

Kristen Windham

From: Kristen Windham
Sent: Friday, January 21, 2022 1:29 PM
To: Choose Life MS
Cc: Terri Herring
Subject: RE: <EXTERNAL>: Thank you!

I enjoyed our meeting last week and appreciate the willingness to help Governor Reeves develop a plan going forward. It would be extremely helpful if we could get a survey response from the centers.

Kristen

From: Choose Life MS <chooselifemississippi@gmail.com>
Sent: Sunday, January 16, 2022 11:08 AM
To: Kristen Windham <Kristen.Windham@GovReeves.ms.gov>
Cc: Terri Herring <terriherring@comcast.net>
Subject: <EXTERNAL>: Thank you!

Kristen,

It was a pleasure meeting you! Thank you for your interest in Choose Life MS and the time you spent with Terri and me last Thursday discussing strategies and approaches on how Mississippi can better serve the pre-born and their families.

As discussed, we can send out a survey to our center/agency directors for more specifics.

As promised, attached is the key agency listing of MS pregnancy care centers and adoption agencies.

If I can provide any additional information or assistance, please do not hesitate to let me know.

Janet

Janet Thomas, Executive Director
Choose Life Mississippi
Ridgeland, MS 39157


chooselifemississippi@gmail.com
www.chooselifems.org [chooselifems.org]

Kristen Windham

From: Terri Herring <terriherring@comcast.net>
Sent: Friday, January 21, 2022 1:48 PM
To: Kristen Windham
Cc: Choose Life MS
Subject: Re: <EXTERNAL>: Thank you!

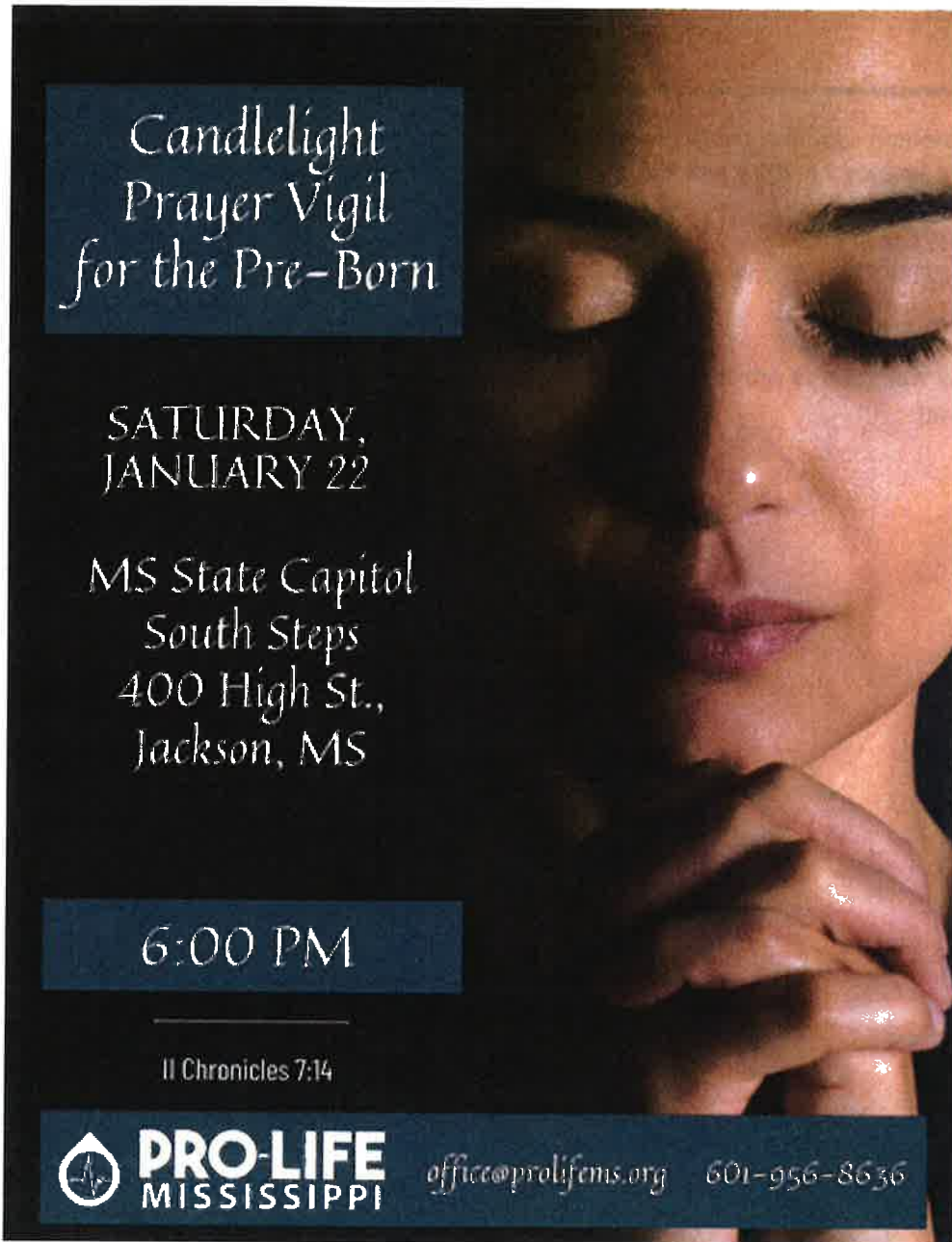
We will compile a report ASAP. This weekend is our big but bad day, to remember Roe. Next week we will do our best to get more information to you.

Thank you for including us.

For life,

Terri

Join us!



Candlelight
Prayer Vigil
for the Pre-Born

SATURDAY,
JANUARY 22

MS State Capitol
South Steps
400 High St.,
Jackson, MS

6:00 PM

II Chronicles 7:14



PRO-LIFE
MISSISSIPPI

office@prolifems.org 601-956-8636

Sent from my iPhone

On Jan 21, 2022, at 1:28 PM, Kristen Windham <kristen.windham@govreeves.ms.gov> wrote:

I enjoyed our meeting last week and appreciate the willingness to help Governor Reeves develop a plan going forward. It would be extremely helpful if we could get a survey response from the centers.

Kristen

From: Choose Life MS <chooselifemississippi@gmail.com>

Sent: Sunday, January 16, 2022 11:08 AM

To: Kristen Windham <Kristen.Windham@GovReeves.ms.gov>

Cc: Terri Herring <terriherring@comcast.net>

Subject: <EXTERNAL>: Thank you!

Kristen,

It was a pleasure meeting you! Thank you for your interest in Choose Life MS and the time you spent with Terri and me last Thursday discussing strategies and approaches on how Mississippi can better serve the pre-born and their families.

As discussed, we can send out a survey to our center/agency directors for more specifics.

As promised, attached is the key agency listing of MS pregnancy care centers and adoption agencies.

If I can provide any additional information or assistance, please do not hesitate to let me know.

Janet

Janet Thomas, Executive Director
Choose Life Mississippi
Ridgeland, MS 39157


chooselifemississippi@gmail.com
www.chooselifems.org [chooselifems.org]

CONFIDENTIALITY NOTICE: This electronic mail transmission with any attachments are confidential and/or proprietary to the Office of the Governor of Mississippi that may be legally protected from disclosure and/or protected by the attorney-client privilege and other privilege and is intended for the exclusive use of the individual or entity named herein. If you are the intended recipient, please maintain confidentiality and be aware that forwarding this e-mail to others may result in a waiver of these protections. If you are not the intended recipient, this e-mail is not intended for transmission to you, nor to be read, reviewed, used, copied, distributed, or even received by you or any other unauthorized persons. If you have received this electronic mail transmission in error, please promptly double delete it from your system without copying, reading, or disseminating it, and notify the sender by reply e-mail so that our address record can be corrected. Thank you for your assistance in protecting confidential information.

Kristen Windham

From: Choose Life MS <chooselifemississippi@gmail.com>
Sent: Friday, January 21, 2022 2:25 PM
To: Kristen Windham
Cc: Terri Herring
Subject: Re: <EXTERNAL>: Thank you!

I will get that survey out for you, Kristen. Will you send me some of the questions you would like to have answered?

Thank you!
Janet

Janet Thomas, Executive Director
Choose Life Mississippi

49 D. J. I.

chooselifemississippi@gmail.com
www.chooselifems.org [chooselifems.org]

On Fri, Jan 21, 2022 at 1:28 PM Kristen Windham <Kristen.Windham@govreeves.ms.gov> wrote:

I enjoyed our meeting last week and appreciate the willingness to help Governor Reeves develop a plan going forward. It would be extremely helpful if we could get a survey response from the centers.

