November 30, 2023

The Honorable Xavier Becerra Secretary, U.S. Department of Health and Human Services 200 Independence Ave. SW Washington, DC 20201

Dear Secretary Becerra:

We are writing in conjunction with the public comment period for the Proposed Rule on Strengthening Temporary Assistance for Needy Families (TANF) as a Safety Net and Work Program, 88 FR 67697 (October 2, 2023), RIN: 0970-AC97, Docket No. 2023-21169.

The U.S. Department of Health and Human Services (HHS) should not reverse its longstanding policy of deferring to state authority and expertise regarding who we wish to partner with to effectuate TANF programs.

We are elected lawmakers from the five states that currently use TANF funds to support Pregnancy Resource Centers (PRCs): Missouri, Indiana, Louisiana, Ohio, and Pennsylvania. These centers exist to help low-income women, children, and families facing both intended and unintended pregnancies. PRCs provide free pregnancy tests, ultrasounds, medical exams, counseling, parenting classes, and financial classes; items such as food, diapers, and clothing; and financial assistance for housing, transportation, and utilities.

The proposed rule suggests PRCs are not good partners for state-run TANF programs. We disagree with that assertion and contend this is for the states to decide. As elected officials, voted for and held accountable by our neighbors, we are closest to the people and know which entities within our communities can best fulfill the goals of TANF to help families flourish. It is our experience that PRCs are good partners in our TANF programs.

HHS previously thought so too. In 2020, for example, then-HHS Assistant Secretary for the Administration of Children and Families Lynn Johnson praised Pennsylvania Real Alternatives as the model for how a TANF program could successfully serve women and families:

"When TANF became law in the 1990s, the intent was to allow the states, the great laboratories of our country, to use the block grant to serve our fellow citizens in need the best way they saw fit. It was a simple idea that those closest to the needs of society were the ones best suited to meet those needs. The power of that idea would unleash creative solutions to difficult issues. After reviewing your program's performance and success, I can't think of a better successful example of that idea than the Pennsylvania Pregnancy and Parenting Support Program©." <sup>1</sup>

Until now, states have had broad latitude to weigh the four TANF purposes and partner with the appropriate local organizations to meet their goals. Some states, like ours, have chosen to partner with pregnancy resource centers because they are experts at fulfilling material needs and helping parents develop life skills in a cost-effective way. For example, in Fiscal Year 2022, the Louisiana ATA program spent under \$1 million and served 5,200 clients facing unplanned pregnancies with over 6,000 peer counseling sessions, 5,000 parenting class visits, 3,500 abstinence

<sup>&</sup>lt;sup>1</sup> https://www.realalternatives.org/tanf/

sessions, and 11,700 referrals for support services.<sup>2</sup> Missouri's program, which offers services through the child's first birthday, had an average annual monthly cost per client of \$694 in FY 2023.<sup>3</sup> Clients consistently report high satisfaction with the providers and high satisfaction with the services they receive. There are a variety of agencies that provide services to pregnant and new mothers throughout the state, including the award-winning Nurses for Newborns, based in St. Louis.

The proposed rule would force our states to justify how we run our TANF programs to Washington bureaucrats. It singles out "crisis pregnancy centers or pregnancy resource centers" as a program partner that would likely be challenged as "unreasonable," placing our programs at risk.

We also believe that the proposed rule unfairly, inaccurately, and unconstitutionally calls out pregnancy resource centers as being ineligible for TANF funding without reference to any other non-profit organization or entity in the same manner. This misrepresents the purpose of and services provided by pregnancy resource centers. It also contradicts the stated purposes of TANF in 42 U.S.C. 601(a) and 604(a)(1), as well as the stated goals of the Notice of Proposed Rulemaking (NPRM). It amounts to unconstitutional viewpoint discrimination.

Having to justify the use of TANF funds by disfavored organizations – whether PRCs or anyone else not aligned with the current administration – creates an administrative burden on the state's program administrator as well as the partner organizations, who may even need to hire expensive lawyers and accountants to defend their participation in state-run TANF programs. This financial burden would shift resources away from the mission of serving low-income families. It is a point of pride, for example, that Pennsylvania Real Alternatives has been recognized for its low administrative overhead, which is consistently below the TANF cap of 15%.<sup>4</sup>

Similarly, Indiana is proud of the taxpayer savings it has achieved while also providing significant services. TANF funds have helped Indiana make a significant impact since its inception in 2014. Indiana's Real Alternatives program has served over 98,500 women located in almost every county across the state. During this time, it estimates that it has saved \$1.95 billion in taxpayer savings for clients who received prenatal care, and another \$93.4 million in taxpayer savings for children having up-to-date immunizations.<sup>5</sup>

For decades it has been self-evident why PRCs are a good fit for TANF; they share the same critical mission of providing material resources and helping parents develop life skills so they can maintain strong two-parent families and achieve economic self-sufficiency. Ohio, for example, has nearly two hundred pregnancy help centers and maternity homes that assist women in crisis pregnancies. They exist in rural, suburban, and urban communities alike, and serve primarily low-income women at or below the federal poverty level. They outnumber abortion facilities 18:1 and are often the last option for women who find themselves in a crisis pregnancy.<sup>6</sup> Ohio leaders believe also believe that they are critical community staples that help combat infant mortality.

A final observation that we hope you will consider is that our legislatures and administrations have chosen to use TANF funds to support PRCs in a bipartisan way – supporting women in need and strengthening their families transcends political differences. It is good, solid public policy to partner with effective programs in the private sector to support pregnant and parenting women and build stronger communities.

We urge HHS to weigh the positive impact that our states' respective programs have had on hundreds of thousands of women and families for three decades. Please reconsider the proposed rule, which will hinder our collective

<sup>&</sup>lt;sup>2</sup> Alternatives to Abortion State Fiscal Year 2022. Louisiana Department of Children and Family Services. 2022.

<sup>&</sup>lt;sup>3</sup> https://oa.mo.gov/sites/default/files/FY\_2025\_Department\_of\_Social\_Services\_Budget\_Request.pdf#page=1506

<sup>&</sup>lt;sup>4</sup> https://www.realalternatives.org/wp-content/uploads/2021/12/RA-PA-Program-2020.pdf

<sup>&</sup>lt;sup>5</sup> Indiana's Pregnancy and Parenting Support Program January 2023 Service Update. Indiana Right to Life. 2023.

<sup>&</sup>lt;sup>6</sup> https://ohiolife.org/parenting\_and\_pregnancy\_program/

states in serving our communities, as well as disincentivize other states from establishing similar partnerships to avoid being second-guessed by the current administration.

Sincerely,

The Honorable Mary Elizabeth Coleman Missouri Senate

The Honorable Peggy Mayfield Indiana House of Representatives

The Honorable Larry Bagley Louisiana House of Representatives

The Honorable Melanie Miller Ohio House of Representatives

The Honorable Kate Klunk Pennsylvania House of Representatives