

PREGNANCY AND BABY CARE INITIATIVE

DEPARTMENT OF CHILDREN AND FAMILY
SERVICES

PERFORMANCE AUDIT SERVICES

Informational Report
September 3, 2025

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September 3, 2025

The Honorable J. Cameron Henry, Jr.,
President of the Senate
The Honorable Phillip R. Devillier,
Speaker of the House of Representatives

Dear Senator Henry and Representative Devillier:

This report provides information on Louisiana's Pregnancy and Baby Care Initiative (PBCI) administered by the Department of Children and Family Services' (DCFS) Division of Family Support. This report is intended to provide timely information related to an area of interest to the legislature or based on a legislative request. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to DCFS for their assistance during this review.

Respectfully submitted,



Michael J. "Mike" Waguespack, CPA
Legislative Auditor

MJW/aa

PRENANCYANDBABYCARE



Louisiana Legislative Auditor

Michael J. “Mike” Waguespack, CPA



Pregnancy and Baby Care Initiative Department of Children and Family Services

September 2025

Audit Control #40250009

Introduction

This report provides information on Louisiana’s Pregnancy and Baby Care Initiative (PBCI)¹ administered by the Department of Children and Family Services’ (DCFS) Division of Family Support, including the funding, services offered, and oversight of pregnancy centers. According to Act 329 of the 2024 Regular Legislative Session, effective August 2024, the PBCI is intended to promote childbirth instead of abortion by funding centers to offer counseling services; support services, such as referrals to social service programs; classes; and/or material items, such as car seats and cribs; that are intended to improve the pregnancy or parenting situation. This review is intended to provide recommendations on the implementation of PBCI because it is a new program within DCFS. We also conducted this review because the program is focused on improving conditions for pregnant women and a previous LLA report identified worsening maternal health outcomes for Louisiana women.²

Pregnancy centers are non-profit organizations that provide resources, such as ultrasounds and counseling, and support services, including education and referrals, to women facing unplanned pregnancies to encourage childbirth instead of abortion.

As of June 2025, there were 38³ pregnancy centers in operation across Louisiana. Twelve of these pregnancy centers had contracts with DCFS through the PBCI and received state funds in fiscal year 2025.⁴ Exhibit 1 shows the locations of the 12 Louisiana pregnancy centers participating in PBCI.

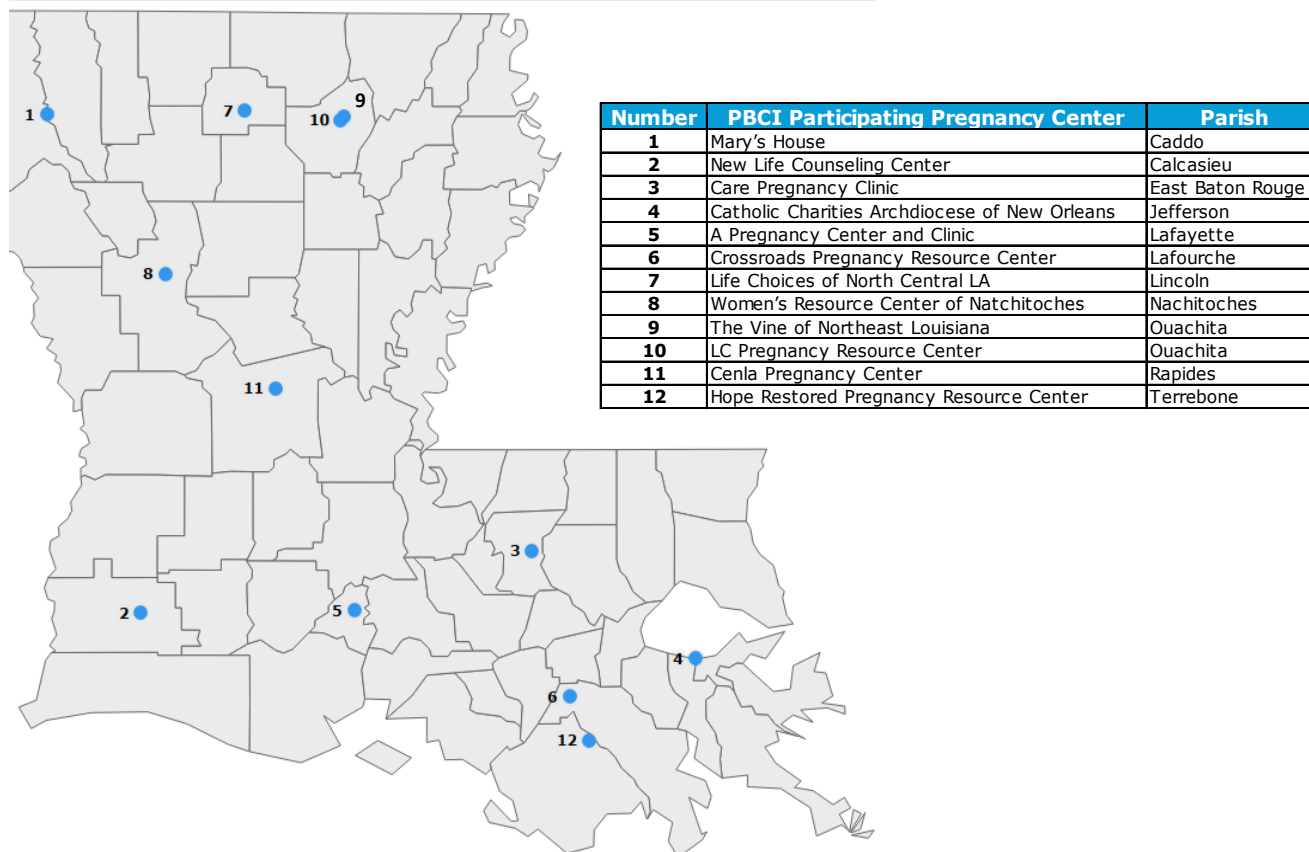
¹ Formerly known as the Alternatives to Abortion (ATA) Initiative

² See [Maternal Health Outcomes Data Analytics Report \(March 2025\)](#)

³ Based on sources from Louisiana Right to Life and Crisis Pregnancy Center Maps

⁴ These twelve pregnancy centers have continued to contract with DCFS in fiscal year 2026.

Exhibit 1
PBCI Participating Pregnancy Centers
June 2025



Source: Prepared by legislative auditor's staff using information provided by DCFS.

According to the contracts DCFS has with the 12 participating pregnancy centers, DCFS is required to review monthly performance data submissions to ensure the centers are meeting contract deliverables and to make payments to the pregnancy centers. The contractual rate for pregnancy center payment is up to \$300 per client⁵ per month for providing at least one PBCI service. As of July 2025, 11 of the 12 PBCI participating pregnancy centers have met the established annual cap of \$100,800, with a total of \$1.17 million dispersed to the 12 pregnancy centers. According to DCFS, it may increase the annual cap in fiscal year 2026 to \$249,999 per pregnancy center.

