



*By electronic submission via regulations.gov*

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U.S. Department of Health and Human Services  
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December 1, 2023

**Re: Comment on Strengthening Temporary Assistance for Needy Families (TANF) as a Safety Net and Work Program, RIN 0970-AC97**

Dear Director Flagg,

The Women's Law Project (WLP), along with our partners, the California Women's Law Center, Gender Justice, Legal Voice, and Southwest Women's Law Center,<sup>1</sup> appreciate the opportunity to provide this comment<sup>2</sup> on the Department of Health and Human Services' Administration for Children and Families' (Department) October 2, 2023, Notice of Proposed Rulemaking (Proposed Rule).<sup>3</sup>

We support the Department's proposed reasonable person standard and framework for assessing whether states' TANF expenditures reasonably accomplish one of the program's purposes.<sup>4</sup> Congress intended for the Department to evaluate whether state spending remains aligned with TANF's statutory purposes and to penalize any misuse.<sup>5</sup> To fulfill that mandate, the Department has proposed a "reasonable person" standard that tracks the statute closely: states may only use TANF funds in "any manner that is reasonably calculated to accomplish the purpose of [TANF]."<sup>6</sup> The Department's proposed framework preserves flexibility for the states, consistent with congressional goals, while providing much needed clarity on the proper use of TANF funds.

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<sup>1</sup> California Women's Law Center, *Our Mission*, <https://www.cwlc.org/about/background/> (last visited Dec. 1, 2023); Gender Justice, *Our Work*, <https://www.genderjustice.us/our-work/> (last visited Dec. 1, 2023); Legal Voice, *About Us*, <https://legalvoice.org/about-us/> (last visited Dec. 1, 2023); Southwest Women's Law Center, <https://swwomenslaw.org/> (last visited Dec. 1, 2023).

<sup>2</sup> We appreciate the assistance of Aleshadye Getachew and Carrie Flaxman, Democracy Forward Foundation, in the preparation of this comment.

<sup>3</sup> 88 Fed. Reg. 67,697 (proposed Oct. 2, 2023) [hereinafter Proposed Rule].

<sup>4</sup> *Id.* at 67,702 – 67,704.

<sup>5</sup> 42 U.S.C. 609(a)(1) (describing Department's ability to assess penalties for misuse of TANF funds).

<sup>6</sup> 42 U.S.C. 604(a)(1).

Given our work and mission,<sup>7</sup> we also applaud the Department’s recognition that spending TANF funds on anti-abortion “Crisis Pregnancy Centers” (CPCs)<sup>8</sup> is likely unreasonable under the proposed standard.<sup>9</sup>

CPCs seek to reach low-income people experiencing unintended pregnancies to advance their primary mission of preventing access to abortion. The CPC industry claims that “8 out of every 10 [CPCs] in the U.S. are medical.”<sup>10</sup> Most CPCs, however, do not provide medical services though they have adopted a clinical aesthetic, use medical-sounding terminology, and have installed ultrasound machines.<sup>11</sup> Their strategic marketing helps obscure that they aim to *prevent* pregnant people from accessing reproductive healthcare, like abortion care and even contraception.<sup>12</sup> In one study, two out of five study participants could not correctly identify a CPC as a facility that does not provide abortion care by viewing its website.<sup>13</sup>

A significant percentage of CPCs advance their goals through deception and medical disinformation. The CPC “medicalization” project, which generally entails providing non-diagnostic ultrasounds, was implemented to increase the number of pregnant clients considering abortion.<sup>14</sup> The CPC industry claims that viewing an ultrasound vastly increases the odds of a pregnant person “at risk” for abortion carrying to term.<sup>15</sup> But that claim is contradicted by evidence.<sup>16</sup>

Moreover, CPCs present a serious privacy threat to people seeking out or tricked into entering a CPC or interacting with one online. Most CPCs do not have to comply with medical

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<sup>7</sup> Founded in 1974, WLP defends and advances the rights of women, girls, and LGBTQ+ people in Pennsylvania and beyond, including reproductive freedom. See Women’s Law Project, *About Us*, <https://www.womenslawproject.org/about/> (last visited Dec. 1, 2023).

