

## Memo

**TO:** Interested parties  
**DATE:** July 2024  
**RE:** Why is the billion-dollar unregulated pregnancy clinic industry receiving increasing taxpayer dollars?

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### I. EXECUTIVE SUMMARY

The unregulated pregnancy clinic (UPC) industry constitutes an estimated 2,500-4,000 sites<sup>1</sup> also known as “crisis pregnancy centers” or “pregnancy resource centers” operating in all 50 states, the vast majority of which are affiliated with national “pro-life” advocacy organizations Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).<sup>2 3</sup> Funding for the UPC industry is on the rise, including taxpayer funding. Between 2021 and 2024, state legislatures allocated over \$513 million in taxpayer dollars to the UPC industry, with significant increases following the 2022 *Dobbs v. Jackson Women’s Health* decision overturning *Roe v. Wade*. At the same time, the UPC industry and its allies often reject efforts to understand how taxpayer dollars are being spent or evaluate the impact of this taxpayer investment. As a result, there is a conspicuous absence of independent data documenting the UPC industry’s tangible impact, a dearth of evidence substantiating industry claims of increased community demand for its services, and a lack of industry accounting for over \$1.2 billion in annual UPC expenditures reported on Forms 990.<sup>4</sup>

Without oversight, fiscal accountability, or impact analysis, taxpayers have little insight into how unregulated pregnancy clinics spend the mounting public funds they receive, or why this billion-dollar industry merits ever increasing taxpayer support.

#### TOPLINE FINDINGS:

1. **Most states whose legislatures fund the UPC industry have banned or restricted abortion care and have maternal and infant mortality rates well above the national average.** In funding the industry, legislators often position UPCs as a solution to these crises.

2. **Legislators sponsoring UPC funding measures publicly oppose abortion care.** The same legislators that champion UPC funding publicly identify as “pro-life” and/or have voted for abortion restrictions. State legislatures that fund UPCs have passed some of the most regressive abortion bans and restrictions in the country.
3. **Direct taxpayer funding of UPCs is escalating, and state legislatures are employing creative schemes to divert additional tax revenue streams to the industry.** Funding to the UPC industry is increasing overall, and direct taxpayer funding is increasing even faster. Between 2021 and 2024, state legislatures allocated over \$513 million to the UPC industry. Moreover, many UPC industry-allied legislatures channel additional state resources to UPCs through multiple creative tax structures.
4. **There is mounting evidence of significant financial waste in the UPC industry.** In 2022 (the most recent year with publicly available data) IRS Forms 990 show roughly half the United States-based UPC industry reported over \$1.2 billion in expenses while industry leaders reported UPCs delivered goods and services valued at under \$370 million.<sup>5</sup> Additionally, a growing number of UPC industry investigations have unearthed instances of financial mismanagement, wasteful spending, and misreporting to state officials.
5. **The UPC industry and its allies obstruct accountability, transparency, and impact analysis.** Despite securing increased funds, the UPC industry and its allies (anti-choice lawmakers and conservative legal organizations) have resisted efforts to promote transparency and accountability or to assess the impact of public investments in the industry.
6. **Voters across the country and political spectrum support oversight of taxpayer dollars invested in the UPC industry.** Voters nationwide, no matter political affiliation, are concerned about ongoing taxpayer funding of UPCs with little meaningful oversight, reporting requirements, or impact assessment.

Considering the UPC industry's wealth of private funding, lack of financial transparency, history of waste and mismanagement of public funds, and failure to provide independent data on its impact, it is perplexing that state lawmakers are endowing it with escalating taxpayer support. If unregulated pregnancy clinics continue to receive state taxpayer dollars, it is imperative that legislators demand heightened oversight and a transparent and rigorous examination of how funds are spent. This is essential to ensure taxpayers can understand the true impact of UPC programming and ensure every tax dollar is used responsibly and effectively.

## II. DATA SOURCES AND METHODOLOGY, INCLUDING OBSTACLES TO DATA COLLECTION

For this analysis, we sourced UPC-reported revenue information from IRS Forms 990 and state-reported UPC funding appropriations and tax programs from publicly available budgets, legislation, and media stories. For our 990 analysis, we assembled a list of UPCs nationwide from the Reproaction and #ExposeFakeClinics databases, used CausalQ to identify UPCs with EINs (tax identification numbers), collected Form 990 information for the 1,469 UPCs with publicly available Forms 990 for 2022, and examined their revenue data as reported to the IRS.

UPC state taxpayer funding totals herein represent the most complete figures our team was able to confirm with appropriations legislation and state budget documents as of July 2024. Given that there is no universally consistent terminology or state agency oversight for UPC funding across states, and that some state budgets allocate taxpayer funding to the UPC industry across several line items, we know this picture to be imperfect. We are aware of several third-party sources suggesting additional allocations in specific states that would increase the total in those states and the resulting overall total. However, we did not include data that we could not trace to appropriations legislation or a state budget allocation. Full appropriations legislation citations and additional notes can be found in Appendix E; all other data sources are cited in end notes.

Additional challenges to tracking taxpayer funding to UPCs include:

- **Lack of consistent or meaningful reporting requirements.** State legislatures appropriating funds to the UPC industry appear to require little or no public reporting on which centers receive taxpayer funding, the amount of taxpayer funding given to each center, or the intended use of funds.
- **Diverse funding structures.** Appropriations to UPC grant programs can be tagged with generic names. For example, Iowa calls its program “More Options for Maternal Support”<sup>6</sup> while Georgia calls its program “Positive Alternatives for Pregnancy and Parenting”.<sup>7</sup> Even when state budgets include clear line items for UPC appropriations, it is often unclear whether all appropriated funding has been disbursed, in which fiscal year the funds were allocated, and which UPCs received the funding. Furthermore, some states, such as Texas, Florida, Kansas, and North Carolina, route taxpayer funding to UPCs through a nonprofit intermediary. In this model, the state grants funds to the intermediary organization, which then distributes the funds to individual UPCs, adding an additional layer of administration. Further, some of these state intermediaries, like the Texas Pregnancy Care Network, report UPC sub-grants as fee-for-service expenses which does not require the intermediary organization to disclose funding recipients or grant amounts.<sup>8</sup>

- **IRS Form 990 limitations.** Forms 990 are filed, processed, and publicly released on a delay of 12-18 months.<sup>9</sup> As a result, 2022 is the most recent year for which we have the most complete 990 information for the UPCs in our sample.
- **Unaligned calendars.** The calendars for federal 990 filings, state legislative sessions and appropriations, and individual UPC fiscal years rarely align. Therefore, the year funding is appropriated may differ from the year it is spent or claimed as revenue and reported. For our analysis, we summed UPC appropriations data using the year legislatures voted to appropriate funding, and summed UPC revenue and expenses data by the fiscal year UPCs reported the sums on their Forms 990.

### III. DETAILED FINDINGS

#### 1. MATERNAL AND INFANT MORTALITY RATES ARE HIGHEST IN STATES THAT DIVERT TAXPAYER DOLLARS TO THE UPC INDUSTRY, WHERE UNREGULATED PREGNANCY CENTERS ARE OFTEN PRESENTED AS A SOLUTION.

Between 2021 and 2024, at least 21 states have funded UPCs with state taxpayer dollars: Arizona, Arkansas, Florida, Georgia, Indiana, Iowa, Kansas, Louisiana, Minnesota, Missouri, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, West Virginia, and Wisconsin (see Appendix E for full appropriations citations).