To conduct this review, we met with DCFS and with select participating pregnancy centers and stakeholders, and we researched state legislation and best practices for pregnancy centers. In addition, we sent a survey to the 12 PBCI

⁵ According to DCFS, it has never paid pregnancy centers less than \$300, the full unit-cost, for any client services.

participating pregnancy centers in April 2025 and received responses from all 12 of the centers.

The objective of this report is:

To provide information on the Pregnancy and Baby Care Initiative within DCFS.

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. Appendix A includes DCFS' response to this report; Appendix B summarizes our scope and methodology; Appendix C contains a map of all pregnancy centers in Louisiana, including those not participating in the PBCI initiative; and Appendix D includes the full text of Louisiana Revised Statute (R.S.) 46:972.1, the legislation establishing the PBCI.

Informational reports are intended to provide more timely information than standards-based performance audits. While these informational reports do not follow *Government Auditing Standards*, we conduct quality assurance activities to ensure the information presented is accurate. We incorporated DCFS' feedback throughout this informational report.

Objective: To provide information on the Pregnancy and Baby Care Initiative within DCFS.

We answered the following questions:

1. What services do pregnancy centers participating in the PBCI provide?

State law clearly defines the four services eligible for state funding under the PBCI. These services are (1) counseling or mentoring, (2) referrals, (3) classes, and (4) material items. According to our survey, pregnancy centers provide more services than the ones eligible for payment as part of the PBCI program, including some healthcare services. However, pregnancy centers are not regulated as licensed healthcare providers.

2. How is the PBCI program funded?

According to DCFS, it funds the PBCI program exclusively with state general funds. The legislature allocated \$4 million to the PBCI for fiscal year 2025; however, \$2.8 million was unused. As of July 17, 2025, DCFS disbursed \$1.17 million of this \$4 million to participating pregnancy centers. With the annual cap of \$100,800, the maximum amount DCFS could pay to the 12 participating pregnancy centers for fiscal year 2025 was \$1.2 million. State general funds appropriated to the PBCI have decreased by \$2.26 million for fiscal year 2026, to a total of \$1.74 million. According to DCFS, additional state general fund appropriations will need to be secured for fiscal year 2026 in order to increase pregnancy centers' annual cap amounts to the agreed-upon contractual rates. In addition, the annual cap amount paid out by DCFS will more than double to \$249,999 per PBCI pregnancy center for fiscal year 2026. Further, DCFS has allocated \$2.26 million in Temporary Assistance for Needy Families (TANF) federal funding for the PBCI to supplement the decrease in state general funds for fiscal year 2026.

3. How are pregnancy centers paid for services provided?

Pregnancy centers are paid monthly by DCFS using a fee-for-service model, as required by state law. However, the services eligible for state funding outlined in current PBCI contracts do not match what is allowed in state law. As a result, DCFS could have paid pregnancy centers for services ineligible for funding under state law. In addition, DCFS does not clearly define case management and programmatic data services eligible for payment in PBCI contracts. Further, in fiscal year 2025, DCFS did not require pregnancy centers to bill for specific services provided to clients or provide additional supporting documentation for services provided to clients. This may have led to pregnancy centers being paid for services at a rate exceeding the actual cost of the services provided. According to DCFS, its new payment policy will

require pregnancy centers to document which services eligible for funding in state law were provided for each client.

4. How is DCFS determining performance outcomes of pregnancy centers participating in the PBCI?

DCFS' contracts with pregnancy centers require the centers to report monthly progress on their performance measures to DCFS. However, it is unclear if pregnancy centers met the monthly performance measure targets for fiscal year 2025 because DCFS did not enforce the contract requirement that pregnancy centers submit monthly data after reaching their annual cap. In addition, although the DCFS contracts with pregnancy centers include a provision allowing DCFS to levy monetary penalties against the centers for failure to submit monthly performance data and meet targets, as of June 2025, DCFS had not assessed any financial penalties to centers for not meeting the targets.

5. How are pregnancy centers monitored for compliance?

State law requires DCFS to promulgate rules and regulations necessary to implement the PBCI program that started in August 2024, including appropriate oversight provisions and penalties. However, as of July 2025, DCFS had not promulgated such rules or regulations. Appropriate oversight is important because Louisiana pregnancy centers are not established by law as regulated healthcare facilities subject to licensing statutes and compliance with federal and state regulations for the healthcare services many provide. DCFS should ensure that promulgated rules establish comprehensive protocols for necessary monitoring of pregnancy centers, including a process for reviewing invoices, reviewing supporting documentation submitted by pregnancy centers, monitoring whether performance targets are being met, and any other regularly conducted program monitoring activities.

6. What role will the general contractor assume under the PBCI?

State law requires a single nonprofit organization to be selected by DCFS to serve as general contractor and manage the provision of services, including subcontracting with existing nonprofit pregnancy centers. This could potentially decrease the funding available to pregnancy centers for services rendered because the general contractor will collect an administrative fee to pass funding from DCFS to the pregnancy centers. The only additional service the general contractor is statutorily required to provide that DCFS and the individual pregnancy centers are not currently providing is creating a website. Further, the PBCI legislation prohibits DCFS from assigning additional responsibilities to the general contractor. There have also been concerns in states with pregnancy center networks similar to Louisiana about the ways in which networks and pregnancy centers spent the money they received.

These questions and our recommendations for improvement are discussed in more detail in the following sections.

Question 1: What services do pregnancy centers participating in the PBCI provide?

State law clearly defines the four services eligible for state funding under the PBCI.⁶ Services eligible for state funding that are intended to improve the pregnancy and parenting situation include:

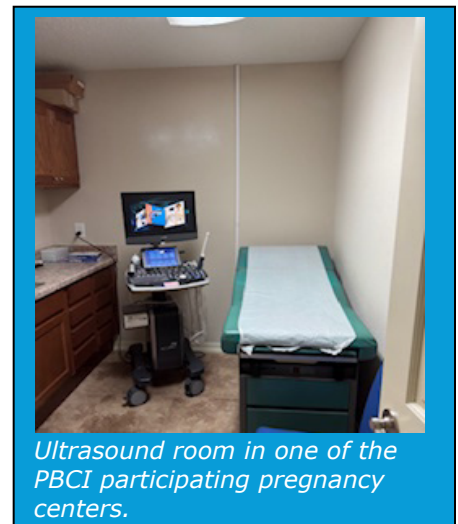
- (1) *Counseling or mentoring*, including care coordination for prenatal services, providing educational materials and information about pregnancy and parenting.
- (2) *Referrals*, including referrals to parish and social service programs; referrals for child care, transportation, housing, and state and federal benefit programs; and referrals that connect clients to health programs.
- (3) *Classes*, including classes on life skills, healthy pregnancies, budgeting, parenting, stress management, job training, and job placement.
- (4) *Material items*, including but not limited to car seats, cribs, maternity clothes, infant diapers, and formula.⁷

According to our survey, all 12 PBCI pregnancy centers provide at least one of these four services, with 10 (83.3%) providing all four. In addition, some pregnancy centers provide services that are not eligible for state funding. State law prohibits participating pregnancy centers from using any funding to promote, refer, or assist in performing abortions.⁸

According to our survey, pregnancy centers provide more services than the ones eligible for payment as part of the PBCI program, including some healthcare services. Examples of the additional services provided by pregnancy centers include



Diaper room in one of the PBCI participating pregnancy centers.



