

APP No. 21A85

IN THE SUPREME COURT OF THE UNITED STATES

UNITED STATES OF AMERICA,

Applicant,

v.

STATE OF TEXAS,

Respondent.

To the Honorable Samuel L. Alito,
Associate Justice of the United States Supreme Court
and Circuit Justice for the Fifth Circuit

**MOTION FOR LEAVE TO FILE AMICI BRIEF AND AMICI BRIEF OF HUMAN COALITION
AND NATIONAL INSTITUTE OF FAMILY AND LIFE ADVOCATES IN SUPPORT OF
NEITHER PARTY**

JOHN BURSCH
Counsel of Record
KEVIN H. THERIOT
KENNETH J. CONNELLY
ALLIANCE DEFENDING FREEDOM
15100 N. 90th Street
Scottsdale, AZ 85260
(480) 444-0020
jbursch@ADFlegal.org

Counsel for Amici Curiae

To the Honorable Samuel A. Alito, as Circuit Justice for the United States Court of Appeals for the Fifth Circuit:

Amici Curiae Human Coalition and National Institute of Family and Life Advocates file this motion under Supreme Court Rules 21.1 and 21.2(c) and respectfully request leave to file the attached amicus curiae brief in support of neither party. In support of this motion, *Amici Curiae* state:

Amici Curiae were not able to comply with Rule 37.2(a)'s 10-day notice requirement because of the expedited briefing schedule. The United States takes no position on this motion. Texas and the Intervenors consented with the condition that it be filed 48 hours before their briefs are due.

Amici Curiae have extensive experience serving over 80,000 Texas women seeking abortion in the last three years. Drawing from this experience, their brief supplies this Court with information about the lack of resources that traditionally drives women to choose an abortion when most do not want it. Their brief also presents the multitude of public and private Texas programs available to provide those resources so women can make the choice they actually want—giving their child the opportunity to live.

Amici Curiae seek leave to file this brief to equip this Court with the information it needs to assess whether women are actually irreparably harmed by SB 8 and enjoining the law is in the public interest. Human Coalition's and NIFLA's unique perspectives of serving women seeking abortion will help the Court make that determination.

Respectfully submitted.

/s/ John Bursch

JOHN BURSCH

Counsel of Record

KEVIN H. THERIOT

KENNETH J. CONNELLY

ALLIANCE DEFENDING FREEDOM

15100 N. 90th Street

Scottsdale, AZ 85260

(480) 444-0020

ktheriot@ADFlegal.org

Counsel for Amici Curiae

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INTEREST OF *AMICI CURIAE*¹

Human Coalition, a Texas nonprofit 501(c)(3) corporation formed in 2009, is committed to rescuing children, serving families, and ending abortion by offering abortion-determined women a life-affirming message and tangible, individualized services. Human Coalition works to build holistic, comprehensive care networks across the United States to reach abortion-determined women and provide needed support and care to empower them to choose life for their children. Human Coalition operates its own specialized women’s care clinics and virtual clinics in major cities across the country. In Texas, Human Coalition’s virtual clinic services 234 counties or 99.84% of Texas geographically. Through its contact center, care clinics, outreach, and continuum of care program, Human Coalition continually tests and optimizes its practices so that it listens to and serves the abortion-determined community with greater effectiveness and the utmost care.

The National Institute of Family and Life Advocates (“NIFLA”) is a 501(c)(3) nonprofit membership organization which provides life-affirming pregnancy centers with legal counsel, education, and training. NIFLA represents over 1,600 pro-life-pregnancy-center members across the country. One-hundred four of those members provide women in Texas with pregnancy-related medical and non-medical information and services without charge. NIFLA members’ medical services include lab-quality urine pregnancy tests, limited obstetrical ultrasounds, nurse

¹ No counsel for a party authored this brief in whole or in part, and no person other than amici and their counsel made any monetary contribution intended to fund the preparation or submission of this brief.

consultations, proofs of pregnancy, and prenatal vitamins. NIFLA members in Texas also provide pregnancy options counseling, adoption information and referrals, support for fathers, post-abortion support, spiritual support, community referrals for housing and employment, educational programs for pregnancy and parenting, and material items such as baby clothes, formula, diapers, and other necessities.

Amici serve pregnant women with free comprehensive pregnancy and non-pregnancy related services, regardless of their birth outcome. They uniquely and credibly advocate on behalf of women seeking abortion in Texas because they serve tens of thousands of these women each year with holistic and individualized care. *Amici* do not take a position regarding how the Court should rule on the Application for stay filed by the United States and opposed by the State of Texas. But *Amici* submit this brief to rebut the United States' shocking claim that allowing SB 8 to remain in place will "irreparably harm" women seeking abortion. In *Amici's* experience, many women seek abortion not because they are determined to take the life of their child but because they are coerced into doing so by a spouse, partner, boyfriend, human trafficker, or another third party. SB 8 is encouraging more women to carry their children to term and to benefit from the extensive public and private programs that provide pregnant mothers with the needed resources they need to be successful *and* preserve the life of their child. Accordingly, the public interest does not support enjoining SB 8.