Kristen

From: Choose Life MS <chooselifemississippi@gmail.com>
Sent: Sunday, January 16, 2022 11:08 AM
To: Kristen Windham <Kristen.Windham@GovReeves.ms.gov>
Cc: Terri Herring <terriherring@comcast.net>
Subject: <EXTERNAL>: Thank you!

Kristen,

It was a pleasure meeting you! Thank you for your interest in Choose Life MS and the time you spent with Terri and me last Thursday discussing strategies and approaches on how Mississippi can better serve the pre-born and their families.

As discussed, we can send out a survey to our center/agency directors for more specifics.

As promised, attached is the key agency listing of MS pregnancy care centers and adoption agencies.

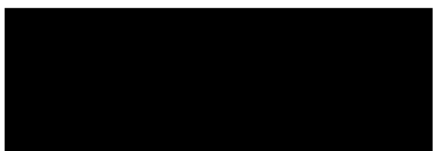
If I can provide any additional information or assistance, please do not hesitate to let me know.

Janet

Janet Thomas, Executive Director

Choose Life Mississippi

Ridgeland, MS 39157



chooselifemississippi@gmail.com

www.chooselifems.org [chooselifems.org]

CONFIDENTIALITY NOTICE: This electronic mail transmission with any attachments are confidential and/or proprietary to the Office of the Governor of Mississippi that may be legally protected from disclosure and/or protected by the attorney-client privilege and other privilege and is intended for the exclusive use of the individual or entity named herein. If you are the intended recipient, please maintain confidentiality and be aware that forwarding this e-mail to others may result in a waiver of these protections. If you are not the intended recipient, this e-mail is not intended for transmission to you, nor to be read, reviewed, used, copied, distributed, or even received by you or any other unauthorized persons. If you have received this electronic mail transmission in error, please promptly double delete it from your system without copying, reading, or disseminating it, and notify the sender by reply e-mail so that our address record can be corrected. Thank you for your assistance in protecting confidential information.

Kristen Windham

From: Choose Life MS <chooselifemississippi@gmail.com>
Sent: Monday, February 7, 2022 2:46 PM
To: Kristen Windham
Cc: Gwen Dillon; Janet Thomas; Sue Mihal; Terri Herring
Subject: <EXTERNAL>: MS Pregnancy Care Centers SURVEY
Attachments: February 2022 CPC Survey for Governor Reeves.xlsx

Kristen:


Attached is a summary of the questionnaire/survey sent out to all our Pregnancy Care Centers. Listed are those who responded. I do think what we received will give you a good amount of information to help you meet your objectives.

Thank you again for your interest in Choose Life Mississippi and especially for our MS Pregnancy Care Centers and Adoption agencies.

If we can be of any further assistance, please do not hesitate to let us know.

Blessed to be a blessing for LIFE,
Janet

Janet Thomas, Executive Director
Choose Life Mississippi
42 Breakers Lane
Ridgeland, MS 39157


chooselifemississippi@gmail.com
www.chooselifems.org [chooselifems.org]

AGENCY NAME	MEDICAL/SOHOGRAM	#1 NEED	REFER FOR ADOPTION	WHY NOT?	BIGGEST HURDLE REFERRING ADOPTIONS	ADVERTISING NEEDS	CLIENTS NEEDING MATERNITY CARE	OTHER PARTNERING ORGANIZATIONS	LOCAL COMMUNITY SUPPORT	BARRIERS TO SUPPORT GROUPS	MEDICAL REFERRAL
Women's Resource Ctr Cleveland	yes/yes	raised awareness of who we are and what we do to reach local university campus	yes/Lifehelp	Attitude toward adoption	billboards	receive many calls but since none in our area, not able to continue speaking with them	Community Service, WIC, Medicaid, Helping Hands	Awareness Program needed to gain more local support	Awareness		Refer to Dr. Mark Blackwood, our Medical Director, at Delta OB/GYN
CPC Meridian	no-currently in process	Providing in-house programs, mental health for postpartum depression and stress, doula and midwife services	yes/LifeLine Children's Services	Cultural attitudes/myths about adoption; updated literature; relationships with adoption agencies; it is appealing option to my clients- societal guilt and shame culture	advertisement about the abortion reversal pill and awareness of local providers who would be willing to be part of that program.	Over last 10 years that I have been at director, I have seen many single mothers that were told they were not welcome in their homes with family and would have benefitted.	Care Lodge, Wesley House, Weems, Health Connect, Jubilee Mennonite Church (food bank), Baptist Associations, Love's Kitchen (hot meals), Feed by Faith, Sleep in Heavenly ease (beds for families in need), WUTCH, MS RAMP, Free Clinic of Meridian, EC Healthnet, Anderson/Rus Hospita s and clinics, Greater Meridian Health Clinic, Meridian Community College and MSU Meridian Student Services	Lack of awareness is an issue and being worked on, but also people are generally reluctant to get involved with "sensitivity political issues"			refer to free clinic Greater Meridian. Clients have a lot of positive for Dr. Treest and Dr. Finnis
My Choices Ripley	yes/yes	Women and children's shelter, Maternity Home in North MS; transportation for clients to come to visits here and doctor visits-no option for public transportation here	Lifeline, Jackson, MS; New Beginnings, Tupelo; Life Choices, Memphis	Cultural attitudes/myths about adoption; updated literature; relationships with my clients. My clients are more than abortion. Concerned about welfare of the baby, also don't want others to know they have adopted a child for adoption and by carrying the baby to full term, everyone would know.		Over the last couple years have seen at least 40-50 clients have needed a safe place to stay until they could get on their feet and safely deliver their baby	Timber Hills Mental Health, GED services, WIC, Private counseling, food pantries, Salvation Army, local free health clinic, ob/gyn adoption, Three Rivers educational and employment opportunities, Tobacco Quit Line	Blessed by local community support. During Covid, they really stepped up and supported more than ever.	Transportation		Resource list of options in Lee, Alcorn, and Union counties for the clients to choose from based on where they wish to deliver
Paragize Health Services	yes/yes	A fatherhood program. Now offer one-on-one mentoring for new moms for 18 months but plan to develop a fatherhood program as funds are available	New Beginnings, Life Choices in Memphis and a private attorney	Cultural attitudes/myths about adoption; adoption agencies, a less appealing option to clients	Social media-tik tok, snapchat, youtube	over the last couple years, less than 5 clients have been seen that could have used maternity housing care	United Way, St. Luke Food Bank, Housing Coalition	On a scale of 1-5, local community is a 4 for community support with 5 being excellent.	not sure		There are 2 ob/gyn clinics in Tupelo. Most clients choose a physician from one of these groups
Saw-A-Life MS Gulf Coast	yes/yes	Resources! Financial, as well as volunteers. Both donations and volunteers have declined since Covid. Most critical is funding with volunteerism a close 2nd	Yes refer to Lifeline Children's Services, Acorn Adoption and New Beginnings	cultural attitudes and less appealing to client	we rely heavily on social media because other forms are too expensive. Need a statewide marketing/advertising strategy that would be extremely helpful to debunk the myths and help reach both supporters and clients.	not familiar with	Center for Non-Violence, Open Doors, local clinics, Medicaid and WIC	On a scale of 1-5 with 5 being excellent, businesses rank 2, community rank 2 and churches rank 3. Need for raised awareness of services we provide. #1 priority for 2022 is to broaden our reach to help tell our story with organizations like Women's Republican, Harrison Co Republican, Rotary, Kiwanis etc.	few staff and volunteers and time. So much administratively that needs to be done taking away from community outreach and fundraising. NEED A LIST of all non profit that offer resources. City of Gulfport is in the planning stage of creating a group of non profits to become better connected.	Medical doctor Don Gaddy, MD	
Birthing of Jackson	no/no	adequate volunteers	yes, refer all abortiominded clients and any women who are struggling to provide for their child	negative feelings toward adoption at first but more open after discussing their rights in the process. Need better materials highlighting the process and benefits of placing for adoption	to be listed in resources needs across the state. More community awareness is definitely needed.	maybe 5 clients have needed maternity homes in the last couple years	WIC, food stamps	Excellent support from the community businesses and churches as well as individuals	need more volunteers		no, but the OB/Gyn group in Brookhaven is very supportive of our center
CPC of Lawrence County	no/no	web pages - in the process of getting one	yes to Lifeline	cultural attitudes; most of our clients are keeping their babies and in need of assistance with items.	no						