Ultrasound room in one of the PBCI participating pregnancy centers.

⁶ R.S. 46:972.1(B)(1)(a)-(d)

⁷ According to DCFS, pregnancy centers do not receive payment for material items because many of these items are donated. However, DCFS does track the dollar value of material items distributed to clients and reported by pregnancy centers in required monthly data submissions.

⁸ R.S. 46:972.1 (E)(3)

pregnancy tests; ultrasounds; Sexually Transmitted Infection (STI) screenings; prescribing medication to clients; abstinence-only education; comprehensive sex education; and assistance with social service applications. Exhibit 2 summarizes the number of pregnancy centers participating in the PBCI that offer these individual services.⁹

Exhibit 2 Services Offered by PBCI Pregnancy Centers As of May 2025	
Service <i>(services in grey are allowable PBCI reimbursable costs)</i>	Number and Percent of 12 Centers Providing Service
Pregnancy tests*	12 (100.0%)
Ultrasounds	12 (100.0%)
Pregnancy counseling	12 (100.0%)
Referrals (e.g. prenatal care, mental health, community services, etc.)	12 (100.0%)
Material items (e.g. diapers, baby supplies, food, etc.)**	11 (91.7%)
Parenting classes	10 (83.3%)
Faith-based counseling	8 (66.7%)
Post-abortion counseling	8 (66.7%)
Abstinence-only education	7 (58.3%)
Assistance with WIC, SNAP, and/or Medicaid applications	6 (50.0%)
Prescribing medications	5 (41.7%)
Abortion pill reversal	5 (41.7%)
Sexually transmitted infection screening	4 (33.3%)
Contraception (e.g. prescriptions, condoms, etc.)	1 (8.3%)
Comprehensive sex education (including contraception education)	1 (8.3%)
Mental health counseling	1 (8.3%)
<p>*Nine (75.0%) of the 12 pregnancy centers complete pregnancy verification forms for clients with confirmed pregnancies, which are required to receive additional public assistance such as Medicaid and SNAP benefits.</p> <p>** Three (25.0%) of the 12 pregnancy centers require clients to participate in educational classes, counseling, or other services prior to receiving material items. In addition, according to DCFS, these items are usually donated to pregnancy centers.</p> <p>Source: Prepared by legislative auditor's staff using data from an April 2025 LLA survey of pregnancy centers participating in PBCI.</p>	

Pregnancy centers are not regulated as licensed healthcare providers, despite some providing healthcare services.¹⁰ Although pregnancy centers are not licensed by the Louisiana Department of Health (LDH) Health Standards Section, we found multiple examples of PBCI pregnancy centers providing healthcare

None of the 38 pregnancy centers in the state, including the 12 pregnancy centers participating in the PBCI, are licensed nor regulated by LDH.

⁹ Although survey responses from pregnancy centers were aggregated to provide information for our report, we chose not to identify individual pregnancy center responses to the survey to increase participation.

¹⁰ State law only allows DCFS to pay pregnancy centers participating in PBCI for the four services eligible for reimbursement above, but some PBCI participating pregnancy centers offer additional healthcare services.

services from our survey and tours of pregnancy centers. For example:

- All 12 pregnancy centers provide ultrasounds to clients. Although pregnancy centers may choose to adopt their own policies, there are no DCFS or state requirements that these ultrasounds be conducted and interpreted by qualified medical professionals. Some pregnancy centers advertise that they provide ultrasounds to verify pregnancy; establish gestational age; and, in some cases, to identify medical emergencies such as cases of ectopic pregnancies.
- Five (41.7%) of the 12 pregnancy centers stated that they sometimes prescribe medication to clients.
- Four (33.3%) pregnancy centers provide STI screenings.
- Two (16.7%) pregnancy centers have the word “clinic” in their name, one of which requires clients to sign an intake sheet prior to receiving services that states that, “This facility is a non-profit medical clinic.”

Because pregnancy centers are not regulated, clients do not have the ability to file a complaint against a provider or pregnancy center if an adverse event takes place.

Unlike some states, Louisiana does not require pregnancy centers to disclose they are not a regulated licensed healthcare facility or prohibit them from advertising as a healthcare facility. Other states, such as Connecticut, Illinois, and Colorado, have passed legislation prohibiting pregnancy centers from advertising for services they do not offer. Delaware has passed legislation requiring pregnancy centers to disclose if they are not licensed by the state as a medical facility and do not have a licensed medical provider who provides or directly supervises the provision of services.¹¹ Disclosing this information is important because, as found in a previous LLA audit on Maternal Health Outcomes,¹² access to Obstetrician Gynecologists (OBGYNs) is limited for women living in rural areas, especially for women on Medicaid.¹³ As a result, it is important pregnancy centers are transparent that they are not healthcare providers because women may not know the difference when healthcare services are being offered.

Other states, such as Alabama, Massachusetts, and California, have pregnancy centers licensed through their state’s departments of health. Because Louisiana pregnancy centers are not licensed, they are not required to comply with staff licensing requirements and other regulatory oversight by LDH Health Standards. Further, they are not subject to the Health Insurance Portability and

¹¹ According to our survey sent to all PBCI participating pregnancy centers, nine (75.0%) out of the 12 pregnancy centers reported they had a physician with an active license on staff.

¹² See [Maternal Health Outcomes Data Analytics Report \(March 2025\)](#)

¹³ We reviewed network adequacy reports reported by Medicaid Managed Care Organizations for OBGYN access and found that 24 (37.5%) of 64 parishes had no OBGYNs who provided services as of December 2023.

Accountability Act (HIPAA)¹⁴ data confidentiality requirements, despite seven (58.3%) out of the 12 pregnancy centers collecting sensitive medical information during client intake according to our survey. Hawaii has passed legislation requiring pregnancy centers collecting health information to comply with HIPAA regulations. According to the American Medical Association Journal of Ethics, the risks of providing these services are elevated without proper regulation.¹⁵

Matter for Legislative Consideration 1: The legislature may wish to consider requiring pregnancy centers that provide healthcare services to disclose they are not a licensed healthcare facility.

Matter for Legislative Consideration 2: The legislature may wish to consider requiring pregnancy centers providing healthcare services to be licensed with LDH to ensure proper regulation of healthcare services provided to clients.

Question 2: How is the PBCI program funded?