SUMMARY OF ARGUMENT

Amici's extensive experience shows that many abortion-seeking women accept their pregnancies when provided with the tangible support they need. And Texas women have access to unprecedented public and private programs offering that support. Those programs include assistance with safe housing, education, securing employment, health care, transportation, and material resources ranging from food to diapers.

As a result, Texas women with unexpected pregnancies are not irreparably harmed by laws like SB 8 that protect unborn children early in the pregnancy. Quite the opposite, *Amici*'s centers report that SB 8—and the resources the centers provide—are helping women combat abortion coercion from family members and partners.

For example, a NIFLA center recently assisted a woman being coerced by her boyfriend to abort. She was relieved to be able to tell him abortion is not an option because the baby's heart is already beating and that she has access to the resources she needs to carry the child to term. Supp.App.2a (O'Connor Decl. ¶7). Another woman served by *Amici* felt pressured to abort, only to learn she was too far along under SB 8 and that upon disclosing her pregnancy to her mother, found she fully supported having the baby. *Id.* (O'Connor Decl. ¶8).

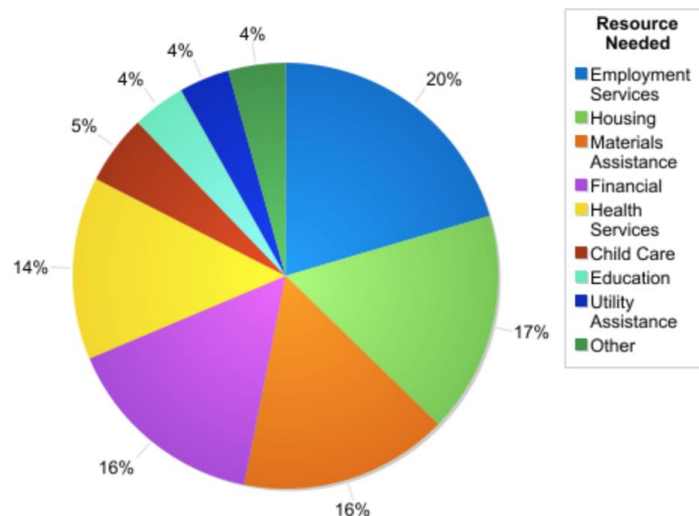
These women and many others are now carrying their children to term and benefitting from extensive public and private programs that provide them with the

resources they need to be successful. SB 8 is not irreparably harming women and the public interest is not served by enjoining the law.

ARGUMENT

I. Many women with unexpected pregnancies do not want abortions but feel compelled to make that choice because of a lack of employment, housing, material assistance, finances, or health services.

Amici have a unique understanding of women seeking abortion because they serve hundreds of thousands of women seeking abortion nationwide. Their records show most women considering abortion do not want it, but feel they have no choice. Supp.App.7a (Lane Decl. ¶3). And many pregnant women seeking abortion served by *Amici* report they would prefer to keep their children if their life circumstances were different. Supp.App.11a (Pagano Decl. ¶4). But these women need assistance because socio-economic concerns are the primary driver of a woman’s decision to get an abortion. Statistics show that women most often seek abortion because they lack employment, affordable housing, material assistance, finances, and health services. Supp.App.13a–14a (Pagano Decl. ¶12).



Some Texas women seeking abortion are unaware of the public or private assistance available to meet these needs, or they do not know how to access it. Supp.App.15a (Pagano Decl. ¶15). But many pregnant mothers served by *Amici* decide to keep and parent their children when they are informed of, and equipped with, needed resources. Supp.App.11a (Pagano Decl. ¶4). Human Coalition and NIFLA represent and refer to hundreds of Texas organizations that assist and support pregnant women so that they can safely bring their children to term. They also provide these women with the resources they need after the child is born, whether they choose to parent or place for adoption. Supp.App.15a (Pagano Decl. ¶16); Supp.App.1a–2a (O’Connor Decl. ¶4).

II. Texas has a rich and wide-ranging set of resources available to women who experience unexpected pregnancies.

Texas has unprecedented infrastructure to support women seeking abortion and assist with their needs. The State spent decades building systems to empower women and their children with real options and comprehensive care to alleviate obstacles to parenting and reliance on abortion. The State also uniquely incorporates public and private resources into a wide-ranging care system for pregnant women seeking abortion.

A. Texas has at least eight programs assisting women seeking abortion.

1. Alternatives to Abortion program

The Alternatives to Abortion (“A2A”) program, created in 2005, provides a network of services that promotes childbirth and supports a woman and her family through the early years of carrying, birthing, and raising a baby. The A2A program

(1) reduces abortions and improves pregnancy outcomes by helping women practice sound, health-related behaviors and improve prenatal nutrition; (2) improves child health and development by helping parents provide responsible and competent care for their children; and (3) improves families' economic self-sufficiency by helping parents continue their education and find a job.²

Texas Health and Human Services operates A2A, which provides: (1) "Counseling, mentoring, educational information and classes on pregnancy, parenting, adoption, life skills and employment readiness"; (2) "Material assistance, such as car seats, clothing, diapers and formula"; (3) "Care coordination through referrals to government assistance programs and other social services programs"; (4) "Call center for information and appointment scheduling"; and (5) "Housing and support services through maternity homes."³

These services are available to biological parents of an unborn child or a child up to three years old, as well as parents who experience a miscarriage for up to 90 days after the loss, adoptive parents for the first two years after the adoption is finalized, and a minor parent's parent/guardian/primary caregiver. *Id.* During the last Legislative Session, Texas increased A2A funding for the next biennium from \$80 million to \$100 million.⁴

² See *Alternatives to Abortion*, Texas Health and Human Services, <https://www.hhs.texas.gov/services/health/women-children/alternatives-abortion>.

