

Health Care Funding: Information on Crisis Pregnancy Centers, Fiscal Years 2018 Through 2024

GAO-26-108137

Q&A Report to Congressional Requesters

March 2, 2026

Why This Matters

The Department of Health and Human Services (HHS) provides grant awards to organizations that support its mission to enhance the health and well-being of all Americans. Organizations use those funds, in turn, to implement programs and activities aligned with that mission. For example, HHS may commit, or obligate, funding through grants to organizations that use those funds to engage in reproductive health-related activities, such as pregnancy testing and education. These organizations can include crisis pregnancy centers (CPC), also called pregnancy help organizations or pregnancy resource centers.

We were asked to review the amount of federal funding that CPCs have received. This report describes what available data show about CPCs and the amount of federal funds obligated to CPCs from fiscal years 2018 through 2024. In general, an obligation is a commitment made by a federal agency that creates a legal liability to make payment.

Key Takeaways

- There is no standard definition of a CPC, and differing perspectives exist regarding their characteristics and total number. For example, in 2025 stakeholder estimates in the U.S. ranged from about 2,400 to 2,800 CPCs.
- The majority of CPC funding comes from private sources, such as individuals and nongovernmental organizations, and few CPCs receive federal funding, according to stakeholders.
- The total amount of federal funds obligated to CPCs is unknown because CPCs are not easily identified in government spending data compared to some other organizations, such as hospitals. Because of this, our analysis of data from USAspending.gov—the official government-wide source of public data on U.S. federal spending—likely underestimates total obligations to all CPCs.
- For those CPCs we were able to identify in our analysis, we found that HHS obligated at least \$34 million in federal funds across 16 CPCs to provide reproductive health-related services, from fiscal years 2018 through 2024.

What are CPCs?

There is no standard definition of a CPC, based on our review of documents from and interviews with stakeholders, including nationwide CPC networks, researchers, and three CPCs. For the purpose of this review, we consider that CPCs are generally nonprofit, faith-based organizations that provide certain free or low-cost reproductive health-related services, such as pregnancy testing, and encourage parenting and adoption as alternatives to abortion.

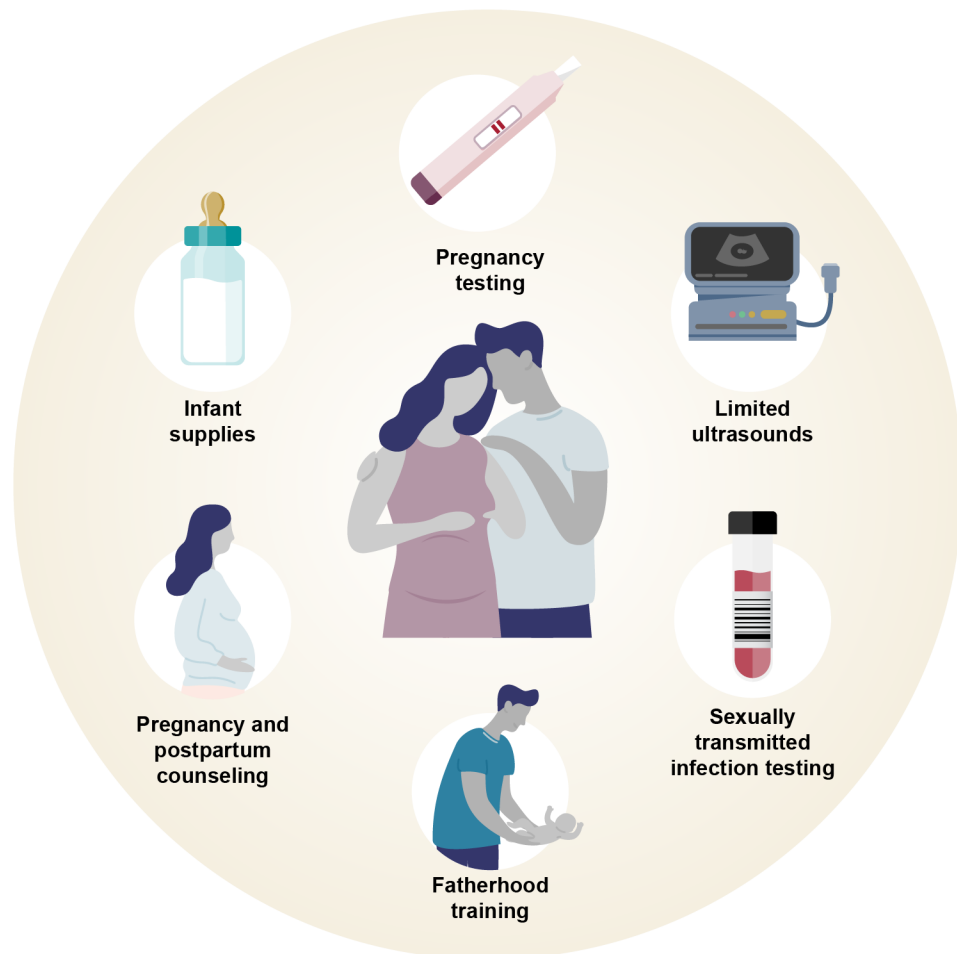
There are different perspectives on what should be considered a CPC. For example, representatives from two organizations that met these CPC