**A. States whose legislatures divert taxpayer funding to UPCs share common characteristics: high maternal and infant mortality rates, and abortion bans or regressive restrictions.** These UPC-funding states consistently report maternal and infant mortality rates above the national average alongside some of the strictest abortion bans in the country. (In two of the less restrictive states, **Ohio** and **Kansas**, the electorate overruled abortion bans enacted by the legislature.) Appendix A shows the status of abortion access (as of July 2024) in states that fund UPCs along with the most recent maternal and infant mortality rates for those states. As has been well documented by researchers, these trends are related; numerous studies show abortion bans and restrictions closely correlate with higher maternal and infant mortality rates.<sup>10 11 12 13 14</sup>

**B. Taxpayer funding for the UPC industry is often positioned as a direct response to maternal and infant health needs.** Independent studies of UPCs have found that only 5% provide prenatal care and, in most cases, “distract and divert pregnant women from the legitimate medical system to promote their own ideologic ends”.<sup>15</sup> Yet, in arguing for taxpayer funding for UPCs, several legislators and governors position unregulated pregnancy clinics as providing health care for women and young children, sometimes as a direct solution to the crisis of high maternal and infant mortality rates:

- The 2024 UPC funding legislation in **Arkansas** embeds this claim in its title: “An Act to Make an Appropriation to Reduce Maternal and Infant Mortality by Making an Appropriation for Pregnancy Help Organization Grants”.<sup>16</sup>

- In the press release announcing an almost seven-fold increase in UPC funding in **Tennessee**, Governor Bill Lee (R) touted the state’s funding program as an “innovative grant program that will improve access to maternal healthcare and boost critical resources for expecting mothers”.<sup>17</sup>
- A new **Louisiana** law that provides tax credits for donations to UPCs refers to the centers as “maternal wellness centers.” According to the *Louisiana Illuminator*, the bill sponsor, State Senator Beth Mizell (R), describes UPC tax credits as “a way to address her state’s abysmal record on infant and maternal mortality, preterm births and low birth weight”.<sup>18</sup>
- In support of a federal bill that would permit states like **Iowa** to continue routing federal Temporary Assistance for Needy Families (TANF) dollars to UPCs, US Representative Randy Feenstra (R-IA) said, “I’m proud to support legislation to deliver exceptional maternal healthcare for women in need”.<sup>19</sup>

## 2. STATE LEGISLATORS WHO SPONSOR TAXPAYER FUNDING FOR THE UPC INDUSTRY ALSO PUBLICLY OPPOSE ABORTION CARE AND, IN SOME CASES, MEDICAID EXPANSION FOR MATERNAL HEALTH CARE.

The overwhelming majority of legislators and governors championing UPC funding programs publicly present themselves as “pro-life” and/or “anti-abortion”, an ideological position shared by individual UPCs and their three major networks: Heartbeat International<sup>20</sup>, Care Net<sup>21</sup>, and NIFLA<sup>22</sup>. See Appendix B for a list of state elected officials who sponsored UPC funding legislation in 2023 and 2024.

In some cases, the same legislators and governors who champion UPC funding have simultaneously rejected efforts to expand post-partum Medicaid coverage, which has been proven to reduce maternal mortality.<sup>23</sup>

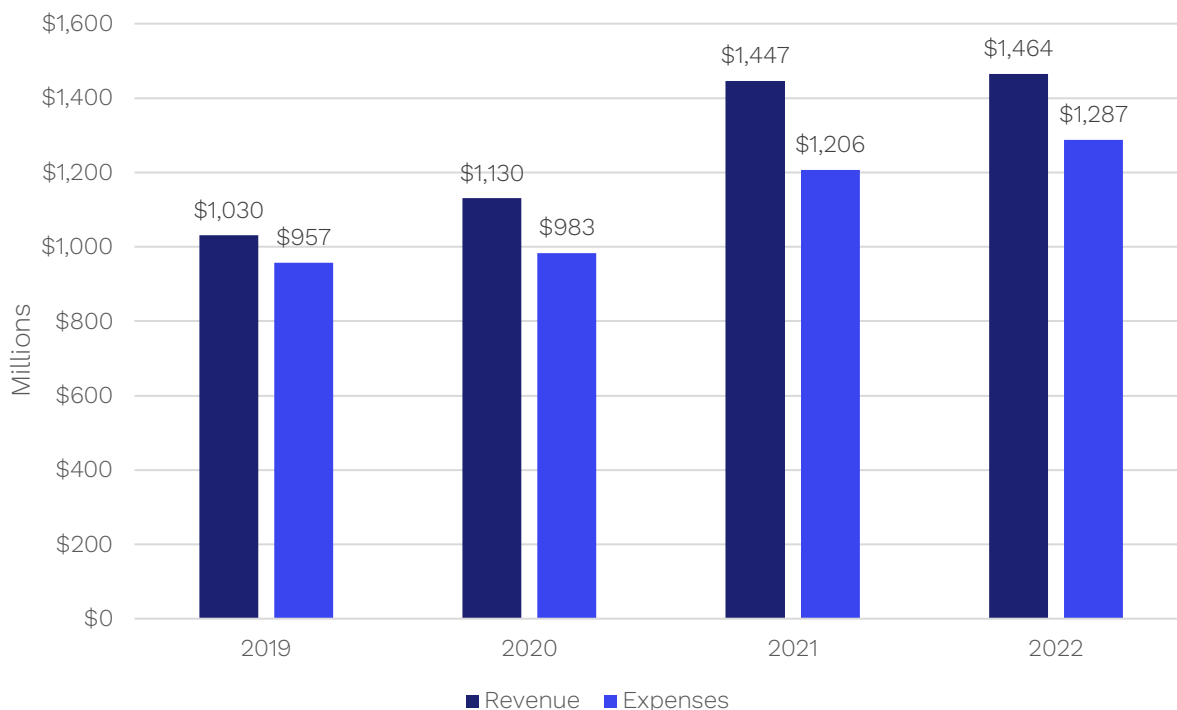
- In **Mississippi**, former State House Representative Philip Gunn (R), sponsor of a tax credit for UPC donations,<sup>24</sup> led efforts to block post-partum Medicaid expansion in the state.<sup>25</sup> Gunn strongly opposes abortion, saying in a press conference following the repeal of *Roe v. Wade* that he would not support abortion even in the instance of a 12-yearold raped by family members.<sup>26</sup> Mississippi has one of the highest maternal mortality rates in the country, at 39.1 deaths per 100,000 live births (the U.S. average is 23.2).<sup>27</sup>
- In early 2024, **Arkansas** Governor Sarah Huckabee Sanders (R) publicly opposed post-partum Medicaid expansion, citing alternative supports for mothers.<sup>28 29</sup> Meanwhile, Arkansas Senator John Payton (R) introduced legislation doubling direct taxpayer funding to the UPC industry, positioning UPC funding as a response to high rates of maternal mortality in the state.<sup>30</sup> Arkansas has one of the highest maternal mortality rates in the country, at 38.3 deaths per 100,000 live births (the U.S. average is 23.2).<sup>31</sup>

### 3. FUNDING TO THE UPC INDUSTRY IS ON THE RISE, WITH INCREASINGLY CREATIVE SCHEMES TO DIVERT TAXPAYER REVENUES.

State legislatures have considered and enacted a diverse range of strategies to direct taxpayer dollars to the unregulated pregnancy clinic industry. Most directly, states fund the industry through appropriations to UPC funding programs. However, additionally and increasingly, states have authorized tax credits, deductions, and exemptions for UPC donations, automatic re-appropriations, and state-funded contracts with UPC industry organizations.