³ *Id.*

⁴ Dawn Buckingham, *Texas State Senator Dawn Buckingham Capitol Report 2021 at 4*, https://senate.texas.gov/members/d24/nl/en/2021_SDB_NL.pdf.

2. Healthy Texas Women Plus program

The Healthy Texas Women Plus program, also under Texas HHS, provides “an enhanced postpartum services package” for women who “have been pregnant within the last 12 months.” It focuses “on treating major health conditions that contribute to maternal morbidity and mortality in Texas” and provides: (1) “individual, family and group psychotherapy services and peer specialist services” to treat “[p]ostpartum depression and other mental health conditions”; (2) “imaging studies; blood pressure monitoring; and anticoagulant, antiplatelet and antihypertensive medications” to treat “[c]ardiovascular and coronary conditions”; and (3) “screenings, brief interventions, treatment referrals, outpatient substance use counseling, smoking cessation services, medication-assisted treatment and peer specialist services” to treat “[s]ubstance use disorders, including drug, alcohol and tobacco misuse[.]”⁵ The Texas legislature recently strengthened this program.⁶

3. Other Texas programs supporting Texas women

Texas HHS provides at least six other programs it describes as “aiding in preventing unintended pregnancies, nurturing healthier pregnancies, addressing domestic violence and taking care of children.” These services include: (1) “A Woman’s Right to Know,” which “provides important information about the baby growing in

⁵ See *HTW: Benefits*, Healthy Texas Women, <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>.

⁶ See *HHSC’s Healthy Texas Women Program Launches Enhanced Postpartum Care Services*, Texas Health and Human Services, <https://www.hhs.texas.gov/about-hhs/communications-events/news/2020/08/hhscs-healthy-texas-women-program-launches-enhanced-postpartum-care-services>.

your womb and the resources available to you during and after your pregnancy”; (2) “Family Violence Program,” which “promotes self-sufficiency, safety, and long-term independence of adult and child victims of family violence and victims of teen dating violence”; (3) Medicaid⁷ and CHIP (Children’s Health Insurance Program), which “help... cover medical expenses for children and people with disabilities who meet income requirements”; (4) “So You’re Pregnant, Now What? (PDF),” which is “a resource for pregnant women”; (5) “Texas Nurse-Family Partnership,” which “pairs registered nurses with low-income, first-time mothers to improve prenatal care and provide one-on-one education and counseling focusing on child development”; and (6) “WIC (Women, Infants and Children Program),” which is “a health and nutrition program that helps improve the diets of infants and children as well as pregnant, postpartum and breastfeeding women.”⁸

B. Private organizations facilitate public assistance and provide additional help to Texas women seeking abortion.

Human Coalition assists expectant mothers both as an A2A contractor and with its own private services. Supp.App.10a–11a (Pagano Decl. ¶3). Since June 2018, it has served over 80,000 A2A clients and provided those services in 234 Texas counties (which contain about 99.84% of Texas’ population). *Id.* (Pagano Decl. ¶5).

⁷ The Texas legislature recently expanded postpartum Medicaid coverage. Ashley Lopez, *Gov. Abbott Signs Bill Extending Medicaid Coverage for New Texas Mothers*, Houston Public Media, <https://www.houstonpublicmedia.org/articles/news/politics/2021/06/17/400901/gov-abbott-signs-bill-extending-medicaid-coverage-for-new-texas-mothers/>.

⁸ See *Women & Children*, Texas Health and Human Services, <https://www.hhs.texas.gov/services/health/women-children>.

During the same period, NIFLA Texas members served over 85,000 clients with private programs and through the A2A program. Supp.App.2a (O'Connor Decl. ¶5).

NIFLA and Human Coalition provide women seeking abortion with free pregnancy tests, ultrasounds and OB/GYN referrals critical for prenatal care, along with STI testing and referrals. They also receive material assistance, such as diapers, wipes, car seats, formula, clothing, and breast pumps. Supp.App.8a (Lane Decl. ¶5–7); Supp.App.1a–2a (O'Connor Decl. ¶4). *Amici* teach women how to care for themselves during pregnancy and in the postpartum stage, including how to quit smoking or drinking alcohol. As part of parenting classes, women can learn about their child's development, infant CPR, and infant care. Supp.App.8a–9a (Lane Decl. ¶9); Supp.App.11a–12a (Pagano Decl. ¶¶5–9); Supp.App.1a–2a (O'Connor Decl. ¶4).

