Welfare Reform Bill Includes Pro-Family, Pro-Life Initiatives

Unpredictable things can happen in the state legislature, but as this Good News goes to press, the General Assembly is poised to pass a major welfare reform proposal. Senate Bill 24, sponsored by Senator David Sater (R-Mt. Vernon), proposes a major overhaul of the temporary assistance for needy families (TANF) program, and includes major initiatives to promote stable two-parent families and encourage women to carry their unborn child to term.

TANF provides cash assistance to poor families with dependent children. These are the poorest of the poor, but the current program does little to help move these people out of poverty.

Currently, recipients can receive benefits even if they never meet with a caseworker. The cash helps, but no roadmap is created to move out of poverty. At the urging of the Missouri Catholic Conference (MCC), SB 24 requires face-to-face meetings with caseworkers where recipients sign a personal responsibility pact. This is similar to the kind of “hands-on,” personal approach taken by pregnancy resource centers that counsel women facing crisis pregnancies.

The MCC has pointed out that the current TANF program is not addressing two of the goals of TANF set out in federal law. Some of the federal TANF dollars are supposed to be used to reduce or prevent out-of-wedlock births and to promote the formation of two-parent families, but little attention is currently being given to these areas.

The MCC has worked with Campaign Life to convince lawmakers to allocate $4.3 million for programs promoting healthy marriages and two-parent families and another $4.3 million for alternatives to abortion services. The lack of strong families is at the root of many social ills, like poverty, so the MCC is urging more effort to promote stable two-parent families.

Senate Bill 24 also removes the marriage penalty in TANF. Under the proposal if a recipient marries, the income of the new spouse would be disregarded in calculating TANF benefits for six months.

—TANF provides assistance to parents with children. The MCC is reminding lawmakers of the importance of protecting the security of children when reforming welfare.
Pro-Life Initiatives Move Forward in Missouri Legislature

Although pro-life issues have not received much media attention this year, there are a number of pro-life bills moving forward in the General Assembly with a good chance of passage. Here is a quick review of some of the proposals.

Alternatives to Abortion/Pre-Natal Care

Both chambers of the General Assembly have approved continued funding for the Alternatives to Abortion (ATA) program. The Office of Administration budget bill—HB 5—includes $2.15 million in state and federal funds for ATA. ATA provides services to women in crisis pregnancies. The crisis assistance is offered by local maternity homes and pregnancy resource centers and can include emergency housing, providing baby supplies, pre-natal care, and counseling which includes developing plans for future employment, among other services. In addition to the money appropriated in the state budget for ATA, the welfare reform bill (SB 24), which is poised to pass the General Assembly, authorizes $4.3 million in additional funding for ATA.

Pre-natal care will also be offered to more poor women in the Department of Social Services (DSS) budget, HB 11. The DSS budget appropriates $13.6 million in state and federal funds for the Show-Me Healthy Babies program.

The MCC has worked with Campaign Life, Missouri Right to Life, and others, to ensure funding for these various pro-life initiatives. Offering crucial assistance to women in crisis pregnancies may be the most effective way to reduce abortions in the state of Missouri.

Abortion Clinic Inspections

Legislation to require the Missouri Department of Health to annually inspect abortion clinics in Missouri is moving through the General Assembly as this Good News goes to press. House Bill 190 is sponsored by Representative Kathryn Swan (R-Cape Girardeau). The bill passed the Missouri House by a vote of 119-35, and is now pending in the Missouri Senate.

This legislation has been filed because of concerns that Missouri’s only abortion clinic, St. Louis Reproductive Health Services/Planned Parenthood, has not been regularly inspected on an annual basis. Through a Sunshine Request the Missouri Catholic Conference obtained the results of inspections of the St. Louis abortion clinic conducted by the Missouri Department of Health in 2009, 2013, and 2014.

These inspections have shown a number of health and safety violations which the clinic has only corrected after the inspections took place.

The 2009 inspection found that two of the surgical technicians assigned to assist in the abortion procedure had no documentation of surgical training in their personal files. The 2009 inspection concluded: “Based on record review and interview, the facility failed to assure that all surgical technicians (non-licensed assisting staff present in the procedure room) provide documentation of training in assisting abortion producers or certified surgical technologist credentials.”