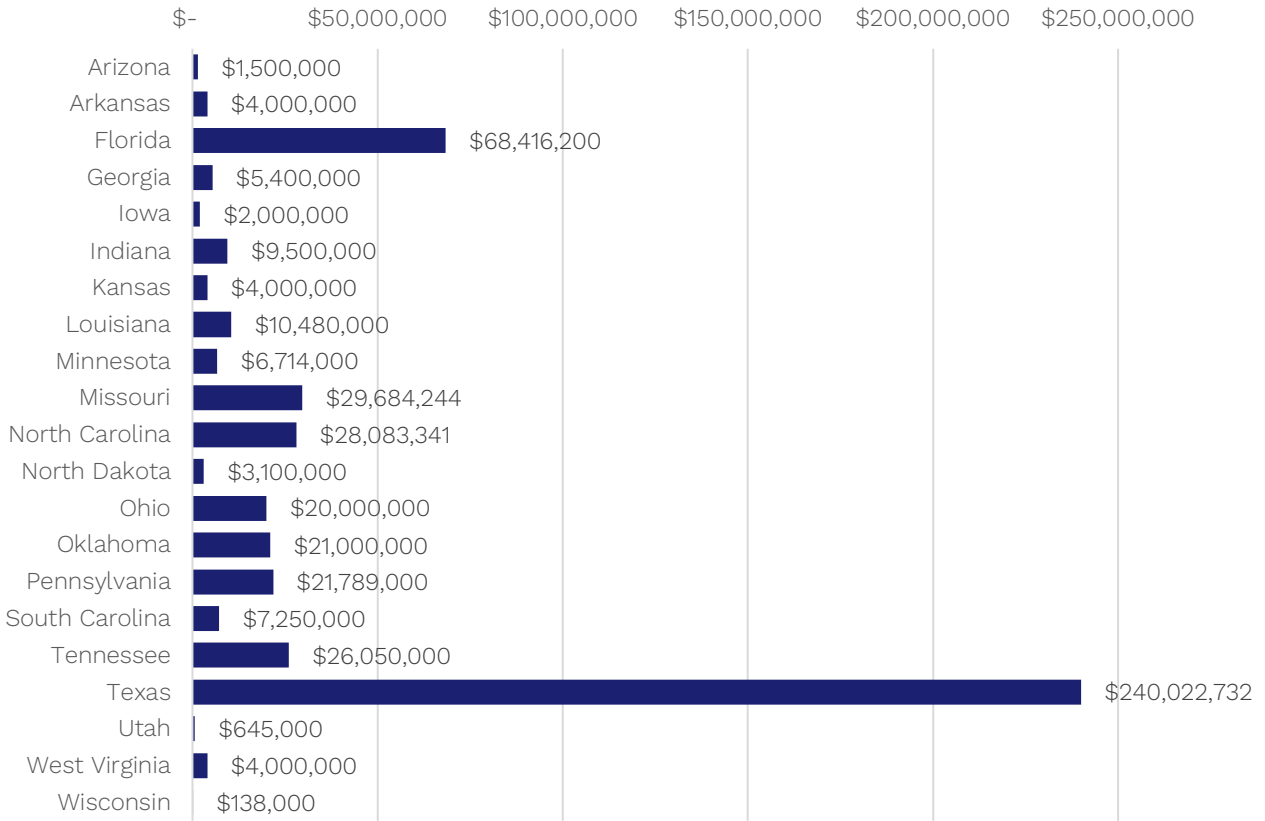
**A. Funding to the UPC industry is increasing overall, and taxpayer funding is increasing at a faster rate.** According to publicly available IRS Forms 990 filed between 2019 and 2022, 1,469 UPCs (53% of the industry-reported total number of centers<sup>32</sup>) reported a 30% increase in revenue, from \$1 billion to over \$1.4 billion. Most of this revenue— roughly 87% of all revenue reported by UPCs during this period—came from private sources: individual donors, philanthropies, or corporations. Figure 1 shows total revenue and expenses as reported on Forms 990 for 1,469 UPCs between 2019 and 2022.

Figure 1: UPC Revenue and Expenses 2019-2022



While private donations remain the primary source of UPC revenue, taxpayer funding to the industry has steadily increased in the past four years. Between 2021 and 2024 (to date), state legislatures have provided the UPC industry over \$513 million in taxpayer dollars. Figure 2 shows taxpayer funds appropriated to UPCs in each state between 2021 and 2024.

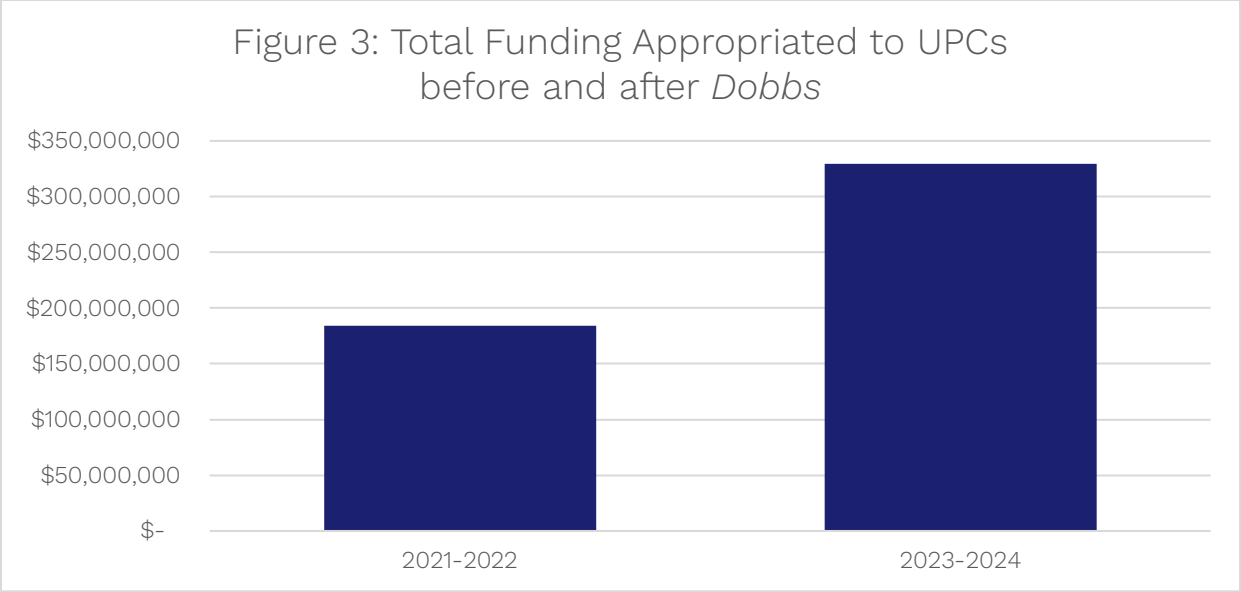
Figure 2: Total Taxpayer Funding to UPCs by State (2021-2024)<sup>i</sup>



Between 2021 and 2024, seven state legislatures created new UPC funding programs during this four-year period (Arizona, Arkansas, Iowa, Kansas, South Carolina, Tennessee, Utah, and West Virginia) and 11 state legislatures increased the funding appropriated to their UPC programs (Arkansas, Florida, Indiana, Louisiana, Missouri, North Carolina, Ohio, Oklahoma, Tennessee, Texas, and West Virginia).