Because pregnancy care is only one aspect of supporting and caring for women who may be facing an unexpected pregnancy, *Amici* and the centers they represent employ licensed professionals and social workers who develop individualized care plans for women. These plans help women obtain long-term stability to promote healthy pregnancies and positive life outcomes. Human Coalition, for example, helps women enroll in or qualify for local, state, and federal programs like Medicaid, CHIP, TANF (Temporary Assistance for Needy Families), SNAP (Supplemental Nutrition Assistance Program), WIC, Healthy Texas Women, and Section 8 Housing. *Amici* also assist women seeking abortion in finding safe housing, employment, education, and transportation. Supp.App.12a–13a (Pagano Decl. ¶¶11–12); Supp.App.1a–2a (O'Connor Decl. ¶4).

Texas women have personalized care, emotional support, and material assistance (food banks, diaper banks, furniture, clothing), adoption, health services, financial assistance, childcare, addiction resources, rental and utilities assistance, and mental health services available to them upon request. Unsurprisingly, since SB 8 went into effect, clients are adapting and seeking this assistance more quickly. Supp.App.14a (Pagano Decl. ¶13). And over 95% of clients are satisfied with these services, saying they would recommend them to friends and family. Supp.App.15a (Pagano Decl. ¶14).

III. The abundance of services provided for women minimizes any need for abortion after heartbeat detection.

Today's culture is far more supportive of women than in 1973, when this Court was concerned about "the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it." *Roe v. Wade*, 410 U.S. 113, 153 (1973). Fifty years ago, women lacked access to the multitude of public programs that states like Texas now provide. And while there were pregnancy centers like *Amici* when this Court decided *Casey* in 1992, see Margaret H. Hartshorn, FOOT SOLDIERS ARMED WITH LOVE 18–19 (2014), they were still taking shape and did not provide the same breadth of services or depth of physical, medical, material, and emotional support as do pregnancy centers today. Although there is "no reliable data about the total number and location" of pregnancy centers in the 1990s, recent trends indicate there were far fewer than the thousands that exist today. Ramiro Ferrando, *While Abortion Clinics Diminish, Crisis Pregnancy Centers Flourish*, MIDWEST CENTER FOR

INVESTIGATIVE REPORTING, Feb. 19, 2019⁹ (centers grew from about 2,000 in 2010 to more than 2,500 in 2018). And early pregnancy centers focused mainly on options counseling and referrals to adoption agencies. Few pregnancy centers provided medical services even at the time of *Casey*.¹⁰

Today, pregnancy centers like *Amici* are highly effective at helping women through all stages of their pregnancy and beyond so they can “participate equally in the economic and social life of the Nation.” *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 856 (1992). A significant majority of modern pregnancy centers provide medical services—about 2,132 today, as compared to a handful at the time of *Casey*.¹¹ These centers’ services include (depending on the center) medical-grade pregnancy testing, ultrasounds to confirm a viable pregnancy and to rule out a dangerous ectopic pregnancy, and sexually-transmitted-disease and infection testing. Charlotte Lozier Report at 9, 34. In 2019, pregnancy centers provided nearly 1.85 million people with the free services detailed in the previous sections, including more than 2 million baby-clothing outfits, more than 1.2 million packs of diapers, more than 19,000 strollers, and more than 30,000 new car seats. *Id.* at 16, 24, 61–62. In 2019, pregnancy centers

⁹ <https://investigatemitwest.org/2019/02/19/while-abortion-clinics-diminish-crisis-pregnancy-centers-flourish/>.

¹⁰ Charlotte Lozier Institute, *1968-2018: A Half Century of Hope* at 5–7 (2018), <https://s27589.pcdn.co/wp-content/uploads/2018/09/A-Half-Century-of-Hope-A-Legacy-of-Life-and-Love-FULL.pdf>.

¹¹ See Charlotte Lozier Institute, *A Legacy of Life and Love: Pregnancy Centers Stand the Test of Time* at 6, 25 (2020), <https://lozierinstitute.org/search/?x=0&y=0&search=pregnancy+centers+stand+the+test+of+time> (“Charlotte Lozier Report”).

like *Amici* outnumbered abortion clinics 3 to 1¹² and provided nearly \$270 million in assistance to 2 million people nationwide.¹³

In short, the pregnancy centers like *Amici* grew from a fledgling, loose community when *Roe* and *Casey* were decided, to an established, vast, well-organized, and professional network that spans the country. These centers now widely support women throughout their pregnancies and afterwards—educating, equipping, and empowering them to thrive after making life-affirming choices rather than be pressured into making the difficult decision to take the life of their own child.

So it is no surprise that the 2018 abortion rate fell to its lowest level since *Roe*.¹⁴ Abortion is less relied on now than in any time since it was legalized nationwide. The services Texas and *Amici* provide give women scores of options if they become pregnant. And Texas pioneered the trend of states providing mothers who cannot care for their children with “designated locations” in which they can “safely relinquish their babies” and “where the babies are protected and provided with medical care until a permanent home is found.”¹⁵ Mothers who do not feel able to parent have safe, legal alternatives to raising their children themselves.

¹² See Ferrando, *supra* note 9.

¹³ Charlotte Lozier Institute, *Pro-Life Pregnancy Centers Served 2 Million People with Essential Medical, Education and Support Services in 2019*, <https://lozierinstitute.org/pro-life-pregnancy-centers-served-2-million-people-with-essential-medical-education-and-support-services-in-2019/>.