According to DCFS, it funds the PBCI program exclusively with state general funds. The legislature allocated \$4 million to the PBCI for fiscal year 2025; however, \$2.8 million was unused. As of July 17, 2025, DCFS disbursed \$1.17 million of the \$4 million to participating pregnancy centers. With an annual cap of \$100,800, the maximum amount DCFS could pay to the 12 participating pregnancy centers for fiscal year 2025 was \$1.2 million. Current PBCI contracts between DCFS and pregnancy centers pay the centers monthly from this \$4 million pool of state funding at a maximum unit rate of \$300 per client per month until the annual limit of \$100,800 is met by each pregnancy center. According to DCFS, the remaining \$2.8 million in program funds for fiscal year 2025 will transfer back to the State General Fund.

The legislature allocated the additional \$2.8 million to contract with a single nonprofit organization to serve as a general contractor to manage the services provided under the PBCI, as required by state law (*see Question 4 for more information on the general contractor*).¹⁶ However, in order to select a general contractor, DCFS must first work with the Office of State Procurement to finalize a Request for Proposal (RFP) and go through a selection process. Although Act 329 became effective in August 2024, DCFS is still finalizing the RFP and does not expect to begin contracting with a general contractor until the beginning of fiscal year 2027.

¹⁴ HIPAA refers to the federal Health Insurance Portability and Accountability Act, which establishes standards to protect patients' private health information.

¹⁵ <https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03>

¹⁶ R.S. 46:972.1(A)(2)-(3)

State general funds appropriated to the PBCI have decreased by \$2.26 million in fiscal year 2026, to a total of \$1.74 million.¹⁷ According to DCFS, additional state general fund appropriations will need to be secured for fiscal year 2026 in order to increase pregnancy centers' annual cap amounts to the agreed-upon contractual rates. According to DCFS, the annual cap amount paid out by DCFS will more than double to \$249,999 per PBCI pregnancy center for fiscal year 2026.

DCFS has allocated \$2.26 million in TANF federal funding for the PBCI to supplement the decrease in state general funds for fiscal year 2026. PBCI pregnancy centers have not received TANF funding since PBCI began in August 2024. According to DCFS, it allocated the \$2.26 million in TANF funding because pregnancy centers received TANF funding under the previous ATA program. However, the PBCI legislation passed during the 2024 Regular Legislative Session did not include TANF income eligibility requirements in order to make PBCI services available to all Louisiana residents effective August 2024.¹⁸ As a result, according to DCFS, language in fiscal year 2025 and fiscal year 2026 contracts was modified such that PBCI pregnancy centers are not required to meet the previous ATA program's TANF reporting requirements. DCFS also stated that a portion of the PBCI program could potentially be funded by TANF if specific invoicing requirements are added to the contracts because some of the services provided by PBCI pregnancy centers may be eligible under TANF goals three and four, which do not have income limitations. Presently, DCFS will consider asking for additional state general funds to fully fund the program in fiscal year 2026 at anticipated amounts and will re-allocate the \$2.26 million in TANF funding to an eligible program.

Question 3: How are the pregnancy centers paid for services provided

Pregnancy centers are paid monthly by DCFS using a fee-for-service model, as required by state law.¹⁹ However, the services eligible for state funding outlined in current PBCI contracts do not match what is allowed in state law. Under the fee-for-service model, pregnancy centers can receive up to \$300 per client per month for allowable PBCI services. For fiscal year 2025, a pregnancy center could receive a maximum of \$100,800 for PBCI eligible services. The PBCI contract outlined the allowable rates for each service type. Exhibit 3 shows the payment model included in DCFS current contracts with allowable rates for intake, nursing, case management, and programmatic data services.

¹⁷ As of July 2025, the Division of Administration has not published the official state budget to its website.

¹⁸ R.S. 46:972.1 C.(1)

¹⁹ R.S. 46:972.1 B.(1)-(2)

Exhibit 3 DCFS Allowable Rates Fiscal Year 2026 Contracts with Pregnancy Centers	
Service Description	Unit Rate
Intake	\$50.00
Nursing Services	\$100.00
Case Management	\$100.00
Programmatic Data	\$50.00
Source: Prepared by legislative auditor's staff using data provided by DCFS.	

As seen in Exhibit 3, the allowable categories are not always consistent with the PBCI services eligible for funding according to state law. For example, DCFS pays for nursing services; however, nursing services are not included as eligible services for funding in state law (see *text box at right*). As a result, DCFS could have paid pregnancy centers for services ineligible for funding under state law. In addition, DCFS does not clearly define case management and programmatic data services eligible for payment in PBCI contracts.

Services eligible for state funding to improve the pregnancy or parenting situation include:

- (1) Counseling or mentoring
- (2) Referrals
- (3) Classes
- (4) Material items

R.S. 46:972.1(B)(1)(a)-(d)

Further, in fiscal year 2025, DCFS did not require pregnancy centers to bill for specific services provided to clients or provide additional supporting documentation for services provided to clients. This may have led to pregnancy centers being paid for services at a rate exceeding the actual cost of the services provided. During fiscal year 2025, DCFS required pregnancy centers to submit the number of clients served during the month, along with the client IDs, and paid pregnancy centers the full \$300 unit cost for each client ID submitted. DCFS did not require pregnancy centers to bill only for services eligible for state funding or provide any additional supporting documentation for services provided. As a result, it is possible for a pregnancy center to receive the full \$300 for administering a pregnancy test to the client— \$100 for the test, \$100 for case management, \$50 for intake, and \$50 for data collection. According to DCFS, its new payment policy will require pregnancy centers to document which services eligible for funding in state law were provided to each client. In addition to formalizing this new policy, DCFS should establish a policy to review at least a sample of supporting documentation from pregnancy centers to confirm the services eligible for payment were actually provided to clients.

Recommendation 1: DCFS should clearly define the services eligible for state funding in its payment model included in PBCI contracts and ensure that it only allows payment for services eligible under state law.

Summary of Management's Response: DCFS agreed with this recommendation and stated it is amending the Statement of Work (SOW) to

include language to clearly define the four services eligible for funding. In addition, DCFS will not authorize payment for any services outside the scope of those permitted under state law. See Appendix A for DCFS' full response.

Recommendation 2: DCFS should implement suggested changes to its new payment policy to require in the PBCI contract that pregnancy centers break out which of the four services they provided and how many clients they served, by client ID, when submitting their monthly invoices to DCFS.

Summary of Management's Response: DCFS agreed with this recommendation and stated it is amending the SOW to include language requiring contractors to submit itemized monthly invoices including additional data elements per client categorized by the four allowable PBCI services. See Appendix A for DCFS' full response.

Recommendation 3: DCFS should formalize a monitoring process to review a sample of supporting documentation from pregnancy centers to confirm that services eligible for state funding were actually provided to clients.

Summary of Management's Response: DCFS agreed with this recommendation and stated it is amending the SOW to include language requiring contractors to provide detailed supporting documentation for each specific service itemized on the monthly invoice to confirm that only services eligible for state funding were actually provided. See Appendix A for DCFS' full response.

Question 4: How is DCFS determining performance outcomes of pregnancy centers participating in the PBCI?