The most dramatic funding increases happened between 2022 and 2023, following the *Dobbs v. Jackson Women’s Health* decision. In the two years following the *Dobbs* decision (2023-2024), state legislatures appropriated \$329 million in direct funding to UPCs, a 78% increase from the \$184 million they appropriated to UPCs in the two years preceding *Dobbs* (2021-2022). See Figure 3.

<sup>i</sup> Our team could not confirm funding amounts appropriated in Arizona for 2022-2024, Georgia for 2024, North Dakota for 2022 and 2024, Oklahoma for 2021 or 2023, Tennessee for 2022, or Wisconsin for 2021-2022 or 2024. Consult Appendix E for other notes and full citations.



**B. UPC allies have devised numerous taxpayer funding schemes to channel additional state revenues into the unregulated pregnancy clinic industry.** Direct taxpayer funding takes the form of tax dollars administered by state agencies (e.g., Iowa Department of Health and Human Services, Missouri Department of Social Services) or by a third-party UPC network organization (e.g., Texas Pregnancy Care Network, Florida Pregnancy Care Network, LifeLink NC). While most state UPC grant programs provide little public information about the intended use of these grants, the limited available information shows UPCs request funding for activities such as attending industry conferences like those organized by Heartbeat International (a leading anti-choice advocacy organization and UPC industry network)<sup>33</sup>, digital advertising<sup>34</sup>, and “creating openings for counselors to share Christ.”<sup>35</sup> Additionally, several state legislatures allocate funding to support UPC advertising. For example, the **Florida** legislature recently appropriated additional funding for the Department of Health to catalog and publicize UPCs in the state.<sup>36 37</sup>

While states primarily use their taxpayer dollars for UPC programs, several route federal grant funds to the industry. A recent analysis from Health Management Associates found that between 2017 and 2023 approximately \$430 million in federal taxpayer funds went to state-level UPC funding programs. UPC funding originated from the federal programs Federal Emergency Management Agency (FEMA), Sexual Risk Avoidance Education (SRAE), General Departmental SRAE (GD-SRAE), Temporary Assistance for Needy Families (TANF), Title X Family Planning, and Teen Pregnancy Prevention (TPP), and the Cares Act.<sup>38</sup> In response, two US House Oversight Committee members, Representatives Jamie Raskin (D-MD) and Maxwell Frost (D-FL), have called for a full account of federal funds routed to UPCs. Their statement reads, “Given the concerns from medical professionals and reproductive health experts that [UPCs] are not bound by medical and ethical practice standards and often do not provide medically accurate information or health care...we



have serious concerns that [UPCs] continue to receive millions in federal aid with little transparency and accountability to the public.”<sup>39</sup>

Beyond direct grants, state legislatures and agencies employ several tactics to channel additional taxpayer dollars to the unregulated pregnancy clinic industry: state tax credits and deductions, state tax exemptions, state government contracts, and automatic re-appropriations of state funding.

**Tax credits and deductions.** Several state legislatures have introduced and increased tax credits or deductions for donations to UPCs. This effectively routes state income tax funds – critical to education, health care, transportation, assistance for low-income families, and more – to UPCs by either reducing a person’s taxable income (an itemized deduction) or reducing the amount a person owes in state taxes (a credit).<sup>40</sup> Credits are more advantageous for the taxpayer; a credit can reduce what a person owes in taxes, while a deduction only reduces taxable income. National anti-choice advocacy organization Susan B. Anthony Pro-Life America named expanding tax credits for individuals and businesses that donate to UPCs as one of its top five legislative priorities for 2024 as the organization seeks to establish a “pro-life safety net”.<sup>41</sup>

- o In 2021, legislators in **Missouri** raised the state’s UPC tax credit from 50% to 70% – on top of a record \$8 million in direct funding allocated to UPCs that year<sup>42</sup> – and removed the yearly cap on how many tax credits the state could issue. This resulted in a three-fold increase in tax credit funding to UPCs, totaling \$7 million in the first quarter of 2022, a drain on state coffers that surprised and concerned even UPC tax credit champions.<sup>43</sup>
- o Several other state legislatures have introduced or expanded state tax credit programs in the past several years: **Mississippi** expanded the cap on its UPC tax credit from \$3.5 million to \$10 million in 2023<sup>44</sup>, **Louisiana** established a 50% tax credit in 2023<sup>45</sup>, and **Nebraska** adopted a tax credit program for UPCs in April 2024<sup>46</sup>. **Alabama** is considering a UPC tax credit that would specifically decrease income tax owed to the Education Trust Fund by an estimated \$10 million annually in fiscal years 2026-2030<sup>47</sup>, and **Ohio** is considering a bill to transition its UPC tax deductions to credits.<sup>48</sup>
- **Sales tax exemptions.** During the 2023-2024 session, **Kansas** became the first state to enact legislation granting UPCs a sales tax exemption for any purchases.<sup>49</sup>
- **Government contracts.** State government agencies also divert public funds to the UPC industry by contracting directly with industry actors. In 2024, the **Nebraska** Department of Health and Human Services allocated \$3,850,000 toward contracts with UPCs and UPC networks<sup>50</sup>, and in 2023, the **Missouri** Department of Social Services spent \$266,000 in taxpayer funds to hire the self-identified Christian advertising firm Choose Life Marketing to promote the state’s “Alternatives to Abortion” program.<sup>51</sup>

- **Automatic re-appropriations.** The first state to do so, **Ohio** is considering a bill that would automatically re-appropriate taxpayer funding away from municipalities or counties that support abortion or abortion-related services. Re-appropriated funding would go into an “abortion adjustment fund” supporting unregulated pregnancy centers.<sup>52 53</sup>

## MISSOURI CASE STUDY:

### Diverse state funding schemes supporting the UPC industry

The state of Missouri directs funds to the UPC industry employing a range of strategies; it also employs both models of funding distribution: direct grantmaking and funding through an intermediary. In 2023 and 2024 Missouri allocated \$8.6 million per year to its “Alternatives to Abortion” program<sup>54</sup>, an increase of more than \$2 million over pre-*Dobbs* funding.<sup>55</sup> On top of this direct taxpayer funding mechanism, Missouri has enacted two of the four strategies for channeling additional taxpayer revenue to the UPC industry detailed above, in section B:

- o Missouri issues unlimited tax credits for donations to UPCs (totaling \$7 million in the first quarter of 2022 alone<sup>56</sup>)
- o Missouri holds direct contracts with a UPC industry group (\$266,000 contracts in 2023 with Choose Life Marketing)

The UPC industry in Missouri, as in 33 other states, also benefits from funds directed through the “Choose Life” license plate program<sup>57</sup>; these funds are not limited. The Missouri legislature has yet to introduce sales tax exemptions or automatic re-appropriations for UPCs.