An inspection on January 31, 2013 found a number of disturbing violations. For example, the inspection report found that the St. Louis clinic failed to discard single use medications after they were used on a patient, failed to ensure expired items were not available to patients, and failed to ensure “a sanitary environment was preserved by failure to replace worn, rusted or deteriorating equipment with functional easily cleanable surfaces that will not harbor and transmit infections in three of
three Procedure Rooms." Observation of the supply room found expired surgical gloves and postpartum balloons (used to control postpartum hemorrhage).

A revisit on March 19, 2013 by the Missouri Department of Health found the facility to be in "substantial compliance." In response to a complaint the Missouri Department of Health made another visit to the St. Louis clinic on January 21, 2014 and found the complaint unsubstantiated and the facility to be in "substantial compliance." This history of violations and then corrections of the violations demonstrates the importance of the annual inspections proposed by HB 190.

Karen Nolkemper, Executive Director of the Archdiocese of St. Louis’ Respect Life Apostolate, explains, “If patient care and safety are really top priorities, then it is reasonable for a surgical facility to undergo annual inspections. HB 190 is a common sense measure designed to protect women.”

The government has an interest in ensuring that abortion, like any other medical procedure, is being performed in an environment which ensures maximum safety for the woman. Moreover, this law would provide more transparency and information to the public about the condition of abortion facilities, in particular, for women seeking services as these facilities.

As Nolkemper points out, “The bottom line is that an unclean and unsafe facility endangers the lives of women. No one wants that.”

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This regulation is not met as evidenced by:

Based on observation, interview, policy review, and review of nationally recognized standards of practice, the facility failed to:
- Ensure single use medications were discarded after use on each patient (used for multiple patients);
- Ensure expired medications were available for patient use;
- Date multi-dose vials when they are opened;
- Ensure expired items were not available for patient use;
- Ensure a sanitary environment was preserved by failure to replace worn, rusted or deteriorating equipment with functional easily cleanable surfaces that will not harbor and transmit infections in three of three Procedure Rooms; and
- Ensure the facility was free of dust/debris in three of three Procedure Rooms, the storage room and supply room.

The facility does an average of 340 cases per month. On the first day of the survey there were 25 scheduled cases.

Findings included:

1. Record review of the Centers for Disease Control and Prevention (CDC) Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, dated 05/11, showed the following:
   - Do not administer medications from single-dose or single-use vials, ampoules, or bags or bottles of intravenous solution to more than one patient.

2. Observation on 01/30/13 at 11:05 AM of the narcotic cabinet showed one opened 50 millimeter (ml) single dose vial of Fentanyl (pain

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—Karen Nolkemper, Executive Director of the Archdiocese of St. Louis’ Respect Life Apostolate and MCC public policy committee (PPC) member, speaks to Senator Paul Wieland (R-Imperial) about the necessity and importance of abortion clinic inspection legislation during the MCC PPC lobby day.

—A section of health code violations from the 2013 Missouri Department of Health inspection for the Planned Parenthood abortion facility in St. Louis.
All the new and creative ideas in SB 24 for reforming welfare, however, will be undermined if lawmakers cap the lifetime limit a person can receive TANF at 30 months, a provision approved by the Missouri House. The Missouri Senate set the lifetime benefit limit at 48 months.

The MCC believes the House limit of 30 months is too short; it fails to recognize the barriers to employment faced by recipients, including lack of transportation and education, few job skills, drug and alcohol addictions, domestic violence issues, and a past of intergenerational poverty. These barriers can be overcome, but it takes time. Recipients need adequate time to fully participate in the work activities, such as education, job training, and community services, as well as actual employment.

Often lost in the debate has been the fact that TANF is a program to provide assistance to children of poor parents. For every month of TANF benefits no longer allowed, some children lose the assistance they need. Even at the 48 month lifetime limit over 2,400 TANF "cases" would be closed. Additional children would lose benefits if the lifetime limit is reduced further. The challenge in reforming TANF is, on one hand, to encourage parents to seek employment if they are able bodied and begin to move out of poverty and, on the other hand, to protect the children and ensure they receive the assistance they need.

Senate Bill 24 has passed both legislative chambers but in different versions. If the General Assembly passes SB 24, it will then be Governor Nixon’s decision as to whether to sign the bill into law, or veto the legislation.

Visit the MCC website, MoCatholic.org, to contact your legislators about SB 24.

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