characteristics told us that they preferred to refer to themselves as community service providers because they provide services beyond pregnancy support, such as teaching sexual risk prevention to students in schools. Specifically, these organizations provided such services to at least 50 schools across their respective states. Because of these different perspectives and terminology, there is no agreement on the total number of CPCs. For example, stakeholder estimates in 2025 in the U.S. ranged from about 2,400 to 2,800 CPCs.¹

CPCs may share some characteristics—organizational structure, services, and staffing—but differ on others, according to representatives from CPCs and stakeholders.

- **Organizational structure.** CPCs may operate individually or as part of a local or regional network. Such networks could include two to three locations, or more than 20, according to two stakeholders. For example, representatives from two selected CPCs we spoke with operated regional networks with four and nine locations, respectively. These regional networks rely on a centralized administration to provide leadership and oversee finances, among other responsibilities. In addition, one CPC we interviewed was affiliated with a statewide alliance of CPCs and other pregnancy help organizations for networking and advocacy support, according to representatives.
- **Services.** CPCs commonly offer certain reproductive health-related services, including pregnancy testing, sexual risk avoidance education, pregnancy options counseling (e.g., parenting or adoption), and sexually transmitted infection testing, according to stakeholders.² CPCs typically promote abstinence and do not perform abortions or refer clients for abortion services.³ Some CPCs offer limited medical services, such as ultrasounds, but generally do not provide a full range of prenatal care. For example, representatives from one CPC we interviewed told us they referred clients with a positive pregnancy test for obstetrics care. This CPC also provided pregnant clients with pregnancy verification letters to prove their eligibility for certain benefits, including the Special Supplemental Nutrition Program for Women, Infants, and Children, according to representatives.⁴ In addition to health-related services, CPCs may also provide expecting parents with infant supplies, such as formula, diapers, or car seats. (See fig. 1.) CPCs, including three we interviewed, generally provide services for free or at little cost to the client.

Figure 1: Examples of Services Crisis Pregnancy Centers May Offer to Clients



Source: GAO (presentation and icons); Good Studio/stock.adobe.com (people icons). | GAO-26-108137

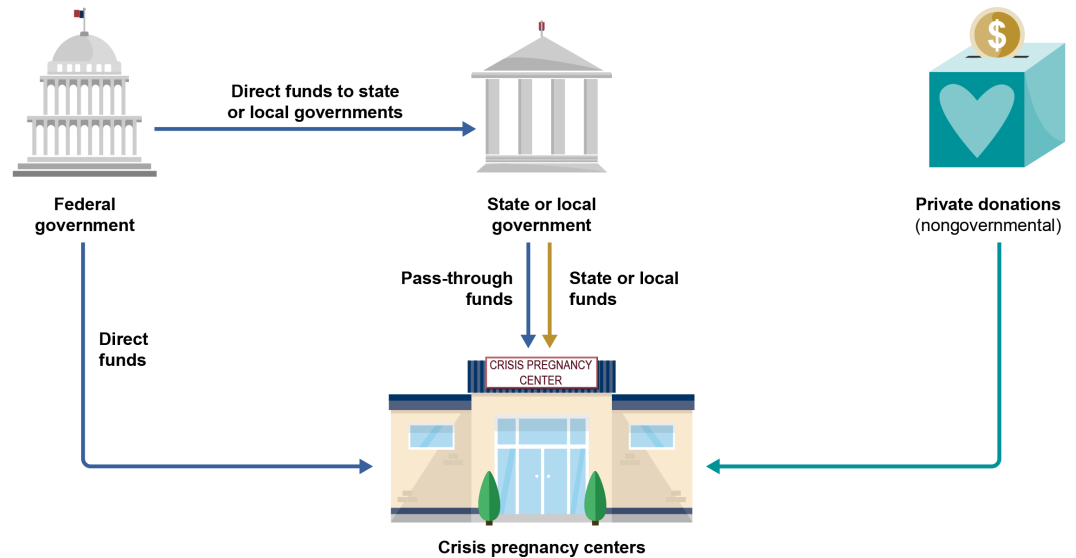
- **Staffing.** CPCs may have a mix of staff and volunteers, according to stakeholders. Staff at CPCs can include licensed providers and administrative professionals, among other roles, according to one stakeholder’s representatives. For example, a 2024 survey of CPCs found that about seven in ten individuals working at CPCs were volunteers who were trained to provide services to clients.⁵ About 12 percent of volunteers had clinical backgrounds, such as nurses and other clinicians, according to the survey. Licensed clinicians and other health care providers were either paid employees or volunteers, according to representatives from three CPCs we interviewed.

