is implemented, there is an opportunity for program oversight that A2A historically lacked. To fulfill the promise of greater transparency, information about the program should be made fully available for stakeholders, including Texas taxpayers, residents who need care and services, and the family planning clinics and providers who deliver evidence-based care to people living on low incomes. The newly reported information could be used every biennium to drive policy that strives to better meet the needs of Texas parents, children, and families, including access to qualified family planning providers, the full spectrum of pregnancy options, person-centered labor and delivery care, and tested strategies for parenting support.

Methods

We primarily relied on a review of publicly available materials related to the A2A program, including program reports from fiscal years 2018 through 2022, the state's 2020 Request for Applications, and the language from Senate Bill 24, passed during the 2023 legislative session. To determine the distributions of A2A funding to categories of sites, we analyzed the reported distribution of funds per the state's 2022 A2A report. We classified A2A-funded subcontractors according to their primary service model by examining organizational websites and consulting the ReproAction database of pregnancy resource centers.[43] The categories were separately coded by two coders and verified by a third coder. We note that the categories are not necessarily mutually exclusive.

A2A awarded grants to four main contractors, who in turn allocated funding to subcontractors. Some of those subcontractors further divide the money between two or more sites. The A2A reports we reviewed did not report the division of funding among subcontractor sites. To estimate the geographic distribution in the cases where the exact amount given to each site was not reported, we divided the funding evenly among sites within a given subcontractor. We used the A2A 2022 report table to determine the site addresses and assigned A2A sites to health service regions based on the county in which sites were located. We combined health service regions 2/3; 9/10; 4/5N; and 6/5S for comparison with women's health program funding allocations.

Because Human Coalition operates a virtual contact center that provides resources and referrals to other centers and also remotely serves a large proportion of its clients statewide, we removed this organization from the health service region analysis.[44,45] We included Human Coalition in the overview of grants by type of site.

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