November 2019

Dear PACN Community,

I am excited to provide you an update on PACN’s upcoming partnership with the Texas Pregnancy Care Network (TPCN). As you may recall from our September 4th email, TPCN is the program whereby the State of Texas is redirecting your tax dollars from abortion providers to life affirming agencies such as PACN. We are very grateful for our Christian legislators who have fought hard and endured personal risk to make this program possible.

PACN appreciates the opportunity to receive reimbursement for education and material services we are already providing to our clients. In addition, we are thankful for the availability of increased standards, best practices and resources that will help us manage operational risks to a much greater degree and ensure the best possible client experience at PACN for years to come.

The PACN leadership wants you to know that WHAT WE BELIEVE and WHAT WE DO at PACN will not change, but HOW WE DO IT will change, and for the better. Staff and volunteer teams have traveled to a participating center that is operating in great excellence to learn first-hand how they operate. The feedback from our team members has been overwhelmingly positive.

However, since our announcement, we have become aware of some concerns circulating about this new direction and want to directly address wrong information and misconceptions. The Board and the management team at PACN believes it is important that you know the facts and have the truth.

**Misconception #1:**
The government will impose unwanted regulations on us, such as requiring PACN to provide birth control and hire people of different faiths and/or who do not share PACN’s values.

**Truth:** TPCN requirements were architected specifically for pregnancy centers with the help of Texas Right to Life. Therefore, TPCN requires participants to uphold standards and policies that PACN already holds.

**TPCN requirement:** “Do not provide or refer clients for abortions or abortifacients. Do not refer or provide birth control to single clients.”

**PACN’s policy:** PACN does not promote, refer for or provide abortions, abortifacient contraception or birth control. PACN will not refer single individuals for contraceptive services. If the subject of birth control with a single person comes up, PACN representatives will emphasize the value of chastity. Health issues relevant to various forms of birth control may be addressed with single and married individuals and they should be referred to the nursing staff if available. When a married client requests contraceptive services, she should be referred to her physician.

TPCN Update – November 2019
Truth: TPCN acknowledges and affirms our autonomy as a faith-based employer: Because PACN is a religious organization, it has the legal right to require its employees (and volunteers) to agree to certain religious tenets. PACN has the right to hire only candidates who agree with PACN’s Statement of Faith, profess Jesus Christ as their Lord and Savior, hold a solid pro-life position on abortion, and live a lifestyle consistent with PACN’s Statement of Faith.

Misconception #2: PACN will no longer be able to share the Gospel/give priority to sharing the Gospel with our clients.

Truth: The Gospel message still holds the same importance at PACN as it always has. Under the TPCN model, we will have even more opportunity to share the Gospel with our clients because we are setting more time aside for that activity.

Under the current model, client appointments are booked for 60 minutes to include the intake process, pregnancy test, the abortion vulnerability assessment, options counseling, introduction to our education and material assistance program, and prayer and/or a spiritual/Gospel conversation. Often, there is little time left to do more than pray with the client.

Under TPCN, the role of the Advocate is divided into two roles and is referred to as the Client Care Team. This model provides for a 90-minute client encounter, allowing up to an additional 30 minutes for extended spiritual conversation as needed.

TPCN reimbursements are determined by the time spent discussing only program services (material assistance and education) with the client. Spiritual services are not reimbursed. Thus, the reason for the role split. However, centers that have already implemented TPCN have seen a very positive outcome of the separation of roles in that it leverages each person’s God-given strengths in how they minister. Some people prefer to minister program services, while others are more comfortable ministering the Gospel. Additionally, the center we have visited has seen a dramatic increase in salvations as a result of this role specialization. We are very excited about this.

Responsibilities of each role:

- **Program Coordinator:** handles the intake process, pregnancy test, abortion vulnerability assessment, options counseling, introduction to PACN’s educational and material assistance services.

- **Spiritual Mentor:** facilitates spiritual conversations to include any or all of the following: options counseling, prayer, Salvation message, mentoring, discipleship, and finding a church.

As I indicated earlier in this communication, we have begun sending teams to another pregnancy center that is affiliated with TPCN to observe their hand-offs and flow of these client encounters. Thus far, everyone has expressed excitement for the new model, indicating they feel it is more honoring to the client.

Misconception #3: If the government imposes more regulations, we can’t get out of the program.

Truth: We can stop the program at ANY TIME if we find it does not meet our needs/expectations.
Other Requirements of TPCN:

Documented permission from clients to have a spiritual conversation

- PACN must gain written permission from the client in order to have a spiritual conversation. We currently receive verbal approval, so this will not be a significant change. This makes us above reproach for those that might seek to hurt the ministry by claiming we use coercive or manipulative efforts to convince them of our viewpoint.

Sonographers are also able to have spiritual/Gospel conversations with clients who consent. Sonography appointments are scheduled for one hour each and is in addition to the time a client spends with their care team.

Program literature that is current and has proper documentation of source information and statistics.

- TPCN requires a good accounting of all program materials to ensure the literature and training materials are cited and current (5 years or newer for medical brochures and 10 years or newer for general information). This ensures the client is receiving the most up-to-date information about their pregnancy.
- TPCN does not review spiritual materials.

A number of other participating Executive Directors I’ve spoken with tell me that even when the funding goes away, they will retain the TPCN service model because it is very honoring to the client. After witnessing the excellent level of client care with my own eyes, I can understand why they feel this way.

This is an exciting time for PACN and we hope you are excited as well. If you have any questions that are not addressed here, and in the prior (September 4th) communication, please feel free to call me at 936-441-7755.

Last and most importantly. We have researched TPCN carefully for over a year now and PACN’s Leadership has sought God’s direction every step of the way. We trust that this is not only His provision for the needed infrastructure improvements, but that the structural changes are positioning us to remain above reproach in an environment that is increasingly hostile towards anything Christ-centered.

We firmly believe God is about to expand our reach in this community. Please continue to pray that He would continue to bring the most vulnerable women to our doors so we can offer them hope and help in His name.

Thank you for partnering with PACN to see even more lives transformed and babies saved.

Blessings,

Bonnie