Additionally, CPCs may be affiliated with nationwide CPC networks. The three largest nationwide CPC networks are Care Net, Heartbeat International, and the National Institute of Family and Life Advocates. Nationwide CPC networks can provide varying support to their affiliates, according to representatives from CPCs we interviewed. For example, one nationwide network provides education and resources, such as technical assistance and trainings, according to its representatives. This network requires its affiliates to follow the network’s standards, such as offering all services free-of-charge, and charges its affiliate CPCs an annual membership fee. CPCs may change affiliations or be affiliated with more than one nationwide network, according to stakeholders. For example, three CPCs we spoke with were affiliated with two or more nationwide networks, according to their representatives.

How are CPCs funded, including federal sources?

CPCs are funded from a variety of sources, including private donations from individuals and nongovernmental organizations, state government funds, and federal funds obligated directly from HHS or passed through from another recipient of HHS funds (pass-through funds) in the form of a subaward.⁶ (See fig. 2.)

Figure 2: Examples of Potential Funding Sources for Crisis Pregnancy Centers



Source: GAO. | GAO-26-108137

Note: Direct funds are for specific purposes that are awarded directly from a federal agency to a nonfederal entity through a competitive process or based on the merit of the proposals. Pass-through funds are federal funds made available through a subaward from a nonfederal entity, such as a state. The Department of Health and Human Services neither targets nor excludes crisis pregnancy centers from any federal grant opportunities, according to agency officials. Private donations may come from a variety of nongovernmental sources, such as individuals and crisis pregnancy center networks.

According to the Charlotte Lozier Institute, a pro-life research nonprofit, CPCs receive most of their funding through nongovernmental private donations from individuals and organizations, and few CPCs receive federal funds.⁷

Representatives we interviewed from two CPCs reported they received most of their funds through private donations. In addition, state and local health departments also provide funding to CPCs, according to representatives from one stakeholder and one CPC. For example, as of February 2025, 18 states provided funding to CPCs through Alternatives to Abortion programs that encourage parenting or adoption rather than abortion services, according to the Charlotte Lozier Institute.⁸

CPCs can receive obligated federal funds directly or passed through from a nonfederal entity.

- **Directly obligated federal funds** are awarded directly from a federal agency to a nonfederal entity, such as through a grant. For example, HHS may directly award a Teen Pregnancy Prevention grant to a CPC to implement a program that seeks to prevent teenage pregnancy and the spread of sexually transmitted infections among teens.
- **Pass-through federal funds** are made available indirectly through a subaward from a nonfederal entity. For example, a state government may pass through a portion of its funds awarded by HHS's Temporary Assistance for Needy Families grant, to a CPC to provide services.

We searched HHS documents for potentially relevant grant programs applicable to CPCs. We identified 12 HHS grant programs, including the two cited in the

previous bullets, that supported reproductive health-related services known to be offered by CPCs. (Appendix 1 contains a list of these 12 grants.)

Federal agencies are required to report certain direct obligations in USAspending.gov, the official government-wide source of public data on U.S. federal spending.⁹ Recipients of directly obligated funds may also be required to report information on subawards made to nonfederal entities. However, CPCs that were awarded grant funds are not easily identifiable in these data. USAspending.gov includes recipient types for certain organizations, such as hospitals.¹⁰ However, like many other types of organizations and businesses, CPCs are not a recognized recipient type in the data structure of USAspending.gov.

CPC providers may also receive federal funding through Medicaid for qualifying clinical services provided to clients, according to HHS officials and stakeholder representatives. Medicaid is a joint federal-state health care financing program for certain low-income and medically needy individuals. However, CPCs are not a distinct provider type—like hospitals or skilled nursing facilities—in Medicaid billing data, according to HHS officials. As such, providers who bill Medicaid for services provided at CPCs are not easily identifiable in Medicaid data.

How much funding did HHS obligate directly to CPCs?