Catholic Charities Jackson	no/yes	yes, we provide info regarding maternity support resources and adoption	decline in the referrals received due to covid - cultural beliefs and family input regarding adoption	more marketing resources such as brochures, social media flyers	3-5 clients needed maternity home care over the last couple years	Office of Preventive Health & Health Equity, Children Protective Services, Kinship Program	Community support falls at a 3 on a scale of 1-5 with 5 being excellent	How we market our services - creating a more individualized approach	we refer to Jackson Hinds Comprehension Center. Working to develop more collaborative efforts with other medical groups
Choices Clinic of Laurel	yes/yes	in a rural area with a need to add an extension center or mobile unit	Adoption is always presented. Many times there is an obstacle between the referral and a mother pursuing adoption due to cultural attitudes.	paid online ads are expensive and if had the funds we would take the next step from Google Ad Grants to Paid Ads	1.5% of our total referrals to outside agencies were to housing organizations	local OB/GYNs, Medical/MVC, our Internal Employment Program (single classes), maternal assistance programs, local community health clinics for STD care, and Tobacco Quitline.	Excellent! Corporate church support makes up 70% of our annual budget, individual support makes up 30%, and business support is 3%. This does not include fundraisers and grants.	list of area OB/GYN clinics that we give to clients - referral list has a disclaimer that it is not a complete list of providers, only those who share similar values.	
Starrs-Life Batesville	no/have sonogram once a month from a private ultrasound clinic	yes, New Beginnings, Palmer Home for Children	cultural attitudes; relationships with AA and Literature	local billboard or some type of public advertisement for basic knowledge of our ministry even existing	at 20 clients over the last couple years have wanted maternity home care - working with one right now	Batesville Safe Shelter, women's domestic non profit who helps and ministers to families in need	no but would love to know of a good Christian clinic we could refer to.		
CPC of SWMS	no, would be a waste of money for us - have a doctor to call for free sonogram. After going over all the options girls almost always choose life.	website with online giving, updated equipment, more resources and good volunteers, a man on staff to mentor fathers	cultural attitudes/people need adoption education; have a 15 minute video called "Letting Go", birth parents telling their story or why they chose adoption. Every CPC should have copies to hand out at schools or used in certain class rooms posted on websites, etc.	we see homeless girls. About 15 years ago in one year I had up to 9 homeless girls but in the last couple years maybe 2 or 3. we sent girls to local shelter over the years but is now closed. Lifeline helps find housing if needed thru Section 8 Housing - backed up with a waiting list to up to 5 years. Skills training badly needed for clients especially money management	Network with Southwest Community College to help clients get their GED. Provide tutoring free of charge. Network with pastors/churches, marriage counseling offered, family adoptions, Mica: food pantry, WJW Job Center, refer to licensed counselors, doctors, medical office; St Andrews Mission sometimes will pay a bill or deposit; network with people in the community to help buy school supplies for girls in need.	Viewed positively in the community. Churches do baby showers, community refers girls to us, 90 churches participate in baby bottle booming fundraiser but need monthly donors. Have about \$2,000 committed donations each month.	both of our ob/gyn clinics have good doctors.		
Pregnancy Care & Hope Center Greenwood	yes/yes	funding to make our first year's budget	still in process of launching our ICU Mobile unit - expected to arrive in May	radio, TV, movie theatres pre-view/advertising	still in launching process	Churches and individuals are good support; businesses not as much			
Hope Clinic	yes/yes	expand our baby items assistance program to include mentorship, parenting classes, and bible devotions-need larger facility, more staff and grow our budget	various hurdles such as cultural attitudes/myths and negative views. We help educate and build trust and encourage client to talk to the experts in adoption who will care for her and help her make the best decision	more paid advertising to market our services to the community	about 10 patients over the last couple years asked about maternity home care.	Medicaid and counseling - hindrance to both is the wait time on Medicaid and cost of counseling	need for larger space and more volunteers	we provide a list of all local OB/GYN groups - Women's Pavilion and Hattiesburg Clinic OB/GYN	
CPC-Pregnancy & Family Resource Center	no/yes	new stackable washer & dryer. We wash a lot of baby clothes and women's clothes	adoption is perceived in a very negative light emotionally and culturally	adoption is perceived in a very negative light emotionally and culturally	one or two have asked about maternity home care in the last couple years	Western (mental health services), Care Long (domestic violence); behavioral health (cognitive reservation mental health & addiction services); and The River (addiction issues)	very good to excellent local support	only barrier is not interacting with other avenues on a daily basis	do not refer to local medical care

Kristen Windham

From: Anita.Henderson@hattiesburgclinic.com
Sent: Monday, May 9, 2022 4:11 PM
To: austin@clearwatergroup.ms; Ryker@clearwatergroup.ms; Kristen Windham
Cc: Amy.Arrington@hattiesburgclinic.com
Subject: <EXTERNAL>: 12 month Postpartum Care

Good afternoon Kristen,

Thank you so much for meeting with me and Drs. Randy Henderson and John Gaudet on Friday. I really appreciate your willingness to listen and your understanding of the importance of this issue. Now more than ever, I think we have the opportunity to do some good for moms and babies in Mississippi. As I mentioned and in the information given, postpartum care would improve the health of moms and babies. If abortion is banned, as it seems per the Supreme Court leaked document, we may have an additional 3500 babies born in MS per year. Since approximately 14% of babies end up preterm we could estimate about 500 additional babies in the neonatal intensive care unit. We need to think about how to best care for these babies and mothers.


I saw Governor Reeves on several national news outlets Sunday morning. Supporting 12 month postpartum care for moms would be a great way to provide help for these families and these babies. I am scheduled to be in Jackson on Wednesday, May 11 at 10:45 for Governor Reeves' ceremonial signing of the Telemedicine Bill and the COVID-19 Provider Innovation Grant Bill. Please let me know if you or Governor Reeves or Drew Snyder would like to talk further on this before or after and I am happy to make arrangements.

Best,

Anita Henderson MD

The Pediatric Clinic/Hattiesburg Clinic/Forrest General Hospital

President of the Mississippi Chapter of the American Academy of Pediatrics


This message was secured by Zix(R).

Kristen Windham

From: Kristen Windham
Sent: Tuesday, May 10, 2022 10:26 AM
To: Anita.Henderson@hattiesburgclinic.com
Subject: RE: <EXTERNAL>: 12 month Postpartum Care

Dr. Henderson,

It was great to meet with y'all the other day. I've reached out to the Governor's scheduler and unfortunately he cannot make it work this week. I'll also check with Medicaid to see if they might be available.

Kristen Windham
Policy Advisor
Office of Governor Tate Reeves

-----Original Message-----

From: Anita.Henderson@hattiesburgclinic.com <Anita.Henderson@hattiesburgclinic.com>
Sent: Monday, May 9, 2022 4:11 PM
To: austin@clearwatergroup.ms; Ryker@clearwatergroup.ms; Kristen Windham <Kristen.Windham@GovReeves.ms.gov>
Cc: Amy.Arrington@hattiesburgclinic.com
Subject: <EXTERNAL>: 12 month Postpartum Care

Good afternoon Kristen,

Thank you so much for meeting with me and Drs. Randy Henderson and John Gaudet on Friday. I really appreciate your willingness to listen and your understanding of the importance of this issue. Now more than ever, I think we have the opportunity to do some good for moms and babies in Mississippi. As I mentioned and in the information given, postpartum care would improve the health of moms and babies. If abortion is banned, as it seems per the Supreme Court leaked document, we may have an additional 3500 babies born in MS per year. Since approximately 14% of babies end up preterm we could estimate about 500 additional babies in the neonatal intensive care unit. We need to think about how to best care for these babies and mothers.

I saw Governor Reeves on several national news outlets Sunday morning. Supporting 12 month postpartum care for moms would be a great way to provide help for these families and these babies. I am scheduled to be in Jackson on Wednesday, May 11 at 10:45 for Governor Reeves' ceremonial signing of the Telemedicine Bill and the COVID-19 Provider Innovation Grant Bill. Please let me know if you or Governor Reeves or Drew Snyder would like to talk further on this before or after and I am happy to make arrangements.

Best,

Kristen Windham

From: Barrie Nelson
Sent: Tuesday, May 10, 2022 10:28 AM
To: Kristen Windham
Subject: RE: <EXTERNAL>: 12 month Postpartum Care

Got it - can you let her know please that she's on future list?