In 2021, the most recent year with available 990 and state funding data, Missouri appropriated \$6,458,561 to the UPC industry through its “Alternatives to Abortion” program<sup>58</sup> (the state legislature has since increased UPC industry funding to \$8.6 million). Of the \$6.4 million appropriated, the Missouri Department of Social Services (DSS) directly granted approximately \$4.1 million to eight organizations.<sup>59</sup> DSS granted the balance of \$2.3 million to Alliance for Life Missouri, a UPC network intermediary that distributed funds to an additional 28 UPCs.<sup>60</sup>

As with UPC network intermediaries in other states, Alliance for Life Missouri’s primary activity is regranting state funds to its network of affiliated UPCs, which pay a membership fee to join.<sup>61</sup> In addition to channeling taxpayer funding to its affiliates, Alliance for Life connects Missouri UPCs to national anti-abortion advocacy organizations including Heartbeat International, National Institute for Family Life Advocates (NIFLA), and Care Net. In its application, Alliance for Life asks whether UPCs are affiliated with these national groups and offers a 20% discount on Heartbeat International’s affiliation fee as part of the Alliance for Life membership.<sup>62 63</sup>

Appendix D shows that the UPCs receiving Missouri taxpayer funding in 2021 (via direct grants and Alliance for Life grants) reported over \$93 million in revenue and \$84 million in expenses. Taxpayer funding constituted just 6.5% of these centers’ budgets in 2021.

#### 4. EVIDENCE OF EXTRAORDINARY FINANCIAL WASTE IN THE UPC INDUSTRY IS INCREASINGLY COMING TO LIGHT.

Recent investigations have uncovered financial mismanagement at individual UPCs and within UPC networks, including recipients of taxpayer dollars. Across the industry, reported expenses significantly exceed the estimated value that the industry claims UPCs provide.

**A. Nationally, the UPC industry fails to account for the vast majority of its expenditures.** On May 23, 2024, UPC industry leaders Charlotte Lozier Institute, Heartbeat International, Care Net, and National Institute of Family and Life Advocates (CLI et al.) released their 2022 UPC impact report “Hope for a New Generation”, which estimates that 2,750 UPCs affiliated with Heartbeat International, Care Net, and/or NIFLA delivered goods and services valued at just under 368 million dollars (\$367,896,513).

In February 2024, informed by CLI et al.’s December 2023 “brochure” on UPC goods and services in 2022, Reproductive Health and Freedom Watch released [an analysis](#) comparing the \$368 million in value CLI et al. reported 2750 UPC provided in 2022 with the exponentially higher revenue and expenses reported by just over half (53%) that number of UPCs the same year. Based on Form 990 data, in 2022 1,469 UPCs reported over \$1.4 billion in revenue and over \$1.2 billion in expenses. In their expanded May report on UPC goods and services in 2022, CLI et al. provided no additional information to explain the discrepancy between industry expenses and reported value.

This discrepancy becomes even more stark when considering that unregulated pregnancy clinics receive much of their goods and labor at low or no cost. CLI et al.’s value estimates for services such as client consultation, counseling sessions, and parenting classes use the mean hourly wage for social workers, while reporting that over 70% of UPC staff are volunteers. Similarly, to estimate the value of material goods, CLI et al. use the average value of those goods at Walmart or as reported in *Consumers’ Reports*, while simultaneously organizing high-profile donation drives for community members to provide these same items free of cost to the UPCs.<sup>64 65</sup>

While UPCs and their allies cite increased demand for services post-*Dobbs*<sup>66 67</sup> a comparison of CLI et al.’s 2019 and 2022 reports reveals that UPCs saw no material increase in new clients in 2022 (less than 1%), that there was a decrease in demand for some UPC services (pregnancy tests, sex education), and that the one meaningful increase in demand was for baby supplies such as diapers, wipes, and baby outfits. Meanwhile, between 2019 and 2022 UPCs increased the number of paid staff by 18% (from 14,977 to 17,646) with an emphasis on increasing the percentage of licensed medical staff (from 25% to 27%). See Appendix C for a detailed comparison of 2019 and 2022 CLI et al. data.

**B. Reporting that attempts to account for UPC expenditures often leads to further questions.** For example:

- **Kansas:** On July 1, 2024, the Kansas Pregnancy Care Network (KPCN), the state's UPC re-granting intermediary, released its impact report for fiscal year 2024, a year in which the state legislature allocated \$2 million to the UPC industry. In its 2024 report, KPCN claims affiliate centers provided services to 1,554 clients and \$249,425 worth of material goods.<sup>68</sup> While the report does not include which UPCs received funding, Forms 990 for a sample of 29 KPCN-affiliated centers show yearly revenue of \$25.3 million and expenses of \$22.6 million in 2022 (the most recent year with publicly available Form 990 data). As of June 2024, the state has extended its contract with KPCN through June 30, 2025,<sup>69</sup> and in 2024 the legislature overrode Governor Laura Kelly (D)'s veto to appropriate an additional \$2 million to the UPC industry.<sup>70</sup>
- **Texas:** A recent *ProPublica* investigation found that lack of accountability or oversight in the Texas UPC program had resulted in several instances of funding mismanagement. For example, the report found a UPC in Dallas billing the state \$14 for each pack of diapers it distributes despite purchasing packs for about \$0.25 from the diaper bank. Another UPC in McAllen spent less than a third of its \$3.5 million in taxpayer funds on programming, instead channeling \$2.1 million to its assets.<sup>71</sup> Similarly, a pregnancy center in Corpus Christi claimed two years ago its \$1.6 million surplus would go toward a new facility, but reporters found an empty lot when they visited.<sup>72</sup> The *ProPublica* report follows a 2021 investigation that found a San Antonio UPC spent taxpayer funds on staff trips to Miami, Las Vegas, and Puerto Rico, limousines, a motorcycle, and land for a hemp farm<sup>73</sup>, after which the state did not conduct an audit of its UPC funding program.<sup>74</sup>
- **Oklahoma:** The *Oklahoma Watch* reported the state's UPC regranting partner, Oklahoma Pregnancy Care Network, had pledged to support up to 10,000 clients annually but only reached 3,032 in the three-year period 2020-2023.<sup>75</sup> Administrative costs made up 40% of the network's expenditures, and an audit by the Health Department showed questionable costs.<sup>76</sup> In 2024, Oklahoma increased its funding of UPCs to \$18 million.
- **Florida:** The *Florida Center for Government Accountability* reported that UPCs spent 87.5% of the taxpayer funding they receive on counseling and parenting classes, despite billing themselves as medical providers. Moreover, Florida's UPC funding program increased the reimbursement rate for UPC counseling (the majority of UPC staff are volunteers<sup>77</sup>) from \$75/hour to \$150/hour, while the state kept reimbursement rates for registered nurse home visits at \$32/hour.<sup>78</sup>
- **North Carolina:** An investigation by *Rewire* revealed LifeLink North Carolina, the state's UPC regranting partner, allowed grant recipients to spend state and federal grant money on overtly religious materials and activities, violating federal law.<sup>79</sup> Despite outcry as state officials scrambled to account for use of UPC funding post

facto, the legislature approved another \$12.5 million for fiscal years 2024 and 2025, including another \$3 million for the UPC network Human Coalition<sup>80</sup>, whose work the North Carolina Department of Health and Human Services publicly admitted “cannot be identified as evidence-based or even a best practice”.<sup>81</sup>