¹⁴ Rachel K. Jones & Jenna Jerman, *Abortion Incidence and Service Availability in the United States*, 49 PERSPECTIVES ON SEXUAL & REPRODUCTIVE HEALTH 17, 20 (2017) (“This is the lowest rate since abortion was legalized nationally in 1973.”).

¹⁵ See *Infant Safe Haven Laws* at 1, Child Welfare Information Gateway, <https://www.childwelfare.gov/pubPDFs/safehaven.pdf>.

The family unable to care for a child—one of this Court’s primary concerns when deciding *Roe*—now has an abundance of resources available so that both child and family can not only survive but thrive. And that is exactly what many Texas women seeking abortion want.

CONCLUSION

Amici take no position on whether this Court should grant or deny the United States’ application for stay. But the Court should reject the shocking claim that allowing SB 8 to remain in place will “irreparably harm” women seeking abortion. And the Court should resoundingly decline the invitation to conclude that the public interest favors a legal regime that results in more coercion and less choice for pregnant mothers.

Respectfully submitted,

/s/ John Bursch
JOHN BURSCH
Counsel of Record
Kevin H. Theriot
Kenneth J. Connelly
ALLIANCE DEFENDING FREEDOM
15100 N. 90th Street
Scottsdale, AZ 85260
(480) 444-0020
jbursch@ADFlegal.org

Counsel for Amici Curiae

OCTOBER 2021

SUPPLEMENTAL APPENDIX

IN THE SUPREME COURT OF THE UNITED STATES

UNITED STATES OF AMERICA,

Applicant,

v.

STATE OF TEXAS,

Respondent.

Anne O'Connor declares the following:

1. I am over 18 years old and I have knowledge of the statements contained herein.

2. I am the Vice President of Legal Affairs for National Institute of Family and Life Advocates (NIFLA), a non-profit membership organization comprised of a network of both medical and non-medical pregnancy care centers providing pro-life services and information to women facing unplanned pregnancies.

3. NIFLA has 104 pregnancy centers and 1 maternity home in Texas. 91 of NIFLA's centers in Texas are medical facilities, and 13 are pregnancy resource centers.

4. NIFLA's centers provide a variety of services in Texas, including the following: pregnancy testing, limited obstetric ultrasound, sexually transmitted infection testing, prenatal vitamins, referrals for early prenatal care, OB-GYN referrals, on-site or referred professional counseling, mentoring, parenting classes, housing

assistance (help finding suitable housing if needed), employment assistance (help finding employment/job training), financial assistance (including help applying for assistance), and material assistance (baby and maternity clothes and items).

5. A preliminary survey conducted for this declaration on short notice, for which 32 of our 105 centers responded, reveals that since June 2018 until today those 32 centers alone had 85,836 client visits. Of these 32 centers only 7 are Alternatives to Abortion recipients. Also, in September and October 15, 2021, our 32 centers responding had 7,822 total client visits, and conducted 2,169 ultrasounds.

6. According to the Charlotte Lozier Institute and CareNet, the 185 pregnancy centers in Texas provided an estimated \$33 million in services to 178,724 clients in 2019 alone. This included 104,207 free pregnancy tests, 62,233 ultrasounds, and 14,637 STI tests. Additionally, those centers provided \$11 million in family services support and \$2.2 million in material support. The Lozier Report is attached to this declaration as Exhibit A.

7. There have been many women in Texas who have benefited from SB 8 and here are just a couple of examples of the stories coming from our centers. A NIFLA center recently assisted a woman being coerced by her boyfriend to abort. She was relieved to be able to tell him she cannot abort because the baby's heart is already beating and that she has access to the resources she needs to carry the child to term.

8. Another woman served by one our centers felt pressured to abort, only to learn she was too far along under SB 8. And when she disclosed her pregnancy to her mother, she was fully supportive of continuing the pregnancy and having the baby.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 20th day of October, 2021.

s/ Anne O'Connor
Anne O'Connor

EXHIBIT A

TEXAS

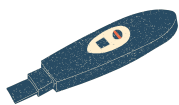
helping communities flourish

In **2019**, pregnancy centers provided services & materials valued at nearly

\$33 million

to the state of Texas, serving **178,724** women, men, youth, & families.

\$19,448,790 IN MEDICAL SERVICES



104,207 free pregnancy tests



62,233 free ultrasounds performed by registered nurses/medical sonographers

14,637 total STD/STI tests performed by registered nurses (8,968 patients tested - 82% female, 18% male)

8 out of every 10 pregnancy center locations in the U.S. are medical

\$10,889,759 IN FAMILY SERVICES

132,033 free consultations with new clients

46,691 students attended free sexual risk avoidance presentations

34,082 clients received free parenting education (85% female, 15% male)

3,230 clients received free after-abortion support & recovery (99% female, 1% male)



\$2,218,416 IN MATERIAL ITEMS



322,100

total free baby items given to families in need



111,061 free packs of diapers

59,695 free packs of baby wipes

146,440 free new & used baby clothing outfits

3,153 free new car seats

1,751 free new & used strollers

MADE POSSIBLE BY

1,258 total staff, 27% of whom were licensed medical professionals

5,329 total volunteers, 11% of whom were licensed medical professionals



Finding Hope in Austin, TX



Brittany was looking for an abortion. She shared, "I didn't know of another option besides abortion and possibly adoption at the time." Brittany knew her family wouldn't approve of an abortion but she knew she couldn't have another child. Because of her drug use, she had lost custody of her older children who were adopted by her mom. Emotionally, she felt like a failure.