DCFS' contracts with pregnancy centers require the centers to report monthly progress on their performance measures to DCFS.²⁰ According to DCFS, it worked with pregnancy centers to set their own reasonable monthly performance measure targets because PBCI was a new program in fiscal year 2025 and a baseline had not yet been set for program participation. DCFS monitors progress toward targets by reviewing pregnancy centers' monthly performance measure data submissions required by PBCI contracts. PBCI contracts also state DCFS can penalize pregnancy centers for failure to meet performance measure targets.

It is unclear if pregnancy centers met the monthly performance measure targets for fiscal year 2025 because DCFS did not enforce the contract requirement that pregnancy centers submit monthly data after reaching their annual cap. According to DCFS, it allowed pregnancy centers to

²⁰ R.S. 46:972.1(D) requires the general contractor to report pregnancy centers' performance measure outcomes annually to DCFS before the end of each fiscal year.

stop submitting monthly performance measure data as required for the fiscal year 2025 contract period once pregnancy centers met their annual cap of \$100,800. Exhibit 4 shows pregnancy centers had not met performance targets, according to available data submissions from pregnancy centers for fiscal year 2025.

Exhibit 4 PBCI Participating Pregnancy Center Annual Performance Measure Outcomes Submitted to DCFS for Fiscal Year 2025			
Performance Measure	Sum of Outcomes Reported by PBCI Participating Pregnancy Centers*	Sum of Pregnancy Center Annual Targets	Difference Between Sum of Pregnancy Center Outcomes and Sum of Pregnancy Center Annual Targets
Number of participants served by the program	5,832	12,524	-6,692
Number of participants receiving counseling or mentoring	4,681	6,419	-1,738
Number of counseling or mentoring sessions	10,801	12,146	-1,345
Number of participants receiving referrals	3,532	4,082	-550
Number of participant referrals	11,360	13,588	-2,228
Number of participants receiving material items	3,900	7,863	-3,963
Amount of material items received	\$196,959	0**	N/A
* These outcomes may not reflect actual outcomes as 9 (75.0%) of the 12 pregnancy centers met the annual cap in months prior to the end of the fiscal year and stopped submitting monthly performance measure data. **DCFS does not set a performance measure target for the amount of material items provided to participants. Source: Prepared by legislative auditor's staff using data provided by DCFS.			

Although Exhibit 4 shows the pregnancy centers are not meeting DCFS performance measure targets, these outcomes may not reflect actual outcomes, as nine (75.0%) of the 12 pregnancy centers met the annual cap for fiscal year 2025 by January 2025 and stopped submitting monthly performance measure data. The only way DCFS is contractually required to monitor pregnancy centers is by reviewing monthly performance measure data submitted by pregnancy centers. However, because DCFS did not enforce its contract requirement for fiscal year 2025 that pregnancy centers submit monthly performance measure data once the annual cap of \$100,800 was met, it effectively ceased its program monitoring responsibilities. As a result, DCFS was not able to accurately track and monitor performance outcomes and identify unmet needs of the program. The pregnancy centers may actually be meeting the monthly targets, but DCFS cannot ensure this without reviewing monthly reports.

The DCFS contracts with pregnancy centers include a provision allowing DCFS to levy monthly monetary penalties against the centers for failure to submit monthly performance data and meet targets. However, as of June 2025, DCFS had not assessed any financial penalties to centers for not meeting the targets. According to data submitted for fiscal year 2025, nine (75.0%) of the 12 PBCI participating pregnancy centers missed at least one performance measure target in three months or more. As a result of these missed performance targets, DCFS had the authority to impose nine monetary penalties totaling \$7,590 on pregnancy centers during fiscal year 2025, according to PBCI contracts.

Recommendation 4: DCFS should require pregnancy centers to continue to submit monthly performance measure results after the annual caps have been met in order to accurately monitor performance outcomes and to identify unmet needs of the program.

Summary of Management's Response: DCFS agreed with this recommendation and stated it is amending the SOW to include language to require monthly performance reporting for the full contract term, effective with SFY 2026 services. See Appendix A for DCFS' full response.

Recommendation 5: DCFS should use its authority to enforce the penalties outlined in the contracts with pregnancy centers if pregnancy centers do not submit performance data or meet monthly targets as required.

Summary of Management's Response: DCFS agreed with this recommendation and stated it will enforce compliance in accordance with R.S. 46:972.1 and the terms outlined in Section 10, Penalties, of the PBCI contract, effective with SFY 2026 services, including the nine monetary penalties totaling \$7,590 assessed during SFY 2025. Contracts specify financial penalties for failure to meet performance expectations, including non-submission of required data and supporting documentation. DCFS is amending the SOW to require continued monthly performance reporting for the full contract, including after the annual caps are met, to assess unmet needs of the program. See Appendix A for DCFS' full response.

Question 5: How are pregnancy centers monitored for compliance?

State law²¹ requires DCFS to promulgate rules and regulations necessary to implement the PBCI program that started in August 2024, including appropriate oversight provisions and penalties. However, as of July 2025, DCFS had not promulgated such rules or regulations. According to state law, DCFS must promulgate rules regarding appropriate oversight provisions and penalties for failure to achieve program objectives, measures to ensure the clinical efficacy and financial viability of the program, and benchmarks to achieve best practice outcomes. In addition, state law requires DCFS to report annually to the legislature on the status of the program.²² Appropriate oversight is important because Louisiana pregnancy centers are not established by law as regulated healthcare facilities subject to licensing statutes and compliance with federal and state regulations for the healthcare services many provide. According to DCFS, it plans to submit its first report in December 2025 and has begun the process of promulgating rules for this program. DCFS should ensure that promulgated rules establish comprehensive protocols for necessary monitoring of pregnancy centers, including a process for reviewing invoices, reviewing supporting documentation submitted by pregnancy centers, monitoring whether performance targets are being met, and any other regularly-conducted program monitoring activities.

"There is nothing in this legislation that says how much can be spent in administrative costs, how the programs are going to be graded or anything else that are the safeguards we put in place when we spend this kind of money."

Source: Committee member at Senate Health and Welfare Committee Meeting on March 20, 2024

Recommendation 6: DCFS should continue its progress towards promulgating rules for oversight and monitoring of pregnancy centers as required by state law, which should include, but not be limited to, previously recommended measures regarding documentation and monitoring of invoices and performance.

Summary of Management's Response: DCFS agreed with this recommendation and stated it is in the process of drafting administrative rules to formalize oversight and monitoring procedures for PBCI providers. These rules will define the minimum administrative responsibilities of the contractor to manage and oversee program services. DCFS will submit the proposed rules for promulgation by the end of the current calendar year, in compliance with legislative requirements. See Appendix A for DCFS' full response.

²¹ R.S. 49:972.1(F)

²² R.S. 49:972.1 (F)

Question 6: What role will the general contractor assume under the PBCI?