The three states that have ended their UPC funding programs – Michigan, Minnesota, and Pennsylvania – did so after investigations found gross misuse of taxpayer funds:

- In 2020, **Michigan** Governor Gretchen Whitmer (D) vetoed continuation of the UPC funding program following reports state UPC contractor Real Alternatives misused public funds, misled state administrators, and engaged in self-dealing.<sup>82</sup> Whitmer vetoed UPC funding again when the legislature proposed it in the 2023 budget.<sup>83</sup> Explaining the veto, a spokesperson for Governor Whitmer emphasized the fact that UPCs “paint themselves as comprehensive, licensed health care clinics that provide all options, and then lie to women about medical facts”.<sup>84</sup>
- In 2023, the **Minnesota** legislature voted to end its “Positive Alternatives to Abortion” UPC funding program<sup>85</sup> and repurpose funds toward to a new grant program supporting infant health.<sup>86</sup> This action followed an investigation by the advocacy organization Gender Justice that found taxpayer-funded UPCs mismanaged state grant funds, including one center that received \$75,000 annually but only saw 20 clients per year.<sup>87</sup> The sponsor of the bill to repeal and repurpose funding, State Representative Liz Olson (D), explained her reasoning: “[It] is less about the [UPCs] and more about expanding access to care through this grant program to make sure that people are getting these types of services in a medically accurate way with trained professionals”.<sup>88</sup>
- In August 2023, **Pennsylvania** Governor Josh Shapiro (D) announced the state would end its contract with UPC network Real Alternatives<sup>89</sup> and repurpose funds toward reproductive health service programs.<sup>90</sup> This came after a multi-year investigation found Real Alternatives misused taxpayer funds in violation of Pennsylvania law.<sup>91</sup> Following Shapiro’s announcement, the state Secretary of Human Services released a statement: “Every woman seeking reproductive health care has the right to unbiased, medically accurate care and counsel..The Department of Human Services has an obligation to ensure our contractors and partners are acting in line with these values and being good stewards of taxpayer resources”.<sup>92</sup>

## 5. UPC INDUSTRY ALLIES OBSTRUCT OVERSIGHT AND IMPACT ASSESSMENT

UPC allies, including legislators, “pro-life” advocacy organizations, and right-wing legal groups, consistently obstruct efforts to understand the impact of UPC programs or introduce oversight.

**A. Many UPC-allied state legislators thwart proposals to create accountability or impact measures for unregulated pregnancy clinics receiving taxpayer dollars.** Despite channeling increasing sums to the industry, UPC-allied lawmakers continuously reject efforts to increase oversight over how this funding is spent and whether funded programs are meeting their stated goals. Even in states where the UPC industry has been exposed for gross misuse of public funds<sup>93 94 95</sup>, industry allies continue to increase funding, while blocking measures that would require UPCs to abide by health and safety standards, fiscal accountability requirements, or privacy protections.

- In **Arkansas**, when doubling taxpayer funding for UPCs in 2024, the Arkansas House of Representatives rejected language that would allow the state to track whether the UPC clients go on to visit doctors for prenatal care. The bill's sponsor Senator John Payton (R) commented, "I'm not going to tell a lady that comes looking for a pack of diapers for her newborn that before she can get them, she has to jump through certain hoops".<sup>96</sup> In fact, UPCs often require pregnant women to participate in parenting classes, Bible study, or other programming before providing diapers and/or other material support.<sup>97</sup>
- In **Florida**, while passing a 2023 bill that increased UPC industry funding from \$4.45 million to \$25 million, the state Senate rejected an amendment requiring licensing for ultrasound technicians, compliance with federal HIPAA privacy laws, and annual financial audits to ensure effective use of funding to UPCs.<sup>98</sup>
- In **Iowa**, the state Senate rejected UPC oversight amendments that would have mandated privacy standards, licensing requirements for mental health services and ultrasounds, and disclosures that centers are not licensed health care providers.<sup>99</sup> While rejecting oversight proposals, the legislature also removed the requirement for the state agency managing UPC grants to publish selection criteria or the names of funded UPCs.<sup>100</sup>
- In **Louisiana**, the legislature approved new tax credits for donations to UPCs affiliated with Heartbeat International, Care Net, and/or NIFLA while simultaneously rejecting a requirement that centers retain a licensed medical provider. Bill sponsor State Senator Beth Mizell (R) commented, "If I had put a requirement on the bill that they had to have a licensed medical provider there, I wouldn't have had buy-in from the pregnancy resource centers because that's too much of a financial burden on them and that's not the role of the center".<sup>101</sup> According to Forms 990, in fiscal year 2022, a sample of 37 Louisiana UPCs brought in over \$32 million in revenue.
- In **North Carolina**, members of the Joint Legislative Commission on Governmental Operations opened an investigation into LifeLink NC's use of taxpayer funding and requested information including the credentials of UPC employees and volunteers, whether state-funded centers comply with federal patient privacy laws, and whether these centers provide medication for people who test positive for STIs.<sup>102</sup> Lawyers for LifeLink NC refused to comply, claiming the state had no right to request the information despite the body's recently expanded investigatory power.<sup>103</sup>

- In **Texas**, when the legislature approved a twentyfold increase in taxpayer funding to UPCs in 2021, a Democratic lawmaker questioned why the subcontracting process was “secret”, only viewable after signing a nondisclosure agreement, and not tied to a clearly defined rubric like other state contracts.<sup>104 105</sup> Proposed reforms to implement stronger reporting requirements failed due to lack of support in the state House of Representatives.

## **B. UPC-allied legal organizations block legal probes into the industry’s activity and impact.**

While UPC-aligned lawmakers resist oversight of use of public funds by unregulated pregnancy clinics, legal organizations allied with the UPC industry file lawsuits to block investigations aimed at understanding the industry’s activities and impact.

- In **Washington** state, Alliance Defending Freedom, the conservative Christian legal organization that spearheaded the national strategy to overturn *Roe v. Wade*<sup>106</sup>, filed a countersuit against the Attorney General who sought to investigate unfair and deceptive trade practice claims against the UPC network Obria Health.<sup>107</sup>
- In **New York**, Sisters of Life, represented by conservative legal organization Becket Fund for Religious Liberty<sup>108</sup>, brought a lawsuit against the state health department to exempt its UPC from having to participate in the state’s unregulated pregnancy clinic impact study.<sup>109</sup> The first of its kind, the New York impact study seeks to understand the impact of UPC programing on maternal mortality in the state.<sup>110</sup>
- In **New Jersey**, a NIFLA-backed consortium of UPCs sued the state for “factual bias” after the Attorney General issued a consumer protection alert about the centers’ deceptive marketing practices.<sup>111</sup>
- In **California**, Heartbeat International, represented by Thomas More Society,<sup>112</sup> took legal action against the state for investigating unfair and deceptive trade practices associated with its promotion of “Abortion Pill Reversal”.

## **6. VOTERS ACROSS THE COUNTRY AND POLITICAL AFFILIATION SUPPORT ACCOUNTABILITY AND OVERSIGHT FOR TAXPAYER DOLLARS INVESTED IN THE UPC INDUSTRY.**

[Recent polling by Global Strategy Group](#) reveals 96% of voters agree that “any organization that receives tax dollars must be able to account for how it spends them”. This opinion held true across political parties and independent voters.