She went to the Heart of Texas Pregnancy Resource Center where she had a positive pregnancy test. There were a lot of tears when talking with her client advocate. She remembered thinking, "Why am I telling a stranger all of this stuff? I'm not that kind of person but I just felt so comfortable talking with the ladies there."

After seeing her ultrasound, Brittany learned she was carrying twins and was able to listen to their heartbeats. She credits Heart of Texas for encouraging and equipping her to parent her babies and do it well. Brittany said, "I believed this was my second chance: to clean up my act and to be a mom. And because of Heart of Texas, I've been able to find ground. I wouldn't have been able to do it without them. It's good to know there are people I can look to when I need help." Brittany attended a support group at the pregnancy center and was able to obtain maternity clothes as well as parenting and prenatal education. She stayed sober and through an invitation from her client advocate, became a member at a local church. She continues to find support there as well as at Heart of Texas with her children Luke and Lilly.

Brittany is an actual client and is pictured with her twins. Some quotes are edited for clarity purposes.

DATA NOTES:

- This report is a collaborative project between Care Net and the Charlotte Lozier Institute (CLI).
- Value of services is based upon materials and services provided by 185 pregnancy centers in the state of Texas. At least 22 of these centers received state or federal funding in 2019.
- Total savings are calculated based on cost estimates of services, classes and baby items provided to clients. The sources for the cost estimates and valuation of items and services can be found in the Methodology section, pgs 12-14, of the 2020 CLI national pregnancy center report, "Pregnancy Centers Stand the Test of Time" (www.lozierinstitute.org/pcr2020), except for the following state specific labor costs.
- The Texas mean hourly wages referenced are as follows for: Social Workers in local/state government is \$30.56 per hour - BLS OES code 21-1029, Registered Nurses is \$36.92 per hour - OES code 29-1141, and Diagnostic Medical Sonographers is \$34.63 per hour - OES code 29-2032.
- The estimated savings does not include housing and other monetary assistance provided to some clients. We advocate for our clients by networking with hundreds of county, state and non-profit social service organizations around the country. We cannot quantify the value of emotional support given to the women we help through phone calls and caring volunteers.
- Published October 2021.

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

United States of America,

Plaintiff,

v.

The State of Texas,

Defendant.

Case No. 1:21-cv-00796-RP

DECLARATION OF EVELYN RACHEL LANE

I, Evelyn Rachel Lane, declare the following pursuant to 28 U.S.C. § 1746:

1. I am a resident of Collin County, Texas, and I am over the age of eighteen.
2. I am the Vice President of Family Services for Human Coalition, a national pro-life organization headquartered in Plano, Texas. Human Coalition works to build holistic, comprehensive care networks in major cities across the U.S. with the goal of reaching abortion-determined women and providing needed support and care to empower them to choose life for their babies. Because of my role at Human Coalition, I am aware of the services we provide for our clients.
3. Through our research and client interaction, we have found that a majority of abortion-determined women who participate in our continuum of care program prefer to carry their baby to term. Through our continuum of care program, we aim to empower and support women in changing their circumstances so they do not feel like the only choice they have is abortion.
4. Our Contact Center, staffed by trained call agents, coordinates telephone and electronic contact with our clients. This includes initial intake, care coordination, and qualifying clients for care and state, federal, and private program eligibility.

5. Our telecare program is staffed by nurses who identify needs related to pregnancy, parenting, and adoption, and offer referrals to client care resources, both internal and external. Through the telecare program, we provide counseling, mentoring, and education to pregnant women regarding such things as childbirth, and how to care for themselves during pregnancy and in the postpartum stage. We also offer parenting counseling and mentoring, educational materials, and parenting classes to all clients. As part of our parenting classes, we provide instruction for our clients on child development, infant nutrition and newborn care, and related topics. We also provide adoption counseling and mentoring, referrals, and classes. We provide similar support in educating clients on how to obtain employment and other life skills.

6. We also offer other pregnancy-related services. These include pregnancy tests, limited ultrasounds, OB/GYN referrals (and we follow up with patients to ensure that first appointment has been made, which is critical for prenatal care) and STI testing and referrals.

7. Those services are also provided in our telecare or in-person clinics, where we additionally provide material assistance such as diapers, wipes, car seats, formula, baby clothes, cribs, and breast pumps.

8. We strive to maintain continuing periodic contact to ensure that our clients feel supported and can access the services they need. Our client care staff follows up with clients on a weekly to monthly basis during pregnancy through delivery, and, if necessary, post-delivery for such time as may be needed.

