When someone is making a decision about continuing or ending a pregnancy, they should be able to get accurate information about all their options so they can decide what is best for themselves.

Anti-abortion centers (AACs) do not support pregnant people and families, but, instead, serve as a barrier to parental support and legitimate health care, including abortion access.

North Dakota is one of at least 17 states that fund AACs with taxpayer dollars; more than $89 million dollars were allocated toward AACs in 2022 alone. In at least seven of these states, millions of federal Temporary Assistance to Needy Families (TANF) funds, which are meant to support families working to make ends meet, instead get diverted to AACs. North Dakota has historically used TANF block grants for its Alternatives to Abortion (A2A) program.

Anti-abortion centers exist in order to delay or deter pregnant people from getting abortion care.

The website of Dakota Hope Clinic in Minot, ND, an AAC that receives tax dollars, is just one example of how AACs uses language to appear that they provide abortion services when they do not.

States are investing in anti-abortion propaganda when money could be going to programs that address the multiple crises in our communities.

**North Dakota Anti-Abortion Center Funding**

| State Funding Began: 2005 |
| Current Funding: $2,100,000 |
| **$600,000 (Standard Appropriation) + $1,500,000 (State Fiscal Recovery Fund)** |

**Funding Over Time:**

- $2,500,000
- $2,000,000
- $1,500,000
- $1,000,000
- $500,000
- $0

*Data not available from State of ND. Funding reported from Bismark Diocese

Anti-abortion centers use tax dollars for marketing instead of support.

Temporary Assistance for Needy Families (TANF) dollars are supposed to give direct assistance to families working to make ends meet. North Dakota’s A2A program gave an AAC $100,000 in TANF funds solely for marketing.

**Anti-abortion centers funnel money away from programs that families need.**

States are investing in anti-abortion propaganda when money could be going to programs that address the multiple crises in our communities.

- **19%**
  - Between 2009 and 2019, the infant mortality rate in North Dakota increased 19%.

- **88%**
  - 88.7% of ND counties have no hospital or birth center offering maternity care.

*Source: March of Dimes PeriStats*

**WHAT IS ABORTION?**

Abortion is a medical or surgical procedure that deliberately terminates a human pregnancy. There are several types of abortion procedures that are available, which have limitations depending on how far along you are in your pregnancy. We can talk with you about all your available options so you can make the best-informed decision for you. We’re here for you just text 978.705.3431 or make an appointment today.

Screenshot from https://dakotahope.org/abortion/

**Source:** March of Dimes PeriStats
Funding AACs siphons money away from low-income individuals and those in need of quality health care, and instead places it in the hands of organizations that spread biased, false, and harmful information—and have been left unchecked far too long.

**Reallocation:**

**Tax dollars should go to programs that provide the support parents and pregnant people need.**

Instead of funnelling money to programs that spend more on propaganda than services, states can fund people getting health care, accurate information, and access to all of their options, including abortion, adoption, and meaningful support for parents to raise children once they are born.

**Regulation:**

**States must engage in greater scrutiny, investigation, and regulation of AACs,** especially those that rely on taxpayer dollars. AACs should not be allowed to engage in unscrupulous tactics and should be required to be transparent about their use of funds and operations.

---

**North Dakota 2023-2025 Proposed Biennium Legislative Information**

SB 2129 proposes $1,000,000 of general funds to be allocated to the state Alternatives to Abortion Program to fund AACs.

As written, the bill would also:

- Allow religious organizations to perform medical services with the funding.
- Remove reporting requirements that would indicate the outcomes of the services the bill would fund.