Additionally, voters expressed deep concern that UPCs might not meet health and safety standards. Ninety-seven percent of respondents agreed, “Organizations that provide medical services should have to meet health and safety standards”, which would only be enforceable with increased oversight into and regulation over UPC practices.

## IV. DISCUSSION

Taken together, these findings raise pressing questions for further discussion and inquiry:

1. For state legislators appropriating taxpayer dollars to the unregulated pregnancy industry as a means of addressing maternal and infant health needs, what metrics are in place to assess community need for UPC industry services, the industry's impact, and whether it is meeting key performance benchmarks?
2. Given the industry's history of financial mismanagement, what accountability mechanisms are lawmakers introducing to ensure UPCs spend taxpayer funding responsibly?
3. Why are state legislators and governors channeling increasing amounts of taxpayer funding (through direct grant programs, advantageous tax laws, direct contracts, etc.) to unregulated pregnancy clinics when the UPC industry cannot reconcile the value of its goods and services with its reported expenditures, shows no increase in clients served, and already receives substantial private funding?
4. Who is advocating for and overseeing increased taxpayer funding to the UPC industry? For example, in Georgia, the state's UPC funding program is so opaque it is nearly untraceable in state budget documents.
5. Are state lawmakers aware of the significant private donations UPCs receive and the discrepancy between the industry's expenditures and the self-reported value of its goods and services?

If unregulated pregnancy clinics continue to receive state taxpayer dollars, we must fervently demand heightened oversight and a transparent and rigorous examination of how funds are utilized. Only through this can we fully grasp the true impact of UPC programming and ensure every taxpayer dollar is spent responsibly and effectively.



## APPENDIX A: Abortion Restrictions (as of July 29, 2024) and Maternal and Infant Mortality Rates for States Funding UPCs

UPC-Funding state	State taxpayer dollars allocated to UPCs 2021-2024	Abortion Access (as of July 2024) <sup>ii</sup>	Maternal Mortality Rate per 100k Live Births (2018-2022) <sup>iii</sup>	Infant Mortality Rate per 1k Live Births (2022) <sup>iv</sup>
Arizona	\$1,500,000	Abortion is banned at 15 weeks and later	24.6	6.17
Arkansas	\$4,000,000	Abortion is completely banned with very limited exceptions	38.3	7.67
Florida	\$68,416,200	Abortion is banned at 6 weeks and later	24.1	5.98
Georgia	\$5,400,000	Abortion is banned at 6 weeks and later	32.1	7.07
Iowa	\$2,000,000	Abortion is banned at 6 weeks and later	19.5	5.2
Indiana	\$9,500,000	Abortion is completely banned with very limited exceptions	30.9	7.16
Kansas	\$4,000,000	Legislature voted to ban abortion; Voters overruled by ballot initiative. Abortion is banned at 22 weeks and later	22.8	5.81
Louisiana	\$8,220,000	Abortion is completely banned with very limited exceptions	37.3	7.37
Minnesota <sup>^</sup>	\$6,714,000	Abortion is not restricted based on gestational duration	12.3	4.5
Missouri	\$29,684,244	Abortion is completely banned with very limited exceptions	23.8	6.77
North Carolina	\$28,083,341	Abortion is banned at 12 weeks and later	26.7	6.49

\*Insufficient data

<sup>^</sup>State ceased funding UPCs

<sup>ii</sup> Guttmacher Institute. 2024. "Interactive Map: US Abortion Policies and Access after Roe."

States.guttmacher.org. July 29, 2024. <https://states.guttmacher.org/policies/>.

<sup>iii</sup> National Vital Statistics System. n.d. "Maternal Deaths and Mortality Rates: Each State, the District of Columbia, United States, 2018-2022." Cdc.gov. <https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2022-state-data.pdf>.

<sup>iv</sup> Ely, Danielle, and Anne Driscoll. 2023. "Vital Statistics Rapid Release Infant Mortality in the United States: Provisional Data from the 2022 Period Linked Birth/Infant Death File." Centers for Disease Control and Prevention National Center for Health Statistics. <https://www.cdc.gov/nchs/data/vsrr/vsrr033.pdf>.

North Dakota	\$3,100,000	Abortion is completely banned with very limited exceptions	*	4.39
Ohio	\$20,000,000	Legislature voted to ban abortion; Voters overruled by ballot initiative. Abortion is banned at 22 weeks and later	24.5	7.11
Oklahoma	\$21,000,000	Abortion is completely banned with very limited exceptions	29.6	6.89
Pennsylvania^	\$21,789,000	Abortion is banned at 24 weeks and later	17.5	5.69
South Carolina	\$7,250,000	Abortion is banned at 6 weeks and later	32.3	6.75
Tennessee	\$26,050,000	Abortion is completely banned with very limited exceptions	41.1	6.61
Texas	\$240,022,732	Abortion is completely banned with very limited exceptions	28.2	5.72
Utah	\$645,000	Abortion is banned at 18 weeks and later	15.5	5.03
West Virginia	\$4,000,000	Abortion is completely banned with very limited exceptions	23.9	7.32
Wisconsin	\$138,000	Abortion is banned at 22 weeks and later.	13.2	5.78
<b>United States</b>	-	<b>N/A</b>	<b>23.2</b>	<b>5.6</b>

## APPENDIX B: Lead Sponsors of Direct State Tax Dollar Appropriations to the Unregulated Pregnancy Clinic Industry 2023-2024<sup>v</sup>

Year	State	Chamber	Legislator [Party]
2023	AR	Senate	Scott Flippo [R]
	AR	House	Lane Jean [R]
	FL	Senate	Erin Grall [R]
	IN	House	Jeffrey Thompson [R]
	IN	Senate	Ryan Mishler [R]
	IN	Senate	Chris Garten [R]
	IN	Senate	Travis Holdman [R]
	IN	Senate	Eddie Melton [D]
	KS	House	Kyle Hoffman [R] (as committee chair)
	MO	House	Cody Smith [R]
	NC	House	Donny Lambeth [R]
	NC	House	Jason Saine [R]
	NC	House	Dean Arp [R]
	ND	Senate	Janne Myrdal [R]
	ND	Senate	Dick Dever [R]
	ND	Senate	Tim Mathern [D]
	ND	House	Carrie McLeod [R]
	ND	House	Lisa Meier [R]
	ND	House	Dan Ruby [R]
	OH	House	Jay Edwards [R]
	PA	House	Jordan Harris [D]
	SC	House	Bruce W. Bannister [R] (as committee chair)
	TX	House	Greg Bonnen [R]
	TX	Senate	Joan Huffman [R]
	TX	Senate	Royce West [D]
	2024	AR	Senate
FL		House	Berny Jacques [R]
FL		Senate	Erin Grall [R]
IA		House	Pat Grassley [R] (as committee chair)
KS		Senate	Jeff Longbine [R] (as committee chair)
LA		House	Jack McFarland [R]
MO		House	Cody Smith [R]
OK		Senate	Chuck Hall [R]
OK		House	Kevin Wallace [R]

<sup>v</sup> Includes legislators who sponsored general appropriations bills when general appropriations included funds for UPCs.