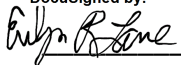
9. We also recognize that pregnancy care is only one aspect of supporting and caring for women who may be facing an unplanned pregnancy, so we aim to provide a continuum of care. Our continuum of care program is staffed with social workers and is designed to develop individualized care plans for clients with the goal of providing near- and long-term stability to promote healthy pregnancies and positive life outcomes. As part of that, our social workers screen clients for eligibility for state programs and local resources, and help

clients enroll in state and federal programs. Our social workers also help to support clients in creating a plan to progress towards stable lives if needed, including finding safe housing, employment, education, and transportation. Our staff also provides personalized care and emotional support, and helps with material assistance (food banks, diaper banks, furniture, clothing), adoption, health services, financial assistance, childcare, addiction resources, rental and utilities assistance, and mental health services.

10. Based upon responses received to exit surveys provided to abortion-determined clients of Human Coalition, over 90% stated that they would recommend our clinic to a family member or friend.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 30th day of September, 2021.

DocuSigned by:

2038F5A931FB436...
Evelyn Rachel Lane

IN THE SUPREME COURT OF THE UNITED STATES

UNITED STATES OF AMERICA,

Applicant,

v.

STATE OF TEXAS,

Respondent.

I, Joseph Pagano, declare the following pursuant to 28 U.S.C. § 1746:

1. I am a resident of Collin County, Texas, and I am over the age of eighteen.

2. I am the National Director of Government Programs for Human Coalition, a national pro-life organization headquartered in Plano, Texas. Human Coalition works to build holistic, comprehensive care networks in major cities across the U.S. with the goal of reaching abortion-determined women and providing needed support and care to empower them to choose life for their babies. Because of my role at Human Coalition, I am aware of the government programs we participate in to provide services for our clients, as well as the services we provide in those programs. I am also aware that we do provide services outside of those programs.

3. Human Coalition is one of the contractors providing services under Texas's Alternatives to Abortion program ("A2A"). The A2A program was created in 2005 and provides a network of services that promote childbirth and supports a woman and her family through the early years of raising a baby. A2A is designed to (1) reduce abortions and improve pregnancy outcomes by

helping women practice sound health-related behaviors and improve prenatal nutrition; (2) improve child health and development by helping parents provide responsible and competent care for their children; and (3) improve families' economic self-sufficiency by helping parents continue their education and find a job. It is my understanding that during the last legislative session, the Texas Legislature increased the A2A program overall budget for the next biennium from \$80 million to \$100 million.

4. Through our research and client interaction, we found that a majority of abortion-determined women who participate in our continuum of care program in Texas, which we also utilize in the A2A program, prefer to carry their baby to term. Through our continuum of care program, we aim to empower and support women in changing their circumstances, so they do not feel like the only choice they have is abortion. The majority of women equipped with our continuum of care resources decide to parent.

5. We have assisted A2A eligible clients from 234 counties in Texas, and together, those counties make up 99.84% of Texas' population. Under A2A, eligible clients must be Texas residents and include biological parents of an unborn child or a child up to three years old. Since June 2018, we have served over 80,000 eligible clients through A2A. We also serve non-eligible clients outside of the A2A program. A majority of abortion-determined clients that come to us through the A2A program contact us within the first six weeks of pregnancy.

6. Our Contact Center, which we also utilize in the A2A program and is staffed by trained call agents, coordinates telephone and electronic contact with our clients. This includes initial intake, care coordination, and qualifying clients for care and program eligibility.

7. Our telecare program, which we also utilize in the A2A program, is staffed by nurses who identify needs related to pregnancy, parenting, and adoption, and offer referrals to client care resources, both internal and external. Through the telecare program, we provide counseling, mentoring, and education to pregnant women regarding such things as childbirth, how to care for themselves during pregnancy and in the postpartum stage, and how to quit smoking or drinking alcohol. We also offer parenting counseling and mentoring, educational materials, and parenting classes to all clients. As part of our parenting classes, we provide instruction for our clients on child development, infant CPR (A2A only), infant nutrition and newborn care, daycare (A2A only), and related topics. We also provide adoption counseling and mentoring, referrals, and classes. We provide similar support in educating clients on how to obtain employment and other life skills.

8. We also offer pregnancy-related services outside the A2A program. These include pregnancy tests, limited ultrasounds, OB/GYN referrals (and we follow up with patients to ensure that first appointment has been made, which is critical for prenatal care) and referrals for STI testing.