Barrie Nelson
Office of Governor Tate Reeves
[REDACTED]

-----Original Message-----

From: Kristen Windham <Kristen.Windham@GovReeves.ms.gov>
Sent: Tuesday, May 10, 2022 10:24 AM
To: Barrie Nelson <Barrie.Nelson@GovReeves.ms.gov>
Subject: RE: <EXTERNAL>: 12 month Postpartum Care

That would probably be helpful, if he's interested.

Kristen

-----Original Message-----

From: Barrie Nelson <Barrie.Nelson@GovReeves.ms.gov>
Sent: Tuesday, May 10, 2022 10:22 AM
To: Kristen Windham <Kristen.Windham@GovReeves.ms.gov>
Subject: RE: <EXTERNAL>: 12 month Postpartum Care

Definitely can't this week - but I'll put her on the list for the future?

Barrie Nelson
Office of Governor Tate Reeves
[REDACTED]

-----Original Message-----

From: Kristen Windham <Kristen.Windham@GovReeves.ms.gov>
Sent: Tuesday, May 10, 2022 10:17 AM
To: Barrie Nelson <Barrie.Nelson@GovReeves.ms.gov>
Subject: FW: <EXTERNAL>: 12 month Postpartum Care

See below. Not sure if he would be interested in meeting with her.

Kristen

-----Original Message-----

From: Anita.Henderson@hattiesburgclinic.com <Anita.Henderson@hattiesburgclinic.com>
Sent: Monday, May 9, 2022 4:11 PM
To: austin@clearwatergroup.ms; Ryker@clearwatergroup.ms; Kristen Windham <Kristen.Windham@GovReeves.ms.gov>

Cc: Amy.Arrington@hattiesburgclinic.com
Subject: <EXTERNAL>: 12 month Postpartum Care

Good afternoon Kristen,

Thank you so much for meeting with me and Drs. Randy Henderson and John Gaudet on Friday. I really appreciate your willingness to listen and your understanding of the importance of this issue. Now more than ever, I think we have the opportunity to do some good for moms and babies in Mississippi. As I mentioned and in the information given, postpartum care would improve the health of moms and babies. If abortion is banned, as it seems per the Supreme Court leaked document, we may have an additional 3500 babies born in MS per year. Since approximately 14% of babies end up preterm we could estimate about 500 additional babies in the neonatal intensive care unit. We need to think about how to best care for these babies and mothers.

I saw Governor Reeves on several national news outlets Sunday morning. Supporting 12 month postpartum care for moms would be a great way to provide help for these families and these babies. I am scheduled to be in Jackson on Wednesday, May 11 at 10:45 for Governor Reeves' ceremonial signing of the Telemedicine Bill and the COVID-19 Provider Innovation Grant Bill. Please let me know if you or Governor Reeves or Drew Snyder would like to talk further on this before or after and I am happy to make arrangements.

Best,

Anita Henderson MD

The Pediatric Clinic/Hattiesburg Clinic/Forrest General Hospital

President of the Mississippi Chapter of the American Academy of Pediatrics



This message was secured by Zix(R).

CONFIDENTIALITY NOTICE: This electronic mail transmission with any attachments are confidential and/or proprietary to the Office of the Governor of Mississippi that may be legally protected from disclosure and/or protected by the attorney-client privilege and other privilege and is intended for the exclusive use of the individual or entity named herein. If you are the intended recipient, please maintain confidentiality and be aware that forwarding this e-mail to others may result in a waiver of these protections. If you are not the intended recipient, this e-mail is not intended for transmission to you, nor to be read, reviewed, used, copied, distributed, or even received by you or any other unauthorized persons. If you have received this electronic mail transmission in error, please promptly double delete it from your system without copying, reading, or disseminating it, and notify the sender by reply e-mail so that our address record can be corrected. Thank you for your assistance in protecting confidential information.

CONFIDENTIALITY NOTICE: This electronic mail transmission with any attachments are confidential and/or proprietary to the Office of the Governor of Mississippi that may be legally protected from disclosure and/or protected by the attorney-client privilege and other privilege and is intended for the exclusive use of the individual or entity named herein. If you are the intended recipient, please maintain confidentiality and be aware that forwarding this e-mail to

others may result in a waiver of these protections. If you are not the intended recipient, this e-mail is not intended for transmission to you, nor to be read, reviewed, used, copied, distributed, or even received by you or any other unauthorized persons. If you have received this electronic mail transmission in error, please promptly double delete it from your system without copying, reading, or disseminating it, and notify the sender by reply e-mail so that our address record can be corrected. Thank you for your assistance in protecting confidential information.

CONFIDENTIALITY NOTICE: This electronic mail transmission with any attachments are confidential and/or proprietary to the Office of the Governor of Mississippi that may be legally protected from disclosure and/or protected by the attorney-client privilege and other privilege and is intended for the exclusive use of the individual or entity named herein. If you are the intended recipient, please maintain confidentiality and be aware that forwarding this e-mail to others may result in a waiver of these protections. If you are not the intended recipient, this e-mail is not intended for transmission to you, nor to be read, reviewed, used, copied, distributed, or even received by you or any other unauthorized persons. If you have received this electronic mail transmission in error, please promptly double delete it from your system without copying, reading, or disseminating it, and notify the sender by reply e-mail so that our address record can be corrected. Thank you for your assistance in protecting confidential information.

CONFIDENTIALITY NOTICE: This electronic mail transmission with any attachments are confidential and/or proprietary to the Office of the Governor of Mississippi that may be legally protected from disclosure and/or protected by the attorney-client privilege and other privilege and is intended for the exclusive use of the individual or entity named herein. If you are the intended recipient, please maintain confidentiality and be aware that forwarding this e-mail to others may result in a waiver of these protections. If you are not the intended recipient, this e-mail is not intended for transmission to you, nor to be read, reviewed, used, copied, distributed, or even received by you or any other unauthorized persons. If you have received this electronic mail transmission in error, please promptly double delete it from your system without copying, reading, or disseminating it, and notify the sender by reply e-mail so that our address record can be corrected. Thank you for your assistance in protecting confidential information.

Sam Andrews

From: Sam Andrews
Sent: Monday, January 31, 2022 10:56 AM
To: Toni Terrett
Subject: RE: <EXTERNAL>: Adoption issues

Thanks for your feedback! Appreciate you

Best,

Sam Andrews

Special Assistant and Advisor to the Chief of Staff
Office of Governor Tate Reeves
Post Office Box 139 • Jackson, MS 39205

From: Toni Terrett <tterrett@co.warren.ms.us>
Sent: Sunday, January 30, 2022 3:21 PM
To: Sam Andrews <Sam.Andrews@GovReeves.ms.gov>
Subject: <EXTERNAL>: Adoption issues

Hi Sam,

I hope I'm not too late with this feedback about adoptions. As a circuit court judge, I am not directly involved with adoption proceedings in court. One issue that needs constant attention, however, is the resources available to children of parents facing long-term incarceration or even those who are on probation but struggling to provide the care and attention needed. The answer may not always be adoption in those situations, but these children may need special attention to make sure they are not lost in the shuffle.

Thanks again for reaching out. It is good to know we have people like yourself in high places 😊 TWT

Sent from my Galaxy

Adoption/Judicial Roundtable

**Thursday, February 3, 2022, 11:45 a.m.
Governor's Office, Walter Sillers Building**

Opening Remarks –

Parker Briden, Chief of Staff to Governor Reeves

David Maron, Chief Legal Counsel to Governor Reeves

CPS Involvement –

Andrea Sanders, Commissioner, CPS

Roundtable Discussion –

Group

Closing Remarks

David Maron, Chief Legal Counsel to Governor Reeves



Understanding the Need for the “Support for Mothers and Babies Act”

In most communities across the United States, women facing an unintended pregnancy have two basic options for specialized assistance: a local Planned Parenthood or a local Pregnancy Help Organization (PHO). PHOs include “crisis pregnancy organizations,” adoption agencies, maternity homes, and social service organizations that offer help to needy pregnant women and infants while offering options other than abortion. Planned Parenthoods provide primarily contraception and abortion. Currently, thirteen (13) states successfully fund PHOs.¹

The primary difference between Planned Parenthoods and PHOs is that, while Planned Parenthood constitutes the nation’s largest abortion provider, PHOs seek to help women and children escape the disastrous consequences of abortion, including the numerous documented risks of physical, emotional and mental harm that follow abortion. Here are the facts on public funding of PHOs:

1. **By funding PHOs, states offer badly needed services assisting families choosing childbirth.** PHOs offer support before, during and after pregnancy, regardless of the pregnancy decision. This support includes, but is not limited to: parenting education, housing, material assistance, and even post-abortion support. These services are provided in addition to healthcare services, such as prenatal care, ultrasound, pregnancy diagnosis, and STI testing.² PHOs often tailor their myriad services to include services meeting the specific needs of their communities. These services expand options for women and strengthen families.
2. **By funding PHOs, states provide women and children a safe, healthy, and desirable environment for care.** While the well-funded abortion industry has been found to engage in practices endangering women’s health,³ PHOs abide by high standards of Care

¹ Florida, Georgia, Indiana, Kansas, Louisiana, Minnesota, Missouri, North Carolina, North Dakota, Ohio, Pennsylvania, Texas, and Wisconsin.