SC	House	Bruce W. Bannister [R] (as committee chair)
TN	Senate	Jack Johnson [R]
TN	House	William Lamberth [R]
UT	House	Val L. Peterson [R]
UT	House	Karianne Lisonbee [R]
UT	Senate	Jerry Stevenson [R]
WV	Senate	Craig Blair [R]

**APPENDIX C: Units of Goods and Services Provided by Unregulated Pregnancy Clinics in 2019 and 2022, as Reported by Charlotte Lozier Institute et al.<sup>vi</sup>**

Good/Service	Cost per Unit	2019 Units	2022 Units	Percent Change from 2019
<b>Services</b>				
New client consultations	\$30.94	967,251	974,965	0.8%
Ultrasounds performed	\$250.00	486,213	546,683	12%
Hours performing ultrasounds	\$41.69	486,213	546,683	12%
STI tests performed	\$28.00	160,201	203,171	27%
Hours meeting with STI clients	\$42.80	99,522	104,559	5%
Clients attending parenting programs	\$30.94	291,230 x6	409,409 x6	41%
Clients receiving after-abortion support	\$30.94	21,698 x5	20,863 x5	-4%
Youth attending group sexual risk avoidance education presentations	\$150.00	881,125 /25	660,064 /25	-25%
<b>Material Goods</b>				
Pregnancy tests	\$9.00	731,884	703,835	-4%
Packs of diapers	\$11.20	1,290,079	3,590,911	178%
Packs of wipes	\$3.00	689,382	1,216,438	76%
Car seats	\$80.00	30,445	43,192	42%
Baby clothing outfits	\$5.00	2,033,513	4,256,274	109%
Strollers	\$15.00	19,249	30,188	57%

<sup>vi</sup> Cook, Ben, Chuck Donovan, Clint Cline, Genevieve Plaster, Jeanneane Maxon, Mia Steupert, Michael J. New, and Moira Gaul. 2022. "Hope for a New Generation: A Legacy of Life & Love Report Series 2022." Charlotte Lozier Institute. <https://lozierinstitute.org/wp-content/uploads/2024/05/Pregnancy-Center-2024-Update-full-1.pdf>.

## APPENDIX D: Missouri UPCs Receiving Taxpayer Funding in 2021 as Reported by Missouri Department of Social Services and Alliance for Life

Grant Recipient	Type of Recipient	MO Grant Amount <sup>vii</sup> viii	2021 Revenue <sup>ix</sup>	2021 Expenses <sup>x</sup>
Catholic Charities of Southern Missouri	MO DSS Grantee	\$438,144	\$11,217,220	\$8,930,715
Faith Maternity Care of Mid MO	MO DSS Grantee	\$184,772	*	*
Laclede Pregnancy Support Center	MO DSS Grantee	\$397,772	\$858,684	\$671,767
Lutheran Family and Children's Services of Missouri	MO DSS Grantee	\$1,581,520	\$13,865,128	\$13,419,478
Mothers Refuge	MO DSS Grantee	\$296,016	\$1,376,204	\$1,076,259
Nurses for Newborns	MO DSS Grantee	\$463,800	\$4,131,187	\$3,814,013
The Haven of Grace	MO DSS Grantee	\$463,800	\$2,437,792	\$1,030,893
The Light House	MO DSS Grantee	\$296,016	\$999,173	\$781,517
Alpha House	Alliance for Life Grantee	\$13,516	\$216,596	\$139,920
Bethany Christian Services	Alliance for Life Grantee	\$123,400	\$21,710,387	\$22,801,978
Care Net Pregnancy Resource Center of Neosho Incorporated	Alliance for Life Grantee	\$5,306	\$209,842	\$86,997
Christian Family Services	Alliance for Life Grantee	\$13,071	\$1,074,925	\$817,990
Free Women's Center of Pulaski County	Alliance for Life Grantee	\$75,627	\$225,235	\$161,302
Golden Valley Door of Hope	Alliance for Life Grantee	\$50,342	\$217,386	\$202,135
House of Ruth Women's Resource Center	Alliance for Life Grantee	\$9,483	\$80,799	\$60,252
Jefferson County Pregnancy Care Center My Life Medical & Resource Center	Alliance for Life Grantee	\$59,206	\$288,301	\$226,353
Life Network of Central Missouri	Alliance for Life Grantee	\$14,045	\$335,561	\$248,407
Lifeline Pregnancy Care Center	Alliance for Life Grantee	\$16,441	\$210,061	\$123,805
Lifeline Pregnancy Help Clinic	Alliance for Life Grantee	\$46,325	\$1,187,805	\$787,013
Metro Associates	Alliance for Life Grantee	\$16,368	\$88,199	\$80,074
Nightlight Christian Adoptions	Alliance for Life Grantee	\$58,674	\$8,666,914	\$8,757,101

<sup>vii</sup> Committee on Legislative Research Oversight Division. 2022. "Fiscal Note of SB 699 ." Missouri Senate. April 4, 2022. <https://www.senate.mo.gov/FiscalNotes/2022-1/3753S.021.ORG.pdf>

<sup>viii</sup> Department of the Treasury Internal Revenue. n.d. "2021 Form 990 for Alliance for Life - Missouri | Cause IQ." [www.causeiq.com](https://www.causeiq.com/organizations/retrieve_990/form990s/460489686/a5c447f67db4da4e1da2ed31b8402421). Accessed July 16, 2024. [https://www.causeiq.com/organizations/retrieve\\_990/form990s/460489686/a5c447f67db4da4e1da2ed31b8402421](https://www.causeiq.com/organizations/retrieve_990/form990s/460489686/a5c447f67db4da4e1da2ed31b8402421).

<sup>ix</sup> As reported in Forms 990

<sup>x</sup> As reported in Forms 990

Options Pregnancy Clinic / Living Alternatives Pregnancy Services of Branson Inc	Alliance for Life Grantee	\$66,087	\$499,560	\$431,953
Options Pregnancy Clinic of Ava	Alliance for Life Grantee	\$40,591	\$117,583	\$109,071
Our Lady's Inn	Alliance for Life Grantee	\$373,003	\$2,955,635	\$2,680,707
Pregnancy Care Center	Alliance for Life Grantee	\$158,679	\$2,521,869	\$1,543,928
Pregnancy Help Center Serving Lake of the Ozarks	Alliance for Life Grantee	\$9,442	\$120,689	\$84,947
Pregnancy Life Line	Alliance for Life Grantee	\$29,885	\$232,926	\$157,428
Pregnancy Resource Center of Mountain Grove	Alliance for Life Grantee	\$20,504	\$184,038	\$125,841
Queen of Peace Center	Alliance for Life Grantee	\$263,703	\$9,928,537	\$9,645,675
Ray of Hope Pregnancy Care Ministries	Alliance for Life Grantee	\$16,704	\$153,665	\$98,762
Resource Health Services	Alliance for Life Grantee	\$252,472	\$2,805,390	\$1,817,746
Riverways Pregnancy and Family Resource	Alliance for Life Grantee	\$30,628	\$173,451	\$124,774
The Pregnancy Help Center	Alliance for Life Grantee	\$16,102	\$324,134	\$249,422
Thrive St Louis	Alliance for Life Grantee	\$156,936	\$4,205,181	\$3,140,956
Tri-County Pregnancy Resource Center	Alliance for Life Grantee	\$9,834	*	*
Your Other Mother	Alliance for Life Grantee	\$9,973	*	*
<b>TOTAL</b>		<b>\$6,078,187</b>	<b>\$93,620,057</b>	<b>\$84,429,179</b>

## APPENDIX E: State Appropriations Citations

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