The total amount of funds HHS obligated directly to CPCs from fiscal years 2018 through 2024 is unknown because CPCs are not easily identified in federal spending data. In reviewing available spending data in USAspending.gov for the 12 HHS grant programs we identified, we found that HHS obligated at least \$34 million in direct funding from five grant programs across 16 CPCs for reproductive health-related services during this time. (See table 1.)¹¹ We did not identify any directly obligated federal funds to the three largest nationwide CPC networks for reproductive health-related services. The 16 CPCs we were able to identify received most of these funds from two HHS Sexual Risk Avoidance Education grants.¹² (See appendix 1 for more information on the five reproductive health-related grants awarded to CPCs.)

HHS grant	2018	2019	2020	2021	2022	2023	2024	Total
General Departmental Sexual Risk Avoidance Education	\$1,201,904	\$1,727,654	\$2,477,772	\$2,133,743	\$2,037,018	\$2,398,051	\$3,549,086	\$15,525,228
Title V Sexual Risk Avoidance Education Program	450,000	1,178,977	2,078,977	2,250,000	1,971,386	1,909,295	1,693,090	11,531,725
Teen Pregnancy Prevention	0	986,000	909,820	0	0	0	0	1,895,820
Title X Family Planning Program	0	1,600,000	1,760,000	0	-838,488	0	0	2,521,512
Healthy Marriage and Responsible Fatherhood ^a	0	0	521,885	521,885	521,885	521,885	521,885	2,609,425
Total	\$1,651,904	\$5,492,631	\$7,748,454	\$4,905,628	\$3,691,801	\$4,829,231	\$5,764,061	\$34,083,710

Source: GAO analysis of Department of Health and Human Services (HHS)-reported data in USAspending.gov. | GAO-26-108137

Notes: Data are for the federal fiscal year: October 1 through September 30. Amounts in this table represent funds directly obligated to CPCs we identified for reproductive health-related services as reported by HHS in USAspending.gov. The dollar values represent obligations and deobligations—a process by which a federal agency cancels or reduces a previously made obligation of funds—and therefore may result in negative values.

These data are likely incomplete because there is no standard CPC definition and CPCs are not easily identified in federal spending data. Because of this, we took a series of steps to identify federal obligations to CPCs. First, we searched HHS direct funding data from USAspending.gov (the official government-wide source of public data on U.S. spending) for 12 selected reproductive health-related grants for the names of over 4,000 pregnancy help organizations compiled by a nationwide CPC network. Then, we evaluated the organizations identified in our search against four criteria: (1) a focus on offering reproductive health-related services; (2) providing free or low-cost pregnancy testing; (3) not performing or referring clients for abortion services; and (4) not providing broader community support services that are unrelated to reproductive health. We developed these criteria based on the characteristics of CPCs identified from our review of documents from selected stakeholders. From these steps, we identified five HHS grant programs that directly obligated funds to 16 CPCs. We accessed USAspending.gov data on May 6, 2025.

^aAccording to HHS officials, the Healthy Marriage and Responsible Fatherhood grant does not support reproductive health-related services. We identified this as a relevant grant in our analysis of HHS grant programs, and HHS directly obligated funds to a crisis pregnancy center using this grant. For more information on our methodology and selection process, see How GAO Did This Study and appendix 1 (later in this report).

Our analysis likely underestimates the total obligations to all CPCs during this time, given that CPCs are not easily identified in government spending data, compared to some other organizations, such as hospitals. To calculate federal obligations to CPCs, we analyzed HHS data in USAspending.gov for 12 grants we identified as potentially relevant to the reproductive health-related services CPCs could offer.¹³ Specifically, we searched these data for the names of more than 4,000 pregnancy help organizations from a November 2024 list compiled by a nationwide CPC network. This list included maternity homes and adoption agencies, among other organizations that support pregnant women. To ensure we included only CPCs in our analysis, we evaluated the initial results of our search against four criteria: (1) a focus on offering reproductive health-related services; (2) providing free or low-cost pregnancy testing; (3) not performing or referring clients for abortion services; and (4) not providing broader community support services that are unrelated to reproductive health. While there is no standard definition of a CPC, we developed these criteria based on the characteristics of CPCs identified from our review of documents from selected stakeholders.

As a result of this search, we identified 16 CPCs that were directly obligated funds from five HHS grant programs. We found that the data from USAspending.gov were sufficiently reliable for summarizing information available on direct awards. (For more information about our scope and methods, see the How GAO Did This Study section of this report.)

How much HHS funding was passed through to CPCs?