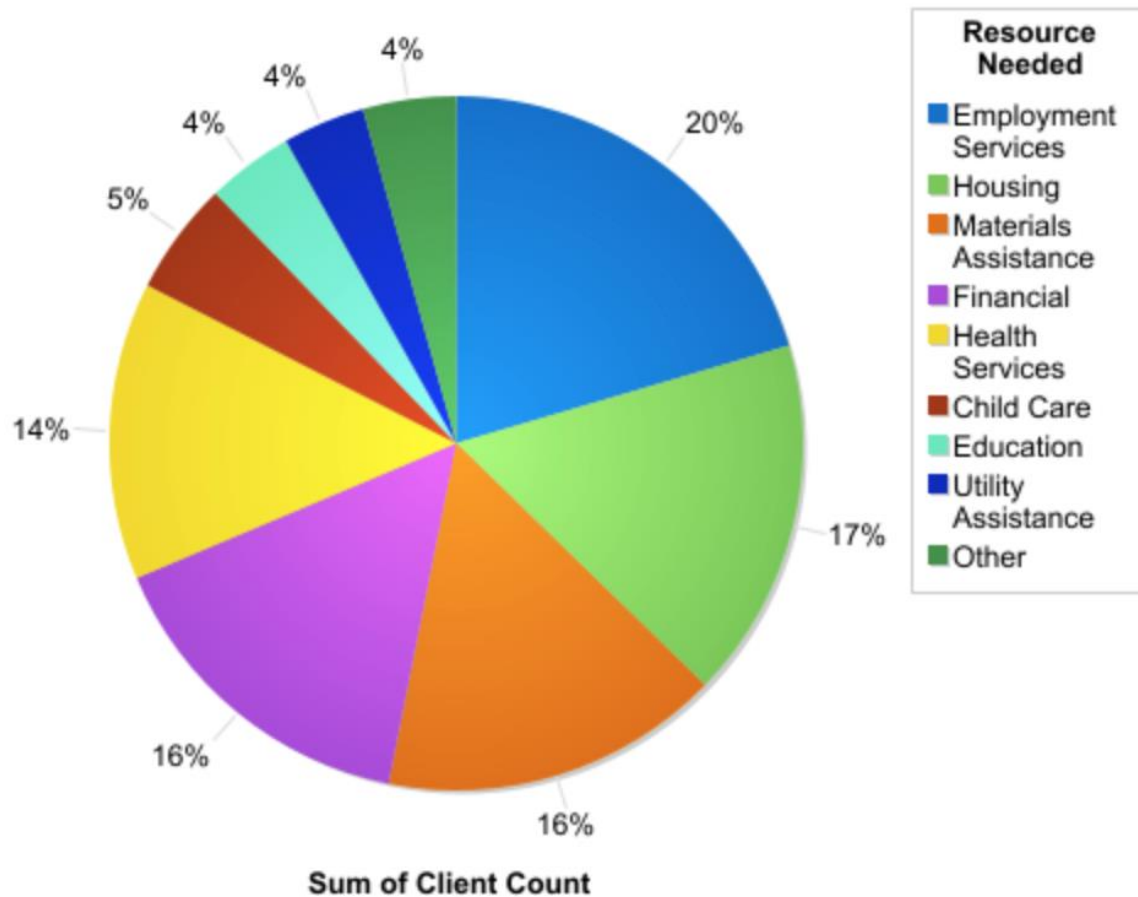
9. Those services are also provided in our telecare or in-person clinics, where we additionally provide material assistance such as diapers, wipes, car seats, formula, baby clothes, cribs, and breast pumps.

10. We strive to maintain continuing periodic contact to ensure that our clients feel supported and can access the services they need. Our client care staff follows up with clients on a weekly to monthly basis during pregnancy through delivery, and, if necessary, post-delivery for such time as may be needed.

11. We also recognize that pregnancy care is only one aspect of supporting and caring for women who may be facing an unplanned pregnancy, so we

aim to provide a continuum of care, which we also utilize in the A2A program. Our continuum of care program includes social workers and is designed to develop individualized care plans for clients with the goal of providing near- and long-term stability to promote healthy pregnancies and positive life outcomes. As part of that, our social workers screen clients for eligibility for state programs and local resources, and help clients enroll in state and federal programs like Medicaid, CHIP (Children's Health Insurance Program), TANF (Temporary Assistance for Needy Families), SNAP (Supplemental Nutrition Assistance Program), WIC (Women Infants and Children Program), Healthy Texas Women, and Section 8 Housing vouchers.

12. Our social workers also help to support clients in creating a plan to progress towards stable lives if needed, including finding safe housing, employment, education, and transportation. Our staff also provides personalized care and emotional support, and helps with material assistance (food banks, diaper banks, furniture, clothing), adoption, health services, financial assistance, childcare, addiction resources, rental and utilities assistance, and mental health services. The types of services women seeking abortion request and their approximated frequency are reflected in the categories below:



13. Since September 1, 2021, clinics report clients are acting more quickly when they become pregnant. Women considering abortion seek out sonogram services from our clinics earlier to confirm pregnancy and engage abortion services. Specifically, many clients pre-schedule their abortions in Oklahoma prior to contacting Human Coalition for services. Pregnant women in Texas continue to steadily identify and use numerable alternatives to abortion, including seeking adoption placements. Truly abortion determined clients continue to access abortion in three primary ways: before their child's heartbeat being detected, by traveling to neighboring states to obtain an abortion, or by ordering abortion pills online.

14. Based upon responses received to exit surveys provided to abortion-determined clients of Human Coalition in the State of Texas, over 95% stated that they would recommend our clinic to a family member or friend.

15. Many Human Coalition clients are unaware that any public or private assistance for the needs in paragraph 12, and/or do not know how to access it.

16. Human Coalition works with and refers to hundreds of Texas organizations that assist and support pregnant women so that they can raise their children.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 20th day of October, 2021.

s/ Joseph Pagano
Joseph Pagano