State law²³ requires a single nonprofit organization to be selected by DCFS to serve as general contractor and manage the provision of services, including subcontracting with existing nonprofit pregnancy centers. As of May 2025, DCFS and the Office of State Procurement are finalizing the RFP to begin the bidding process to select a general contractor. The single nonprofit contract is expected to go into effect at the beginning of fiscal year 2027. DCFS has been serving in the general contractor role since the PBCI started in August 2024.

The statutory requirement that DCFS utilize a general contractor to administer the PBCI could potentially decrease the funding available to pregnancy centers for services rendered because the general contractor will collect an administrative fee to pass funding from DCFS to the pregnancy centers. State law does not establish a cap on what the general contractor can collect for administering Louisiana's PBCI. Florida's pregnancy center program contractor receives an 8.3% administration fee,²⁴ and Oklahoma's pregnancy center program contractor receives a 20.0% administration fee. Without a statutory cap on the administration fee collected by the general contractor, DCFS cannot ensure that it maximizes the resources going to pregnancy centers.

"[The PBCI legislation] models programs in Texas and some other Southern states that ensure that our pregnancy centers have resources to take care of those mothers who are coming inside of those pregnancy centers."

Source: Committee member at Senate Health and Welfare Committee Meeting on March 20, 2024

The only additional service the general contractor is statutorily required to provide that DCFS and the individual pregnancy centers are not currently providing is creating a website. Further, the PBCI legislation prohibits DCFS from assigning additional responsibilities to the general contractor.²⁵ Although PBCI legislation states the general contractor must also provide program advertising,²⁶ we reviewed PBCI participating pregnancy centers' 990 tax forms²⁷ and found many centers already use funding to advertise their services. Further, DCFS is unable to allocate additional responsibilities to the general contractor because the PBCI legislation states DCFS shall impose no other requirements on the general contractor except those contained in the PBCI legislation and in its standard terms and conditions. According to DCFS, this has made it difficult to develop an RFP because DCFS cannot expand on the few responsibilities statutorily required for the general contractor. In addition, since the

²³ R.S. 46:972.1

²⁴ Florida's administrative fee for its general contractor does not include the cost of creating a website, marketing, and donation to a pro-life organization, which amounts to 6.7% of the total program funding.

²⁵ R.S. 46:972.1(A)(2)

²⁶ R.S. 46:972.1(A)(3)

²⁷ Form 990 is a United States Internal Revenue Service form that provides the public with information about a nonprofit organization.

program was just established in August 2024, DCFS may find the need to expand the responsibilities of the general contractor as it develops rules and regulations and continues to provide oversight of pregnancy centers.

"[The] possibility for lack of communication between DCFS initiative staff and providers is concerning. [It] seems like it would be adding another layer of bureaucracy that might not be needed, possibly decreasing the amount of direct dollars to providers."

Source: April 2025 LLA survey of PBCI pregnancy centers

There have been concerns in states with pregnancy center networks similar to Louisiana about the ways in which networks and pregnancy centers spent the money they received.

For example, an analysis conducted by the Oklahoma State Department of Health's Internal Audit Division of the financial records of its general contractor overseeing pregnancy centers revealed that only \$106,000 (27.0%) of

\$392,000 in total expenditures for the 16-month contract period went to pregnancy centers. In addition, the general contractor included in its bid that 9,300 women would be served during the contract period, but only served 524 women (5.6%). An investigative report released by Propublica, CBS, and The Texas Tribune found examples of Texas' program contractors failing to conduct proper oversight to detect subcontractor's possible misappropriation of funds.²⁸

Matter for Legislative Consideration 3: The legislature may wish to consider whether requiring DCFS to contract with a single nonprofit organization to serve as a general contractor to manage services provided under the PBCI is necessary and maximizes the resources going to pregnancy centers and Louisiana women.

Matter for Legislative Consideration 4: The legislature may wish to consider establishing a cap on the administration fee collected by the general contractor to maximize the resources going to pregnancy centers.

Matter for Legislative Consideration 5: The legislature may wish to consider removing the requirement that DCFS shall impose no other requirements on the general contractor except those contained in the PBCI legislation and in its standard terms and conditions to allow DCFS to assign additional responsibilities to the general contractor to ensure the general contractor is adequately monitoring subcontractors.

²⁸ <https://www.texastribune.org/2024/07/09/texas-crisis-pregnancy-centers-abortion/>

APPENDIX A: MANAGEMENT'S RESPONSE



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Jeff Landry, Governor
Rebecca Harris, Secretary

August 25, 2025

Michael J. "Mike" Waguespack, CPA
Legislative Auditor
P.O. Box 94397
Baton Rouge, LA 70804-9397

Re: DCFS Response to Informational Report- Pregnancy and Baby Care Initiative (PBCI)

Dear Mr. Waguespack,

The Louisiana Department of Children and Family Services (DCFS) appreciates the opportunity to respond to the Louisiana Legislative Auditor's report concerning the oversight and administration of the Pregnancy and Baby Care Initiative (PBCI). We value the important role the audit process plays in strengthening public programs and ensuring the highest levels of accountability, transparency, and stewardship of public resources.

In response to the recommendations outlined in the report, DCFS provides the following responses:

Recommendation 1: DCFS should clearly define services eligible for state funding in its payment model included in PBCI contracts and ensure that it only allows for payment for services eligible according to state law.

The department is amending the Statement of Work (SOW) to include language to clearly define the four services eligible for funding. The SOW will be issued for signatures and Office of State Procurement (OSP) approval by 2/28/2026. The contract further specifies that any deviation from the established price schedule must receive prior approval from DCFS. DCFS will not authorize payment for any services outside the scope of those permitted under state law.

Recommendation 2: DCFS should implement suggested changes to its new payment policy to require in the PBCI contract that pregnancy centers participating in PBCI break out which of the four services they provided and how many clients they served, by client ID, when submitting their monthly invoices to DCFS or any oversight entity.

The department is amending the SOW to include language requiring contractors to submit itemized monthly invoices including, but not limited to, the following data elements per client: distinct client identification number, first name, last name, date of birth, insurance status (i.e., commercial, uninsured and Medicaid), date of service, specific service provided per unit, billable amount; and the aggregate as categorized by the four allowable PBCI services.



Recommendation 3: DCFS should formalize a monitoring process to review a sample of supporting documentation from pregnancy centers to confirm that services eligible for state funding were actually provided to clients.

The department is amending the SOW to include language requiring contractors to provide detailed supporting documentation for each specific service itemized on the monthly invoice to confirm that only services eligible for state funding were actually provided.

Recommendation 4: DCFS should require pregnancy centers to continue to submit monthly performance measure results after their annual caps have been met in order to accurately monitor performance outcomes and to identify unmet needs of the program.

The department is amending the SOW to include language to require monthly performance reporting for the full contract term, effective with SFY 2026 services.

Recommendation 5: DCFS should use its authority to enforce the penalties outlined in the contracts with pregnancy centers if pregnancy centers do not submit performance data or meet monthly targets as required.