USAspending.gov data did not allow us to identify the total amount of HHS grant award funding passed through to CPCs from fiscal years 2018 through 2024 due to the challenges identifying CPCs in these data. We also determined that USAspending.gov data were not sufficiently reliable to report the amount of pass-through funding CPCs received. Specifically, limitations in the completeness and accuracy of these data impeded our ability to calculate the amount of pass-through funds CPCs received. For example, for the 12 HHS grant programs in our analysis, we identified that approximately 8 percent of the subawards contained potentially duplicative entries. In particular, we identified a potentially duplicative entry of \$1.25 million to a CPC in fiscal year 2023.

The limitations in USAspending.gov data we identified are consistent with challenges we previously reported for all federal spending data in this system.¹⁴ Specifically, in November 2023, we identified data quality issues, including grant pass-through funding with missing information, late submissions, impossibly large award amounts, and likely duplicative records.¹⁵ For example, we reported that data may be inaccurate because there are instances in which grant recipients do not enter or maintain accurate information, according to agency officials.¹⁶ Also, federal grant obligations that are less than \$30,000 do not have to be reported in USAspending.gov, thus information on pass-through funds below this threshold may have been excluded.¹⁷

Further, for some grant programs, like Temporary Assistance for Needy Families, there are relatively few federal reporting requirements for non-assistance expenditures—funds used for services like education, training, or child welfare.¹⁸

What role does HHS have in overseeing federal funding obligated to CPCs?

HHS's oversight of federal funding obligated to CPCs is specific to the requirements of the grant awarded and varies depending on whether the CPC is the direct or pass-through recipient of the grant, according to HHS officials. HHS neither targets nor excludes CPCs from any federal grant opportunities, according to agency officials.

- **Oversight of direct funding recipients.** Recipients of direct funding are subject to federal oversight from the awarding agency because these recipients received federal funds to directly carry out a federal program. For example, HHS program offices may review a CPC’s budget justification and data on the geographic areas to be served as part of its application for direct grant funding, among other criteria.¹⁹ Once a grant is awarded, program offices are also responsible for monitoring a recipient’s compliance with applicable federal statutes and regulations, such as requirements for financial reporting and auditing.²⁰ Direct funding recipients are responsible for ensuring the terms of the award contract are met, such as completing projects within the agreed upon timelines and budgets.
- **Oversight of pass-through recipients.** Recipients of pass-through funding are generally subject to oversight from a nonfederal entity (the direct award recipient).²¹ After receiving approval from HHS to pass through funds to another nonfederal entity, the direct recipient is responsible for oversight of the pass-through recipient and is to submit data on pass-through awards to USApending.gov, among other responsibilities. For example, direct award recipients of the Sexual Risk Avoidance Education grant are to regularly collect performance and financial data from pass-through recipients, such as CPCs, and are to ensure compliance with the terms of the grant.²²

Agency Comments

We provided a draft of this report to HHS for review and comment. We also provided excerpts of this report to stakeholders we interviewed for their review and comment. HHS and stakeholders provided technical comments, which we incorporated as appropriate.

How GAO Did This Study

To describe what is known about CPCs, including the services they offer and how they are organized, we reviewed documents and written responses from a nongeneralizable selection of stakeholders, including nationwide CPC networks, CPCs, and research groups, with a range of perspectives and experiences with CPCs. We contacted 17 stakeholders for interviews; however, not all provided information in response to our request. We interviewed or received written responses from the three largest nationwide CPC networks—Care Net, Heartbeat International, and the National Institute of Family and Life Advocates; the Charlotte Lozier Institute; Health Management Associates; and the National Association of Medicaid Directors. We also interviewed academic researchers who compiled and maintain a crisis pregnancy center map. For the purpose of this report, we refer to these organizations and researchers as stakeholders.

We also interviewed or received written responses from representatives of three CPCs, which operate 14 locations, including one that we visited. We selected these CPCs on the basis of our analysis of federal funds from fiscal years 2018 through 2024 described below. We selected CPCs that (1) had higher federal obligations as compared to other CPCs, (2) had grant awards across multiple years, or (3) operated more than one CPC (e.g., a local or regional network).

We took several steps to identify how much federal funding was obligated to CPCs in the U.S. and its territories from fiscal years 2018 through 2024, the most recent fiscal year of data available at the time of our analysis.²³

First, to identify sources of federal funding for CPCs, we reviewed relevant HHS documentation, including budget submissions, grant materials, and related regulations. We focused our analysis on HHS agencies, because HHS is the department that most aligns with the purpose and activities of CPCs. We searched HHS documents to identify reproductive health-related grants, such as family planning and pregnancy prevention. We also interviewed HHS officials

about CPCs to identify relevant grants and to learn about the awarding agencies' oversight of those grants. Through these efforts, we identified 12 HHS grant programs to include in our analysis. (See app. 1.)

