

Senate Democratic Policy Committee Hearing on Crisis Pregnancy Centers
October 28, 2022
Department of Human Services (DHS)
Acting Secretary Meg Snead

Senators Muth, Schwank, and Cappelletti, and members of the Senate Democratic Policy Committee, thank you for the opportunity to submit written testimony regarding ‘crisis pregnancy centers’ (CPCs) in Pennsylvania. CPCs, as this committee has examined previously, are not regulated by the commonwealth. They do not provide medical care or services, and only 29% provide referrals for pre-natal care.

I would like to clear up some misconceptions about abortion care and how abortion services are paid for in Pennsylvania. The Department of Human Services (DHS) is the state agency that administers Medical Assistance (MA) – known as Medicaid at the federal level – in the commonwealth, with more than 3.5 million people covered through the program. Through MA, beneficiaries can receive health coverage, including reproductive health services. These services include everything from family planning education to contraception to sterilization procedures to screening and treatments for sexually transmitted infections and certain types of cancer, and much more. We can all agree that these services are fundamental to people being able to live healthy lives with dignity.

While abortion remains safe and legal in Pennsylvania, DHS has long been prohibited by law from using MA funds to pay for abortions except in cases of rape, incest, or when the life of the pregnant person is in danger. I want to be very clear that any claims that public funds are being used to pay for abortions on a large scale in Pennsylvania are false, and taxpayer dollars do not pay for abortions except in a few specific cases.

DHS also administers the federal funding for pregnant people and families in poverty known as Temporary Assistance for Needy Families, or TANF. Pennsylvania is one of a few states that use a portion of TANF funds and state funds to support what are called “alternatives to abortion services” that are required to promote pregnancy, childbirth, and parenting. Eligible grantees under the language in Pennsylvania’s annual budget implementation may not “promote, refer for or perform abortions or engage in any counseling which is inconsistent with” the stated mission of the promotion of childbirth. This has been required in the commonwealth’s annual budget since 1995. In Pennsylvania, the grantee administering these funds is Real Alternatives, a private non-profit that sub-grants taxpayer funds to approximately 75 smaller nonprofits and charities, including 27 entities that could be termed CPCs.

DHS has been questioned in the past by members of the General Assembly regarding its agreement with Real Alternatives. DHS believes that people who are pregnant should know all their options for care and be able to work with a health care professional to choose the option

that is right for them. If that chosen option is childbirth or parenthood, there should be services available to support and enable that choice. However, I strongly believe that DHS has an obligation to Pennsylvania taxpayers to verify that grant funds are being appropriately used for these purposes. DHS has repeatedly requested information from Real Alternatives to verify monitoring and compliance of its subgrantees. The grantee has cited that the requested information regarding monitoring of its subgrantees is proprietary and confidential. This is highly irregular and concerning, as the vast majority of DHS grantees provide this kind of information as a matter of course.

Also, the January 2022 Performance-Based Budget Report issued by the Independent Fiscal Office (IFO) indicates multiple years of missing participant information due to inaccuracy of reporting. The IFO report also indicated that a required measure for the grantee should be quarterly and annual reporting of the percentage of participants that choose childbirth. These are examples of important information that would provide accountability and transparency over how these taxpayer funds are being spent. DHS continues to do everything possible to ensure accountability, including continuing to request the necessary information from Real Alternatives to determine compliance with the terms of the grant. Another communication and set of requests to attempt to resolve the dispute was sent this week.

DHS shares the committee's concern about the confusing messaging and misleading information that CPCs have been known to provide – even claiming to offer an 'abortion reversal pill', a practice which the American College of Obstetricians and Gynecologists has described as "unproven and unethical". Vulnerable pregnant people need medically accurate, actionable information about all options in order to make an immensely personal decision about their pregnancy. Programs funded by taxpayers should meet this standard.

I would be remiss if I didn't close by noting that this issue also brings to light a shameful fact: as many of you know, the United States has the highest maternal mortality rate in the industrialized world, and it has only continued to rise over the past 25 years. Black women die at a rate three times higher than white women, and in Philadelphia, that rate is four times higher. A recent CDC report showed that 84% of maternal deaths could be prevented. Women and pregnant people are dying, leaving children without a parent, and leaving family members grieving preventable deaths. More must be done to address this crisis.

DHS is dedicated to supporting evidence-based programs and systems that could turn the tide on the maternal mortality crisis and that will support parents, babies, families, and communities like continued support for home visiting programs that support new parents, accessible and affordable childcare that helps parents go to work, and accessible, comprehensive health care for both parents and children. Just this week, the Centers for Medicare and Medicaid Services (CMS) approved our MA State Plan Amendment to provide coverage for the entire postpartum period of

one year to ensure that new moms have access to healthcare coverage during a critical period for potential postpartum complications.