² See Gaul, M. and Bean, M. “1968-2018 A Half Century of Hope: A Legacy of Life and Love.” Charlotte Lozier Institute. 2018. Page 11. Available at: <https://lozierinstitute.org/a-half-century-of-hope-a-legacy-of-life-and-love/> (Accessed 21 Aug. 2019).

and Competence.⁴ What is more, clients of PHOs are extraordinarily happy with their experience at PHOs. “Word-of-mouth,” i.e. referrals from other clients, is the most common way a new client learns about PHOs.⁵ In 2016, at least 97% of clients at PHOs affiliated with Care Net (a national affiliation organization for PHOs) indicated that their overall experience at the organization was positive.⁶

3. **By funding PHOs, states offer a desired life-affirming alternative to Planned Parenthood**, which is the nation’s largest abortion provider and a large recipient of government funding.⁷ A recent study indicated that six (6) in ten (10) Americans oppose taxpayer funding of abortion.⁸ Furthermore, the latest Gallup polling indicates 72% of Americans support legislation restricting abortion, with 60% believing it should be illegal in all or almost all circumstances.⁹
4. **By funding PHOs, states provide no-cost healthcare for needy women and support for families.** Pregnancy organizations consistently offer their services at no cost to their clients. Unbeknownst to many Americans, Planned Parenthood charges for its services, despite receiving significant government funding.¹⁰
5. **By funding PHOs, taxpayer dollars are saved.** In 2017, PHOs, nationally, saved their communities at least \$161,008,203 by subsidizing health care and other services *at no cost to clients*.¹¹ The agency manager of Michigan’s PHO funding program reported

³ See “Unsafe.” Americans United for Life. 2018. Available at: <https://aul.org/wp-content/uploads/2018/10/AUL-Unsafe-2018-Final-Proof.pdf> (Accessed 21 Aug. 2019).

⁴ See “Our Commitment of Care and Competence.” National Leadership Alliance of Pregnancy Care Services. 9 July 2019. Available at: <https://www.heartbeatinternational.org/about-us/commitment-of-care> (Accessed 21 Aug. 2019).

⁵ Id at 2.

⁶ “The Truth About ‘Crisis Pregnancy Centers.’” Care Net. 2016. Available at: https://www.care-net.org/hubfs/Downloads/The_Truth_About_Crisis_Pregnancy_Centers.pdf?hsCtaTracking=a06cb313-a1fe-45c0-813a-236ab3c8fbfe%7C19a83cca-5f9e-4352-8c70-bb7f26222f7c. (Accessed 21 Aug. 2019).

⁷ Planned Parenthood formerly received approximately \$60 million in federal Title X funding alone. Planned Parenthood opted to withdraw from Title X funding on August 19, 2019 rather than comply with the Protect Life Rule, which prevents Title X grantees from referring for abortion as a method of family planning, and/or co-locating with abortion providers. For more information on Planned Parenthood’s decision to withdraw from Title X see: <https://lozierinstitute.org/planned-parenthoods-abortion-priority-revealed-through-rejection-of-title-x-funding/>. Planned Parenthood is also a frequent recipient of other sources of government funding, including state Sexual Risk Avoidance grants, state and federal Personal Responsibility Education Program grants, federal Teen Pregnancy Prevention grants, and Medicaid payments. More than one-third of Planned Parenthood’s revenue is derived from government funding, equating to over half a billion dollars (\$563.8 million) annually.

⁸ “Marist Poll: American Opinions on Abortion.” Knights of Columbus. January 2018. Available at: <https://www.kofc.org/un/en/resources/communications/abortion-limits-favored.pdf> (Accessed 21 Aug. 2019).

⁹ Saad, L. “Chart: Americans’ View on Legality of Abortion.” Gallup. 25 June 2019. Available at: <https://news.gallup.com/poll/259061/majority-abortion-legal-limits.aspx> (Accessed 21 Aug. 2019).

¹⁰ Planned Parenthood of Southern New England’s cost calculator (available at: <https://www.plannedparenthood.org/planned-parenthood-southern-new-england/patient-resources/cost-calculator>) reveals that a single 30 year old woman making only \$15,000 a year, would be charged \$116 for a well woman’s exam, and \$20 for a pregnancy test.

¹¹ Id at 2.

contributing a total of \$44 million in tax savings in 2018, while receiving only \$3.3 million in state funding,¹² which is a return-on-investment of over \$13 for every \$1 spent.

6. **By funding PHOs, states engage their citizens.** In 2017, an estimated 64,700 community volunteers served clients in PHOs, with 7,500 of these volunteers being medical professionals.¹³ PHOs are well known for engaging community volunteers, so much so that the White House USA Freedom Corp honored 150 PHO volunteers in a White House ceremony in 2008.¹⁴

7. **By funding PHOs, states exercise their right to prefer childbirth to abortion.** The United States Supreme Court has explicitly stated that the government is allowed to prefer childbirth to abortion. As the court stated in *Roe v. Wade*, “[T]he State...has legitimate interests in protecting...the potentiality of human life...”¹⁵. Additionally, the court found that “Congress has established incentives that make childbirth a more attractive alternative than abortion for persons eligible for Medicaid. These incentives bear a direct relationship to the legitimate congressional interest in protecting potential life.”¹⁶

In conclusion, PHOs have found an effective way to serve their communities with life-affirming, healthy options, at no cost to clients, while saving taxpayer dollars. PHOs allow taxpayers to invest in services that result in tax savings and a healthier community. In short, funding PHOs is a win-win for citizens, clients, and communities. For these reasons, the Susan B. Anthony List is proposing the “Support for Women and Babies Act.” Our hope is that more women facing unintended pregnancies get compassionate, life-affirming care and that citizens of the state are well-served.

For Questions and Assistance please contact:

Sue Swayze Liebel
State Policy Director
Susan B. Anthony List
sswayzeliebel@sbalist.org



HOUSE/SENATE BILL No. _____

¹² Infographic. Real Alternatives. 31 May 2019. Available at: <https://www.realalternatives.org/mi-infographic-5-31-19/> (Accessed 21 Aug. 2019).

¹³ Id at 2.

¹⁴ “Pregnancy Center Volunteers Honored with President’s Volunteer Service Award.” Heartbeat International. 19 Sept. 2008. Available at: <https://www.heartbeatinternational.org/white-house-honors-pregnancy-help-centers> (Accessed 21 Aug. 2019).

¹⁵ *Roe v. Wade*, 410 U.S. 113, at 162

¹⁶ *Harris v. McRae*, 448 U.S. 297, at 325 (1980) (emphasis added).

By Representatives/Senators _____

Section 1. Title.

This Act shall be known as the "Support for Mothers and Babies Act."

Section 2. Legislative Findings and Purposes.

(a) The [Legislature] of the [Insert name of State] finds that:

- (1) **Most Americans prefer their tax dollars be used to support organizations that provide support to women and children** rather than organizations that provide, promote, or refer for abortion. A recent study indicated that six (6) in ten (10) Americans oppose taxpayer funding of abortion. Furthermore, the latest Gallup polling indicates 72% of Americas support legislation limiting abortion. [Insert number] pregnancy help organizations are located in [insert state] and currently offer help to women and babies and receive no state funding.
- (2) **Pregnancy Help Organizations provide valuable services at no cost to the women and children they serve** including, but not limited to: ultrasounds, pregnancy tests/testing; options counseling; adoption planning and services; parenting classes; community referrals; sexually transmitted infection testing; material support; spiritual support; and temporary housing. Nationally, Pregnancy Help Organizations annually serve over 2,000,000 individuals, including the provision of over 400,100 free ultrasounds.
- (3) **Pregnancy Help Organizations fill needed gaps in healthcare for pregnant women.** While the abortion industry and Planned Parenthood remain well funded, Pregnancy Help Organizations are badly needed to support women who wish to choose adoption or parenting. A state-sponsored pregnancy help organization program in Michigan reported that 16.7% of the women they serve cite being pressured by others to abort, and that 83% of these women choose to give birth after being served by their pregnancy help organization network. [Insert State] must provide options for women who wish to parent or place an infant for adoption.
- (4) **Women report overwhelmingly positive experiences at Pregnancy Help Organizations.** "Word-of-mouth," i.e. referrals from other clients, is the most common way a client learns about Pregnancy Help Organizations. In 2016, at

least 97% of clients at Pregnancy Help Organizations affiliated with Care Net (a national affiliation organization for Pregnancy Help Organizations) indicated that their overall experience at the organization was positive.