Second, to determine the amount of federal funding obligated directly to CPCs for the 12 grants we identified, we analyzed HHS-reported data for direct awards in USAspending.gov, the official government-wide source of public data on U.S. spending, from fiscal years 2018 through 2024. We also analyzed subaward data (i.e., pass-through funding) reported on USAspending.gov for HHS grants obligated during the same time.

Third, to identify specific CPCs from these USAspending.gov data, we searched for the names and addresses of pregnancy help organizations from a November 2024 list compiled by Heartbeat International, a nationwide CPC network. We searched for funds obligated to these organizations from the 12 HHS grants. We did not have a list of all pregnancy help organizations for each year in our scope (fiscal years 2018 through 2024). As such, we could not identify CPCs that may have received funding under a different name or address, or that closed during that time.

Finally, as Heartbeat International's November 2024 list contained a range of pregnancy help resources, such as adoption centers and community service organizations, we took additional steps to confirm that the organizations we identified were CPCs. We reviewed the websites of each identified organization to confirm that they met four criteria: (1) offering reproductive health-related services as their primary function; (2) providing free or low-cost pregnancy testing; (3) not performing or referring clients for abortion services; and (4) not providing broader community support services, such as foster care, refugee support, or other services unrelated to reproductive health. We developed these criteria based on the characteristics of CPCs identified from our review of documents from selected stakeholders. If an organization did not meet these criteria, we excluded them from our analysis.

To assess the reliability of these data, we reviewed relevant documentation and performed electronic testing for missing values and obvious errors. We found that the USAspending.gov grant obligations data were sufficiently reliable for summarizing information on grants directly awarded to CPCs we identified. However, we found that the data on pass-through funds were not sufficiently reliable to report on the amount of funding provided to CPCs for subawards. Specifically, we found potentially duplicative data entries in USAspending.gov subaward data for HHS grants.

We conducted this performance audit from February 2025 to March 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

List of Addressees

The Honorable Robert Garcia
Ranking Member
Committee on Oversight and Government Reform
House of Representatives

The Honorable Maxwell Frost
House of Representatives

The Honorable Jamie Raskin
House of Representatives

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send a copy to the Secretary of Health and Human Services. In addition, the report will be available at no charge on the GAO website at <https://www.gao.gov>.

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Appendix I: HHS Grants Obligated to CPCs, Fiscal Years 2018 Through 2024

Our analysis of Department of Health and Human Services (HHS) grant materials and spending data for reproductive health-related grants identified five grants from which HHS directly obligated funds to crisis pregnancy centers (CPC), from fiscal years 2018 through 2024. These five grants are from the 12 grants we included in our analysis. The 12 HHS grant programs included in our analysis (listed with their Assistance Listing Number, a five-digit number assigned to each federal program for tracking purposes) are

- General Departmental Sexual Risk Avoidance Education (93.060);
- Healthy Marriage and Responsible Fatherhood (93.086);
- Affordable Care Act Personal Responsibility Education Program (93.092);
- Screening and Treatment for Maternal Mental Health and Substance Use Disorders (93.110);
- Title V Sexual Risk Avoidance Education (93.235, 93.787);
- Title X Family Planning (93.217);
- Teen Pregnancy Prevention (93.297);
- Pregnancy Assistance Fund (93.500);
- Temporary Assistance for Needy Families (93.558);
- Maternal, Infant, and Early Childhood Home Visiting Program (93.870, 93.872, and 93.505);
- Healthy Start (93.926); and
- Title V Maternal and Child Health Block Grant (93.994).

Services supported by the five grants generally included abstinence education, pregnancy prevention, and family planning. These grants are administered by offices within HHS's Administration for Children and Families and Office of the Assistant Secretary for Health. (See table 2.)

Table 2: Examples of Reproductive Health-Related Services of Five HHS Grants Obligated to Crisis Pregnancy Centers (CPC), Fiscal Years 2018-2024

Office, division	Grant name	Reproductive health-related grant services
Administration for Children and Families, Family and Youth Services Bureau	General Departmental Sexual Risk Avoidance Education	Teach the benefits associated with healthy decision-making and abstaining from nonmarital sexual activity and other risky behaviors, such as alcohol and illicit drug use.
	Title V Sexual Risk Avoidance Education	Educate on the advantage of refraining from nonmarital sexual activity to improve future prospects and physical and emotional health of youth and the foundational components of healthy relationships and their impact on forming healthy marriages and families.
Administration for Children and Families, Office of Family Assistance	Healthy Marriage and Responsible Fatherhood ^a	Provide services that help interested adults and youth build stronger relationships, marriages, father-child engagement, and families.
Office of the Assistant Secretary for Health, Office of Population Affairs	Teen Pregnancy Prevention	Provide medically accurate and age-appropriate programs that reduce teenage pregnancy and replicate programs that have been proven effective to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.
	Title X Family Planning	Provide a range of medically approved family planning methods in a manner that is client-centered and culturally and linguistically appropriate. Projects are to offer clients the opportunity to be provided information on prenatal care and delivery, and infant care, foster care, or adoption.