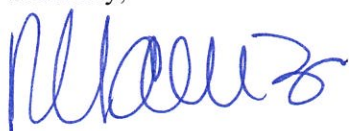
The department will enforce compliance in accordance with La. R.S. 46:972.1 and the terms outlined in Section 10, Penalties, of the PBCI contract, effective with SFY 2026 services, including the nine monetary penalties totaling \$7,590 assessed during SFY 2025. Contracts specify financial penalties for failure to meet performance expectations, including non-submission of required data and supporting documentation. The department is amending the SOW to require continued monthly performance reporting for the full contract, including after the annual caps are met, to assess unmet needs of the program.

Recommendation 6: DCFS should continue its progress towards promulgating rules for oversight and monitoring of pregnancy centers as required by state law, which should include, but not be limited to, previously recommended measures regarding documentation and monitoring of invoices and performance.

The department is in the process of drafting administrative rules to formalize oversight and monitoring procedures for PBCI providers. These rules will define the minimum administrative responsibilities of the contractor to manage and oversee program services. DCFS will submit the proposed rules for promulgation by the end of the current calendar year, in compliance with legislative requirements.

Thank you again for your time and effort in evaluating this program. We remain committed to continuous improvement, effective program management, and delivering quality services to Louisiana families.

Sincerely,



Rebecca Harris
Secretary

cc: Sammy Guillory, Assistant Secretary of Family Support
Christopher Bahm, Undersecretary
Amy Richard Easley, Executive Counsel
Julie Starns, TANF Program Director



Agency: Department of Children and Family Services

Audit Title: Pregnancy and Baby Care Initiative

Audit Report Number: 40250009

Instructions to Audited Agency: Please fill in the information below for each recommendation. A summary of your response for each recommendation will be included in the body of the report. The entire text of your response will be included as an appendix to the audit report.

Question 3: How are pregnancy centers paid for services provided?
<i>Recommendation 1: DCFS should clearly define services eligible for reimbursement in its payment model included in PBCI contracts and ensure that it only allows for reimbursement for services eligible according to state law.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:
<i>Name/Title: Julie Starns/TANF Program Director</i>
<i>Address: 624 North 4th Street</i>
<i>City, State, Zip: Baton Rouge, LA, 70802</i>
<i>Phone Number: 225-342-0495</i>
<i>Email: Julie.Starns.DCFS@LA.GOV</i>
<i>Recommendation 2: DCFS should implement suggested changes to its new reimbursement policy to require in the PBCI contract that pregnancy centers participating in PBCI break out which of the four services they provided and how many clients they served, by client ID, when submitting their monthly invoices to DCFS or any oversight entity.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:
<i>Name/Title: Julie Starns/ TANF Program Director</i>
<i>Address: 627 North 4th Street</i>
<i>City, State, Zip: Baton Rouge, LA 70802</i>
<i>Phone Number: 225-342-0495</i>
<i>Email: Julie.Starns.DCFS@LA.GOV</i>
<i>Recommendation 3: DCFS should formalize a monitoring process to review a sample of supporting documentation from pregnancy centers to confirm that services eligible for reimbursement were actually provided to clients.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree

Agency Contact Responsible for Recommendation:
<i>Name/Title: Julie Starns/TANF Program Director</i>
<i>Address: 627 North 4th Street</i>
<i>City, State, Zip: Baton Rouge, LA 70802</i>
<i>Phone Number: 225-342-0495</i>
<i>Email: Julie.Starns.DCFS@LA.GOV</i>

Question 4: How is DCFS determining performance outcomes of pregnancy centers participating in the PBCI?
<i>Recommendation 4: DCFS should require pregnancy centers to continue to submit monthly performance measure results after their annual caps have been met in order to accurately monitor performance outcomes and to identify unmet needs of the program.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:
<i>Name/Title: Julie Starns/TANF Program Director</i>
<i>Address: 627 North 4th Street</i>
<i>City, State, Zip: Baton Rouge, LA 70802</i>
<i>Phone Number: 225-342-0495</i>
<i>Email: Julie.Starns.DCFS@LA.GOV</i>
<i>Recommendation 5: DCFS should use its authority to enforce the penalties outlined in the contracts with pregnancy centers if pregnancy centers do not submit performance data or meet monthly targets as required.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:
<i>Name/Title:</i>
<i>Address: 627 North 4th Street</i>
<i>City, State, Zip: Baton Rouge, LA 70802</i>
<i>Phone Number: 225-342-0495</i>
<i>Email:</i>

Question 5: How are pregnancy centers monitored for compliance?
<i>Recommendation 6: DCFS should continue its progress towards promulgating rules for oversight and monitoring of pregnancy centers as required by state law, which should include, but not be limited to, previously recommended measures regarding documentation and monitoring of invoices and performance.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:
<i>Name/Title: Yazan Rantisi/Policy Director</i>
<i>Address: 627 North 4th Street</i>
<i>City, State, Zip: Baton Rouge, LA 70802</i>
<i>Phone Number: 225-219-0210</i>
<i>Email: Yazan.Rantisi.DCFS@LA.GOV</i>

APPENDIX B: SCOPE AND METHODOLOGY

This report provides information on the Department of Children and Family Services' (DCFS) Pregnancy and Baby Care Initiative (PBCI). We conducted this evaluation under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This evaluation covered the current PBCI contract period from July 1, 2024 to July 30, 2025.

The objective was:

To provide information on the Pregnancy and Baby Care Initiative within DCFS.

To conduct this evaluation, we performed the following steps:

- Researched relevant federal and state laws, rules, and regulations.
- Researched relevant DCFS program monitoring policies and DCFS contracts with PBCI participating pregnancy centers.
- Met with DCFS, pregnancy center directors, and other stakeholders to gain an understanding of the services offered by pregnancy centers, PBCI funding and reimbursement, PBCI monitoring, and plans for establishing a PBCI general contractor.
- Administered a survey to LA PBCI participating pregnancy centers to gain a comprehensive understanding of the administration and services provided at pregnancy centers participating in the PBCI across the state. We sent this survey to the 12 PBCI participating pregnancy centers in April 2025 and received responses from all 12 of the centers.
- Obtained and analyzed PBCI invoices, supporting documentation, and performance data submissions sent to DCFS by pregnancy centers and DCFS internal communications regarding PBCI funding.
- Examined DCFS internal documents related to PBCI and the general contractor selection process.
- Identified other state audits of similar programs and researched findings related to state funded pregnancy centers and general contracting agreements.
- Researched relevant best practices from leading medical organizations, including the American Medical Association.

- Analyzed other state contracts between state agencies and a pregnancy center general contractor to determine average program administration costs under a general contractor.
- Reviewed LA Senate Health and Welfare Committee meeting from March 20, 2024, to understand the impetus for the PBCI legislation.
- Provided our results to DCFS to review and incorporated edits throughout the report.

Source: Prepared by legislative auditor's staff using publicly available information from Louisiana Right to Life and Crisis Pregnancy Center Maps.