- (5) **Financial support for organizations that help women who make adoption plans or who choose to parent children is limited when compared to funding provided to the abortion industry.** Planned Parenthood Federation of America holds the largest market-share in America's abortion industry. Planned Parenthood and other organizations within the abortion industry receive significant government funding, including, but not limited to: State family planning funds, Federal Personal Responsibility Education Program grants, federal Teen Pregnancy Prevention grants, and Medicaid payments. Thirty-four percent (34%) of Planned Parenthood's annual revenue is derived from government funding, equating to over half a billion dollars (\$563.8 million). By supplying the abortion industry with government funding, Planned Parenthood alone has inflated the U.S. abortion rate by more than *three million* avoidable abortions.
 - (6) **Pregnancy Help Organizations save taxpayer dollars.** In 2017, Pregnancy Help Organizations, nationally, saved their communities \$161,008,263 by subsidizing health care and other services at no cost to clients. One state funding pregnancy help organizations saw \$44 million in tax savings in 2018.
 - (7) **Other states have successfully appropriated funding to Pregnancy Help Organizations for purposes of supporting women and babies.** Thirteen (13) states within the U.S. have successfully implemented funding programs specifically for pregnancy help organizations as of December 31, 2018.
 - (8) **The United States Supreme Court has found that states are allowed to prefer childbirth to abortion.** "[T]he State...has legitimate interests in protecting...the potentiality of human life..." *Roe v. Wade*, 410 U.S. 113, at 162; and "Congress has established incentives that make childbirth a more attractive alternative than abortion for persons eligible for Medicaid. These incentives bear a direct relationship to *the legitimate congressional interest in protecting potential life.*" *Harris v. McRae*, 448 U.S. 297, at 325 (1980) (emphasis added).
- (b) Based on the findings in subsection (a), the [Legislature] intends to:

- (1) Establish a reliable and steady source of state funding to assist Pregnancy Help Organizations.
- (2) Ensure that state funding is appropriated only for purposes of encouraging and enabling women in their decisions to choose childbirth over abortion.

Section 3. Definitions.

As used in this Act only:

(a) **“Abortion”** [Insert State’s definition of abortion].

(b) **“Pregnancy Help Organization”** means an organization that seeks to provide a range of services to individuals facing an unintended pregnancy, with the intention of encouraging pregnant women to give birth to their unborn children. Pregnancy Help Organizations do not perform, prescribe, refer for or encourage abortion, as defined above, nor do they affiliate with any organization that performs, prescribes, refers for, or encourages abortion. Pregnancy Help Organizations include, but are not limited to, organizations traditionally known as “crisis pregnancy organizations,” maternity homes, adoption agencies, and social services agencies that provide material support and other assistance to individuals facing an unintended pregnancy with the intent to help those individuals give birth to their unborn child.

(c) **“Abortion Industry Organization”** means any organization that performs, prescribes, refers for, encourages or promotes abortion as an option for a pregnant woman, or owns, operates, or manages a facility where abortions are performed or prescribed. The term ‘Organization’ means the entire legal entity, including any entity or affiliate that controls, is controlled by, or is under common control with such an entity.

(d) **“Management Agency”** means an organization that contracts with the [insert State], or department thereof to manage the Women and Babies Support Program, as outlined below in Section [X] of this Chapter.

(e) **“Subcontractor”** means a Pregnancy Help Organization that contracts with the Management Agency to provide Pregnancy Support Program services to individuals.

(f) **“Cost of Living”** means any increase in the cost to maintain a standard of living as set forth by the Consumer Price Index (CPI).

Section 4. Establishing the “[State] Mothers and Babies Support Program” or [Insert Preferred Title]

(a) [State] shall establish a program called the [Insert Title]

- (1) *Under the direction of [Insert State Agency, if needed],* [State] shall annually appropriate an amount starting with [\$X,XXX,XXX] within the state budget [insert any applicable statutes] to be distributed to Pregnancy Help Organizations. The allocation shall be in addition to any existing funding allocated and shall be increased annually consistent with any Cost of Living increases.
- (2) All organizations meeting the definition of a Pregnancy Help Organization under this statute are eligible to receive funding under the Mothers and Babies Support Program, subject to meeting the standards defined by the Managing Agency.
- (3) Organizations meeting the definition of an Abortion Industry Organization under this statute are specifically excluded from receiving funding under the Pregnancy Support Program.

(b) Funds distributed under the [State] Mothers and Babies Support Program shall be distributed on a fee per service arrangement with a fee per service/hour arrangement as set by the Management Agency.

Section 5. Management Agency.

- (a) The State *[shall contract with one or more Management Agency/ies that exclusively promote and support childbirth and are knowledgeable and supportive of Pregnancy Help Organization operations]* to receive the funds and administer the Pregnancy Support Program, as the Program’s Management Agency.
- (b) The Management Agency may not perform, prescribe, refer for, advocate for, or encourage abortion; nor may they affiliate or hold any relationship with any Abortion Industry Organization or any entity that controls, is controlled by, or is under common control with an Abortion Industry Organization.
- (c) The Management Agency shall be tasked with the following:

- (1) Locating and advertising Program participation to Pregnancy Help Organizations within the state.
 - (2) Establishing qualification requirements for Pregnancy Help Organization participation which may include, but are not limited to:
 - a. Adherence to the “Commitment of Care and Competence,” as established by the Leadership Alliance of Pregnancy Care Organizations.
 - b. Participation in trainings.
 - c. Maintaining policies and processes for child abuse reporting, medical emergencies, and/or addressing client complaints.
 - d. Requiring a policy that Pregnancy Help Organizations abide by all applicable federal and state laws.
 - e. Requiring annual evaluations of Pregnancy Help Organization staff and volunteers that interact with clients.
 - (3) Establishing Invoicing and Reimbursement for Pregnancy Help Organizations receiving funding under the Pregnancy Support Program, including a fee or service schedule whereby costs for each service are set forth.
 - (4) Establishing statistical standards and other reporting requirements.
 - (5) Establishing an auditing procedure for Pregnancy Help Organizations to ensure financial and operational accountability.
- (d) The Management Agency must enter into contracts with Pregnancy Help Organizations to operate as subcontractors for serving individuals under the Pregnancy Support Program.

Section 6. Effective Date.

This Act takes effect on *[Insert date]*.

Sam Andrews

From: Sam Andrews
Sent: Monday, January 31, 2022 10:56 AM
To: Toni Terrett
Subject: RE: <EXTERNAL>: Adoption issues

Thanks for your feedback! Appreciate you

Best,

Sam Andrews

Special Assistant and Advisor to the Chief of Staff
Office of Governor Tate Reeves
Post Office Box 139 • Jackson, MS 39205

From: Toni Terrett <tterrett@co.warren.ms.us>
Sent: Sunday, January 30, 2022 3:21 PM
To: Sam Andrews <Sam.Andrews@GovReeves.ms.gov>
Subject: <EXTERNAL>: Adoption issues

Hi Sam,

I hope I'm not too late with this feedback about adoptions. As a circuit court judge, I am not directly involved with adoption proceedings in court. One issue that needs constant attention, however, is the resources available to children of parents facing long-term incarceration or even those who are on probation but struggling to provide the care and attention needed. The answer may not always be adoption in those situations, but these children may need special attention to make sure they are not lost in the shuffle.

Thanks again for reaching out. It is good to know we have people like yourself in high places 😊 TWT

Sent from my Galaxy

Possible actions ahead of a life-favoring Supreme Court ruling in the Dobbs Case

The following legislation answers Governor Reeves' call in his 2022 State of the State Address to, "do everything in our power to make Mississippi the safest and most supportive state in the country for mothers while promoting a culture of life and ensuring that mothers get the best possible care during their pregnancy."