Source: GAO analysis of Department of Health and Human Services (HHS) budget and grant documents. | GAO-26-108137

Notes: Table 2 includes a combination of direct and pass-through grants that provide funding for reproductive health-related services. Direct funds are for specific purposes that are awarded directly from a federal agency to a nonfederal entity through a competitive process or based on the merit of the proposals. Pass-through funds are federal funds made available through a subaward from a nonfederal entity.

To identify grants that directly obligated or passed through federal funds to CPCs, we searched HHS direct funding data from USA Spending.gov (the official government-wide source of public data on U.S. spending) for the names of over 4,000 pregnancy help organizations compiled by a nationwide CPC network. We searched for funds obligated to these organizations from 12 selected HHS reproductive health-related grants. Then, we evaluated the organizations identified in our search against four criteria: (1) a focus on offering reproductive health-related services; (2) providing free or low-cost pregnancy testing; (3) not performing or referring clients for abortion services; and (4) not providing broader community support services that are unrelated to reproductive health. We developed these criteria based on the characteristics of CPCs identified from our review of documents from selected stakeholders. From these steps, we identified five HHS grant programs that directly obligated funds to the CPCs we identified. We accessed USA Spending.gov data on May 6, 2025.

^aAccording to HHS officials, the Healthy Marriage and Responsible Fatherhood grant does not support reproductive health-related services. We identified this as a relevant grant in our analysis of HHS grant programs, and HHS directly obligated funds to a crisis pregnancy center using this grant. For more information on our methodology and selection process, see *How GAO Did This Study*.

Endnotes

¹See, for instance, Heartbeat International, “What is a Pregnancy Center?” accessed April 30, 2025 and Reproaction Education Fund, “The Anti-Abortion Pregnancy Center Database,” accessed June 10, 2025.

²The Charlotte Lozier Institute, *Pregnancy Centers Rising to the Occasion with Unwavering Care, A Legacy of Life & Love Report Series 2025* (Arlington, Va.: 2025); Julie Rabinovitz, Diana Rodin, Hanah Savage, and Rebecca Kellenberg, *An Analysis of Federal Funding for Crisis Pregnancy Centers: 2017–2023* (Okemos, Mich.: Health Management Associates, 2024); and Andrea Swartzendruber and Danielle Lambert, “*Crisis Pregnancy Center Map*,” data as of January 22, 2025, accessed September 15, 2025.

³We have previously reported on federal funding to various domestic and international organizations that offer health care and additional health-related services, including abortion services. See, for example, GAO, *Health Care Funding: Federal Funding for Certain Organizations Providing Health-Related Services, 2019 through 2022*, GAO-24-106215 (Washington, D.C.: Nov. 17, 2023).

⁴The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal program administered by the U.S. Department of Agriculture through state agencies that provides supplemental food assistance, health care, and social services to low-income pregnant and postpartum women, infants, and young children. State WIC programs may require proof of pregnancy when determining eligibility. See 7 C.F.R. § 246.7(c)(2)(ii) (2025).

⁵The Charlotte Lozier Institute, *Pregnancy Centers Rising to the Occasion with Unwavering Care*.

⁶An obligation is a definite commitment that creates a legal liability of the government for the payment of goods and services ordered or received, or a legal duty on the part of the United States that could mature into a legal liability by virtue of actions on the part of the other party, beyond the control of the United States. Payment may be made immediately or in the future.

⁷Charlotte Lozier Institute, *Pregnancy Centers Offer Hope and Pregnancy Centers Stand the Test of Time*, A Legacy of Life & Love Report Series (Arlington, Va.: 2020).

⁸Jeanneane Maxon, *Fact Sheet: State Alternatives to Abortion Funding*, (Arlington, Va: Charlotte Lozier Institute, 2025), and Amanda Stirone Mansfield, *Alternatives to Abortion Programs: Support for Mothers and Families* (Arlington, Va.: Charlotte Lozier Institute, 2022).

⁹Federal law requires the Department of the Treasury to ensure the operation of a public-facing website that includes certain information about federal awards. See 31 U.S.C. § 6101 note. The USAspending.gov website is the official source of spending data submitted by U.S. agencies.