Louisiana Pregnancy Centers Fiscal Year 2025	
Name	Parish
Avoyelles Pregnancy Center	Avoyelles
Pregnancy Care Center Deridder	Beauregard
Care Pregnancy Center	Caddo
Heart of Hope–A Sanctuary for Women	Caddo
Mary’s House	Caddo
Shreveport Pregnancy Center	Caddo
ABC Pregnancy Resource Center	Calcasieu
New Life Counseling Center	Calcasieu
Miss Lou Pregnancy Center	Concordia
Care Pregnancy Clinic	East Baton Rouge
Louisiana Women's Help Center	East Baton Rouge
Pregnancy Problem Center	East Baton Rouge
Woman’s New Life Clinic	East Baton Rouge
New Life Pregnancy Center	Evangeline
The Unexpected Pregnancy Center	Iberia
Catholic Charities Archdiocese of New Orleans	Jefferson
Westbank Pregnancy and Family Care Center	Jefferson
A Pregnancy Center and Clinic	Lafayette
Women’s Center of Lafayette	Lafayette
Crossroads Pregnancy Resource Center	Lafourche
Life Choices of North Central LA	Lincoln
Women’s Resource Center of Natchitoches	Natchitoches
Celebrate Life Ministries	Orleans
Woman’s New Life Clinic	Orleans
LC Pregnancy Resource Center	Ouachita
The Vine of Northeast Louisiana	Ouachita
Cenla Pregnancy Center	Rapides
Lily of the Valley Ministries	Rapides
Opelousas Pregnancy Center	St. Landry
The Unexpected Pregnancy Center	St. Mary
Crisis Pregnancy Help Center	St. Tammany
Northlake Crisis Pregnancy Center	St. Tammany
Restoration House	Tangipahoa
Women’s Life Ministries, Inc.	Tangipahoa
Hope Restored Pregnancy Resource Center	Terrebonne
Vermilion Women’s Resource Center	Vermilion
New Life Crisis Pregnancy Center	Vernon
Seeds Women’s Center	Webster
Source: Prepared by legislative auditor's staff using publicly available pregnancy center locations.	

APPENDIX D: PBCI LEGISLATION LOUISIANA REVISED STATUTE

§972.1. Louisiana Pregnancy and Baby Care Initiative

A.(1) The Louisiana Pregnancy and Baby Care Initiative is hereby created, within the Department of Children and Family Services, to act as a statewide social service program to enhance and increase resources that promote childbirth instead of abortion for women facing unplanned pregnancies and to offer a full range of services, including pregnancy support services, parenting help, and adoption assistance.

(2) The department shall implement a program by contracting with a single nonprofit organization to serve as general contractor to manage the provision of services under the Louisiana Pregnancy and Baby Care Initiative. The general contractor shall subcontract on a fee-for-service basis with existing nonprofit pregnancy centers, adoption agencies, maternity homes, and social service organizations to provide services that promote childbirth instead of abortion. The general contractor shall not provide any direct client services. The department shall impose no other requirements on the Louisiana Pregnancy and Baby Care Initiative general contractor except those contained in this Section and in its standard terms and conditions.

(3) The general contractor selected by the department shall include as part of its program budget marketing expenses to make Louisiana residents aware of the Louisiana Pregnancy and Baby Care Initiative's services, as well as funds to develop and promote a website that provides a geographically indexed list of available nonprofit subcontractors that provide services.

B.(1) The program established by the Louisiana Pregnancy and Baby Care Initiative shall provide only the following services:

(a) Counseling or mentoring intended to improve the pregnancy or parenting situation, including care coordination for prenatal services, providing educational materials and information about pregnancy and parenting.

(b) Referrals intended to improve the pregnancy or parenting situation, including referrals to parish and social service programs; referrals for child care, transportation, housing, and state and federal benefit programs; and referrals that connect clients to health programs.

(c) Classes intended to improve the pregnancy or parenting situation, including classes on life skills, healthy pregnancies, budgeting, parenting, stress management, job training, and job placement.

(d) Material items intended to improve the pregnancy or parenting situation, including but not limited to car seats, cribs, maternity clothes, infant diapers, and formula.

(2) Program subcontractors may provide services in addition to the services provided for in this Subsection, but the services shall not be funded through the Louisiana Pregnancy and Baby Care Initiative.

(3) The provision and delivery of services under the program shall be dependent on participant needs, as assessed by the nonprofit organization providing the services and not otherwise prioritized by any state agency.

C.(1) Program services shall be made available to any Louisiana resident who is:

- (a) A pregnant woman.
- (b) The biological father of an unborn child.
- (c) The biological or adoptive parent or legal guardian of a child thirty-six months of age or younger.
- (d) A program participant who has experienced the loss of a child.
- (e) An immediate family member of a current biological parent who is a program participant.

(2) Program services shall be available to participants only during pregnancy and continuing for up to thirty-six months after birth of the child.

D. The department shall include as a condition of the contract with the nonprofit organization selected as general contractor to provide program services that the nonprofit organization shall submit a report to the department on or before seventy-five days after the close of the state fiscal year, reporting on the administration of the program during the prior fiscal year. The report shall include all of the following:

- (1) The number of clients served by the program.
- (2) The number of clients who received counseling or mentoring and the amount of counseling or mentoring received.
- (3) The number of clients who received classes and the amount of classes received.
- (4) The number of clients who received referrals and the amount of referrals received.
- (5) The number of clients who received material items and the amount of material items received.
- (6) Any other information that shows the success of the contractor's administration of the program.

E.(1) The Louisiana Pregnancy and Baby Care Initiative shall be implemented effective August 1, 2024. The Louisiana Pregnancy and Baby Care Initiative shall replace the Louisiana Alternatives to Abortion Program administered by the department. The Louisiana Pregnancy and Baby Care Initiative shall be funded in a separate line-item of the General Appropriations Act or receive all funds appropriated for the Louisiana Alternatives to Abortion Program.

(2) The department shall ensure that contracts with providers of the Louisiana Alternatives to Abortion Program in effect prior to August 1, 2024, remain under contract during the transition provided for in Paragraph (1) of this Subsection.

(3) The Louisiana Pregnancy and Baby Care Initiative and any funds appropriated or expended therefor shall not be used to perform, induce, or assist in the performing or inducing of abortions or be used to promote abortions or refer for abortions, and funds appropriated or expended for the program shall not be provided to organizations or affiliates of organizations that perform or induce abortions, assist in the performing or inducing of abortions, or promote abortions or refer for abortions.

F. The department shall promulgate all rules and regulations necessary to implement the provisions of this Section. The rules shall include but not be limited to appropriate oversight provisions and penalties for failure to achieve program objectives as provided for in this Section, measures to ensure the clinical efficacy and financial viability of the program, and benchmarks to achieve best practice outcomes. The department shall report annually to the legislature on the status of the program.

Acts 2024, No. 329, §1, eff. May 28, 2024.