• Support for Mothers and Babies Act

- A competitive grant program for pregnancy help organizations (PHOs) across the state that specialize in help before, during, and after pregnancy. PHOs include "crisis pregnancy organizations," adoption agencies, maternity homes, and social service organizations that offer help to needy pregnant women and infants other than abortion. This includes healthcare services, parenting education, housing, material assistance, prenatal care, ultrasound, pregnancy diagnosis, and STI testing. Also included in this legislation, we are proposing that county health departments, and any hospital that receives state funding, be required to refer pregnant women to PHOs after receiving a positive pregnancy test.
- Currently, 13 states fund PHOs – Florida, Georgia, Indiana, Kansas, Louisiana, Minnesota, Missouri, North Carolina, North Dakota, Ohio, Pennsylvania, Texas, and Wisconsin.
- In Mississippi, the money raised from Choose Life and Adoption car tags goes to Choose Life Mississippi. The group then sends a portion of that money to each of their pregnancy centers across the state. This is the only source of state funding that these centers currently receive. The rest of their money is collected through private fundraising efforts.
- By funding PHOs, states provide women and children a safe, healthy, life-affirming, and desirable environment for support and care while saving taxpayer dollars.
- In 2017 PHOs, nationally, saved their communities at least \$161,008,203 by subsidizing health care and other services at no cost to clients. The agency manager of the State of Michigan's PHO funding program reported contributing a total of \$44 million in tax savings in 2018, while receiving only \$3.3 million in state funding – a return-on-investment of over \$13 for every \$1 spent.
- On average, the State of Mississippi incurs \$40,000 in annual expenses for each child in CPS custody.

The following judicial reforms, adoption incentives, and state law amendments answer Governor Reeves' calls in his 2020 and 2022 State of the State Addresses to, "make it even easier to adopt a Mississippi child into a forever home while going further than just preventing abortion and accelerating this progress and bringing even more attention to the kids in our care. Through public promotion and quiet reform, we will do the necessary work to ensure that these children are not twice-abandoned."

- **Statewide Judicial Reform**

- Create a uniform, state-funded youth court to serve as a problem-solving court to streamline adoptions and finalize termination of parental rights proceedings, creating a more rapid pathway for permanent placement and removal from state custody.
- Provide state funding for parent representatives for children who come into CPS custody to ensure due process is provided at the beginning of the judicial process to promote a quicker and more efficient pathway to permanency for children.
- Complete a review of current uniform rules of all youth courts while working alongside the state supreme court to propose amended rules for greater uniformity and application across all jurisdictions.
- Amend state law to allow county prosecutors to perform termination of parental rights in addition to the attorney general's office to aid in expediting the backlog of cases currently in the judicial system and preventing future backlogs.

- **Increased Adoption Incentives**

- In-state private adoptions can cost between \$10,000 and \$40,000, including legal and agency fees and possible medical charges. Mississippi currently supplements the federal tax credit with a state income tax credit up to \$2,500. The state also subsidizes foster care and provides a foster care charitable credit. An increase of these amounts would further incentivize qualifying individuals to adopt Mississippi children through CPS and private adoption agencies.
- An additional incentive to adopt a Mississippi child could include a multi-year grant award for qualifying adults who live both inside and outside of the State of Mississippi. An example would be a \$20,000 grant payable over four years available for a set amount of Mississippi Children per year in CPS custody.

- **Extended Safe Haven law**

- Currently, Mississippi's safe haven law allows a birth mother to relinquish her child up to three days after birth into the custody of a hospital, fire station/EMS provider, or a licensed adoption agency. Our three-day limit on relinquishment is similar to the law of eight other states and Puerto Rico. The vast majority of states, however, allow relinquishment within seven days after birth, with some ranging as long as 30 days or up to one year.
- Annually, Mississippi has roughly 100 abortions for every completed infant adoption, demonstrating the need for expanded legal options for expectant mothers following a life-favoring supreme court ruling in the Dobbs case.

- **Roundtable with CPS, centers for pregnancy choices, pregnancy help organizations, adoption agencies, hospitals and clinics, and Medicaid**

- Each of these entities plays a vital role in prenatal care to birth to adoption. Communication about the overall process toward making a concerted effort would be most beneficial to Mississippi children.

- **Addressing Current Case Backlog**

- Provide funding for temporary special youth court judges, prosecutors, guardians ad litem, and CPS case workers in order to relieve the current backlog of adoption and custody cases ahead of a life-favoring supreme court ruling in the Dobbs case.

By Representatives/Senators _____

Section 1. Title.

This Act shall be known as the “Support for Mothers and Babies Act.”

Section 2. Legislative Findings and Purposes.

(a) The [Legislature] of the [Insert name of State] finds that:

- (1) **Most Americans prefer their tax dollars be used to support organizations that provide support to women and children** rather than organizations that provide, promote, or refer for abortion. A recent study indicated that six (6) in ten (10) Americans oppose taxpayer funding of abortion. Furthermore, the latest Gallup polling indicates 72% of Americas support legislation limiting abortion. [Insert number] pregnancy help organizations are located in [insert state] and currently offer help to women and babies and receive no state funding.
- (2) **Pregnancy Help Organizations provide valuable services at no cost to the women and children they serve** including, but not limited to: ultrasounds, pregnancy tests/testing; options counseling; adoption planning and services; parenting classes; community referrals; sexually transmitted infection testing; material support; spiritual support; and temporary housing. Nationally, Pregnancy Help Organizations annually serve over 2,000,000 individuals, including the provision of over 400,100 free ultrasounds.
- (3) **Pregnancy Help Organizations fill needed gaps in healthcare for pregnant women.** While the abortion industry and Planned Parenthood remain well funded, Pregnancy Help Organizations are badly needed to support women who wish to choose adoption or parenting. A state-sponsored pregnancy help organization program in Michigan reported that 16.7% of the women they serve cite being pressured by others to abort, and that 83% of these women choose to give birth after being served by their pregnancy help organization network. [Insert State] must provide options for women who wish to parent or place an infant for adoption.
- (4) **Women report overwhelmingly positive experiences at Pregnancy Help Organizations.** “Word-of-mouth,” i.e. referrals from other clients, is the most common way a client learns about Pregnancy Help Organizations. In 2016, at

least 97% of clients at Pregnancy Help Organizations affiliated with Care Net (a national affiliation organization for Pregnancy Help Organizations) indicated that their overall experience at the organization was positive.

- (5) **Financial support for organizations that help women who make adoption plans or who choose to parent children is limited when compared to funding provided to the abortion industry.** Planned Parenthood Federation of America holds the largest market-share in America's abortion industry. Planned Parenthood and other organizations within the abortion industry receive significant government funding, including, but not limited to: State family planning funds, Federal Personal Responsibility Education Program grants, federal Teen Pregnancy Prevention grants, and Medicaid payments. Thirty-four percent (34%) of Planned Parenthood's annual revenue is derived from government funding, equating to over half a billion dollars (\$563.8 million). By supplying the abortion industry with government funding, Planned Parenthood alone has inflated the U.S. abortion rate by more than *three million* avoidable abortions.
 - (6) **Pregnancy Help Organizations save taxpayer dollars.** In 2017, Pregnancy Help Organizations, nationally, saved their communities \$161,008,263 by subsidizing health care and other services at no cost to clients. One state funding pregnancy help organizations saw \$44 million in tax savings in 2018.
 - (7) **Other states have successfully appropriated funding to Pregnancy Help Organizations for purposes of supporting women and babies.** Thirteen (13) states within the U.S. have successfully implemented funding programs specifically for pregnancy help organizations as of December 31, 2018.
 - (8) **The United States Supreme Court has found that states are allowed to prefer childbirth to abortion.** "[T]he State...has legitimate interests in protecting...the potentiality of human life..." *Roe v. Wade*, 410 U.S. 113, at 162; and "Congress has established incentives that make childbirth a more attractive alternative than abortion for persons eligible for Medicaid. These incentives bear a direct relationship to *the legitimate congressional interest in protecting potential life.*" *Harris v. McRae*, 448 U.S. 297, at 325 (1980) (emphasis added).
- (b) Based on the findings in subsection (a), the [Legislature] intends to:

- (1) Establish a reliable and steady source of state funding to assist Pregnancy Help Organizations.
- (2) Ensure that state funding is appropriated only for purposes of encouraging and enabling women in their decisions to choose childbirth over abortion.

Section 3. Definitions.