¹⁰In USAspending.gov, recipient types are socioeconomic and other organizational or business characteristics that are used to categorize federal contractors and other funding recipients. There are many different recipient types, and they span for-profit businesses, nonprofits, government entities, individuals, and foreign entities.

¹¹We used Unique Entity Identifiers—12-character alphanumeric codes used to identify entities doing business with the U.S.—to count the number of CPCs in our analysis of USAspending.gov data.

¹²HHS, through the Administration for Children and Families, administers two Sexual Risk Avoidance Education grant programs: the General Departmental program and the Title V program. The General Departmental program provides discretionary funding to several types of entities and organizations for projects focused on sexual risk avoidance education. All states and U.S. territories are eligible for Title V program funds; entities and organizations located in states or territories that do not receive Title V funds are eligible to apply for Title V competitive grants. CPCs and other nongovernmental organizations may apply for program funds through a competitive award process if states refuse their allocated grants. We expect to publicly release a report on these grant programs in March 2026.

¹³Per requirements outlined in the Federal Funding Accountability and Transparency Act of 2006, as amended, HHS reports in USAspending.gov the funds it obligates directly. Pub. L. No. 109-282, 120 Stat. 1186 (codified as amended at 31 U.S.C. § 6101 note).

¹⁴We have issued other reports that identify opportunities to enhance the quality of U.S. spending data. See GAO, *Federal Spending: Information on U.S. Funding to Entities Located in China*, [GAO-23-105538](#) (Washington, D.C.: Apr. 12, 2023); and *Federal Spending Transparency: Opportunities Exist to Improve COVID-19 and Other Grant Subaward Data on USAspending.gov*, [GAO-24-106237](#) (Washington, D.C.: Nov. 16, 2023). All recommendations from [GAO-24-106237](#) have been implemented.

¹⁵[GAO-24-106237](#).

¹⁶[GAO-23-105538](#).

¹⁷2 C.F.R. § 170.220 (2025).

¹⁸Temporary Assistance for Needy Families supports millions of low-income individuals and families with children by providing assistance—cash, payments, and vouchers designed to meet a family’s ongoing basic needs—and other services to foster economic security and family stability. These other services, called “non-assistance” services, include work, education, and training activities; childcare; child welfare services; refundable tax credits; and emergency aid for housing, energy, and clothing. There are no federal reporting requirements for performance information on services provided through non-assistance funds. See GAO, *Temporary Assistance for Needy Families: HHS Could Facilitate Information Sharing to Improve States’ Use of Data on Job Training and Other Services*, [GAO-25-107226](#) (Washington, D.C.: Feb. 24, 2025).

In December 2024, we reported that HHS’s statutory authority to request more data and information is limited, and recommended that (1) Congress consider granting HHS additional Temporary Assistance for Needy Families oversight authority and (2) HHS improve existing reporting requirements. See GAO, *Temporary Assistance for Needy Families: Enhanced Reporting Could Improve HHS Oversight of State Spending*, [GAO-25-107235](#) (Washington, D.C.: Dec. 12, 2024). As of December 2025, recommendations from this report remain open.

¹⁹See Department of Health and Human Services, *HHS Grants Policy Statement* (Washington, D.C.: Oct. 1, 2025).

²⁰All federal agencies must monitor grant recipients' adherence to the Uniform Guidance as established by the Office of Management and Budget, the agency responsible for establishing government-wide grants management policy. See 2 C.F.R. pt. 200 (2025). The Uniform Guidance establishes requirements for grant funding audits and allowable costs, among other requirements.

²¹Federal awarding agencies do not have a direct legal relationship with subrecipients. Instead, oversight responsibility for first-tier subawards, including appropriate monitoring, belongs to the direct recipients of federal awards. Subrecipients are also able to pass funding on to another entity to carry out or assist with part of the work, which would result in a subaward beyond the first tier (second tier, third tier, etc., as appropriate). See, GAO, *Grants Management: Recent Guidance Could Enhance Subaward Oversight*, [GAO-25-107315](#) (Washington, D.C.: Mar. 26, 2025).

²²See 2 C.F.R. § 200.332 (2025).

²³Fiscal year 2018 is the earliest complete year of data we could analyze to ensure consistency in USAspending.gov. This is due to changes implemented following enactment of the Digital Accountability and Transparency Act of 2014 (DATA Act), which expanded on previous federal transparency laws requiring the disclosure of federal agency expenditures. Pub. L. No. 113-101, 128 Stat. 1146. See also the Office of Management and Budget, *Increasing Transparency of Federal Spending by Making Federal Spending Data Accessible, Searchable, and Reliable*, M-15-12 (Washington, D.C.: May 8, 2015).