As used in this Act only:

- (a) **“Abortion”** [Insert State’s definition of abortion].
- (b) **“Pregnancy Help Organization”** means an organization that seeks to provide a range of services to individuals facing an unintended pregnancy, with the intention of encouraging pregnant women to give birth to their unborn children. Pregnancy Help Organizations do not perform, prescribe, refer for or encourage abortion, as defined above, nor do they affiliate with any organization that performs, prescribes, refers for, or encourages abortion. Pregnancy Help Organizations include, but are not limited to, organizations traditionally known as “crisis pregnancy organizations,” maternity homes, adoption agencies, and social services agencies that provide material support and other assistance to individuals facing an unintended pregnancy with the intent to help those individuals give birth to their unborn child.
- (c) **“Abortion Industry Organization”** means any organization that performs, prescribes, refers for, encourages or promotes abortion as an option for a pregnant woman, or owns, operates, or manages a facility where abortions are performed or prescribed. The term ‘Organization’ means the entire legal entity, including any entity or affiliate that controls, is controlled by, or is under common control with such an entity.
- (d) **“Management Agency”** means an organization that contracts with the [insert State], or department thereof to manage the Women and Babies Support Program, as outlined below in Section [X] of this Chapter.
- (e) **“Subcontractor”** means a Pregnancy Help Organization that contracts with the Management Agency to provide Pregnancy Support Program services to individuals.
- (f) **“Cost of Living”** means any increase in the cost to maintain a standard of living as set forth by the Consumer Price Index (CPI).

Section 4. Establishing the “[State] Mothers and Babies Support Program” or [Insert Preferred Title]

(a) [State] shall establish a program called the [Insert Title]

- (1) *Under the direction of [Insert State Agency, if needed], [State] shall annually appropriate an amount starting with [\$X,XXX,XXX] within the state budget [insert any applicable statutes] to be distributed to Pregnancy Help Organizations. The allocation shall be in addition to any existing funding allocated and shall be increased annually consistent with any Cost of Living increases.*
- (2) All organizations meeting the definition of a Pregnancy Help Organization under this statute are eligible to receive funding under the Mothers and Babies Support Program, subject to meeting the standards defined by the Managing Agency.
- (3) Organizations meeting the definition of an Abortion Industry Organization under this statute are specifically excluded from receiving funding under the Pregnancy Support Program.

(b) Funds distributed under the [State] Mothers and Babies Support Program shall be distributed on a fee per service arrangement with a fee per service/hour arrangement as set by the Management Agency.

Section 5. Management Agency.

- (a) The State *[shall contract with one or more Management Agency/ies that exclusively promote and support childbirth and are knowledgeable and supportive of Pregnancy Help Organization operations]* to receive the funds and administer the Pregnancy Support Program, as the Program’s Management Agency.
- (b) The Management Agency may not perform, prescribe, refer for, advocate for, or encourage abortion; nor may they affiliate or hold any relationship with any Abortion Industry Organization or any entity that controls, is controlled by, or is under common control with an Abortion Industry Organization.
- (c) The Management Agency shall be tasked with the following:

- (1) Locating and advertising Program participation to Pregnancy Help Organizations within the state.
- (2) Establishing qualification requirements for Pregnancy Help Organization participation which may include, but are not limited to:
 - a. Adherence to the "Commitment of Care and Competence," as established by the Leadership Alliance of Pregnancy Care Organizations.
 - b. Participation in trainings.
 - c. Maintaining policies and processes for child abuse reporting, medical emergencies, and/or addressing client complaints.
 - d. Requiring a policy that Pregnancy Help Organizations abide by all applicable federal and state laws.
 - e. Requiring annual evaluations of Pregnancy Help Organization staff and volunteers that interact with clients.
- (3) Establishing Invoicing and Reimbursement for Pregnancy Help Organizations receiving funding under the Pregnancy Support Program, including a fee or service schedule whereby costs for each service are set forth.
- (4) Establishing statistical standards and other reporting requirements.
- (5) Establishing an auditing procedure for Pregnancy Help Organizations to ensure financial and operational accountability.

(d) The Management Agency must enter into contracts with Pregnancy Help Organizations to operate as subcontractors for serving individuals under the Pregnancy Support Program.

Section 6. Effective Date.

This Act takes effect on *[Insert date]*.

Sam Andrews

From: Sam Andrews
Sent: Tuesday, May 3, 2022 3:56 PM
To: Cory Custer; Hunter Estes
Subject: Page 2 of Pro Life Initiatives

The following incentives, changes to state law, and improvements to social services answer Governor Reeves' calls in his 2020 and 2022 State of the State Addresses to, "make it even easier to adopt a Mississippi child into a forever home while going further than just preventing abortion and accelerating this progress and bringing even more attention to the kids in our care. Through public promotion and quiet reform, we will do the necessary work to ensure that these children are not twice abandoned."

Increased Adoption Incentives

- Provide state funding for parent representatives for children who come into CPS custody to ensure due process is provided at the beginning of the judicial process to promote a quicker and more efficient pathway to permanency for children.
- Multi-year grant award for qualifying adults who live both inside and outside the State of Mississippi. An example would be a \$20,000 grant payable over four years available for a set amount of Mississippi Children per year in CPS custody.

Extend Safe Haven Law

- Currently, Mississippi's Safe Haven Law allows a birth mother to relinquish her child up to three days after birth into the custody of a hospital, fire station/EMS provider, or a licensed adoption agency. Our three-day limit on relinquishment is similar to the law of eight other states and Puerto Rico. The vast majority of states, however, allow relinquishment within seven days after birth, with some ranging as long as 30 days or up to one year.
- Annually, Mississippi has roughly 100 abortions for every completed infant adoption, demonstrating the need for expanded legal options for expectant mother following a life-favoring supreme court ruling in the Dobbs case.

Improvements to social services infrastructure to improve case management, targeting at-risk mothers (Unite Us)

From: Sam Andrews

Sent: Tuesday, May 3, 2022 3:56 PM

To: Cory Custer <Cory.Custer@GovReeves.ms.gov>; Hunter Estes <Hunter.Estes@GovReeves.ms.gov>

Subject: Page 2 of Pro Life Initiatives

The following incentives, changes to state law, and improvements to social services answer Governor Reeves' calls in his 2020 and 2022 State of the State Addresses to, "make it even easier to adopt a Mississippi child into a forever home while going further than just preventing abortion and accelerating this progress and bringing even more attention to the kids in our care. Through public promotion and quiet reform, we will do the necessary work to ensure that these children are not twice abandoned."

Increased Adoption Incentives

- Provide state funding for parent representatives for children who come into CPS custody to ensure due process is provided at the beginning of the judicial process to promote a quicker and more efficient pathway to permanency for children.
- Multi-year grant award for qualifying adults who live both inside and outside the State of Mississippi. An example would be a \$20,000 grant payable over four years available for a set amount of Mississippi Children per year in CPS custody.

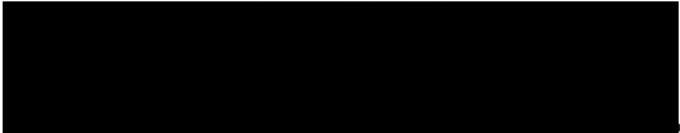
Extend Safe Haven Law

- Currently, Mississippi's Safe Haven Law allows a birth mother to relinquish her child up to three days after birth into the custody of a hospital, fire station/EMS provider, or a licensed adoption agency. Our three-day limit on relinquishment is similar to the law of eight other states and Puerto Rico. The vast majority of states, however, allow relinquishment within seven days after birth, with some ranging as long as 30 days or up to one year.
- Annually, Mississippi has roughly 100 abortions for every completed infant adoption, demonstrating the need for expanded legal options for expectant mother following a life-favoring supreme court ruling in the Dobbs case.

Improvements to social services infrastructure to improve case management, targeting at-risk mothers (Unite Us)

Sam Andrews

Special Assistant and Advisor to the Chief of Staff
Office of Governor Tate Reeves
Post Office Box 139 • Jackson, MS 39205



PLEASE NOTE: This electronic mail transmission with any attachments are confidential and/or proprietary to the Office of the Governor of Mississippi that may be legally protected from disclosure and/or protected by the attorney-client privilege and other privilege and is intended for the exclusive use of the individual or entity named herein. If you are the intended recipient, please maintain confidentiality and be aware that forwarding this e-mail to others may result in a waiver of these protections. If you are not the intended recipient, this e-mail is not intended for transmission to you, nor to be read, reviewed, used, copied, distributed, or even received by you or any other unauthorized persons. If you have received this electronic mail transmission in error, please promptly double delete it from your system without copying, reading, or disseminating it, and notify the sender by reply e-mail so that our address record can be corrected. Thank you for your assistance in protecting confidential information.