<sup>8</sup> Crisis Pregnancy Centers are also referred to as “Limited Pregnancy Resource Centers,” “Pregnancy Resource Centers” or “Anti-Abortion Centers.”

<sup>9</sup> Proposed Rule, *supra* note 3, at 67,705 (recognizing that programs like CPCs that only or primarily provide pregnancy counseling likely do not meet the reasonable person standard).

<sup>10</sup> Charlotte Lozier Inst., *Pregnancy Center State Impact Report: Pennsylvania 1* (2019), <http://lozierinstitute.org/wp-content/uploads/2023/01/Final-2019-Pennsylvania-State-Impact-Report.pdf>.

<sup>11</sup> See Teneille R. Brown, *Crisis at the Pregnancy Center: Regulating Pseudo-Clinics and Reclaiming Informed Consent*, 30 *Yale J. L. & Feminism* 221, 224 (2019), <http://hdl.handle.net/20.500.13051/7117>.

<sup>12</sup> Am. Coll. of Obstetricians and Gynecologists (ACOG), *Issue Brief: Crisis Pregnancy Centers* (Oct. 2022), <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers>.

<sup>13</sup> Jonas J. Swartz et al., *Comparing Website Identification for Crisis Pregnancy Centers and Abortion Clinics*, 31 *Women’s Health Issues*, no. 5, 432, 438 (2021), <https://www.sciencedirect.com/science/article/abs/pii/S1049386721000566>.

<sup>14</sup> Laura S. Hussey, *The Pro-Life Pregnancy Help Movement: Serving Women or Saving Babies?* 105-06 (Univ. Press of Kan. 2019).

<sup>15</sup> Moira Gaul & Jeanneane Maxon, Charlotte Lozier Inst., *Lives Saved Impact at U.S. Pregnancy Help Centers* (June 23, 2022), <https://lozierinstitute.org/lives-saved-impact-at-us-pregnancy-help-centers/>.

<sup>16</sup> Advancing New Standards in Reproductive Health, *Ultrasound Viewing*, <https://www.ansirh.org/research/ongoing/ultrasound-viewing> (last visited Nov. 30, 2023).

privacy laws such as HIPAA.<sup>17</sup> The global anti-abortion group Heartbeat International, for example, stores what might be called “digital dossiers” on CPC clients, stating “Big data is revolutionizing all sorts of industries. Why shouldn’t it do the same for a critical ministry like ours?”<sup>18</sup> At least one CPC has shared a client’s information with law enforcement to support the prosecution of a pregnant person.<sup>19</sup>

Given CPCs’ growing influence and claims of medical legitimacy, we published a qualitative study on CPCs (Alliance CPC Report) in 2021 (Exhibit 1).<sup>20</sup> There, along with the undersigned organizations, we conducted a website survey and collected more than 50 categories of information including services offered by 607 CPCs operating in nine states.<sup>21</sup> Our research showed, as discussed more fully herein, that by and large CPCs provide *no services* that meet TANF’s purposes. In fact, most of the CPCs surveyed provided virtually no medical care and routinely promoted false medical claims. Permitting states to continue to divert TANF funds to CPCs reduces the availability of these essential funds for services that would benefit families in need. We applaud the steps this rulemaking is taking to ensure that TANF funds are not used to support these harmful practices.

In the final rule, we urge the Department to explain that CPCs do not further *any* permissible purpose under TANF. The Proposed Rule recognizes that programs like CPCs have a “tenuous or non-existent” connection to TANF’s third statutory goal of preventing and reducing out-of-wedlock pregnancies.<sup>22</sup> We have found that the connection is “non-existent” given that most CPCs oppose contraception. In addition, the Proposed Rule leaves TANF’s three other statutory goals unaddressed, leaving a gray area ripe for misunderstanding. Rather than addressing any misuse of funds for CPCs at the enforcement stage, the Department’s upfront analysis in its final rule, explaining why CPCs do not fulfill any of TANF’s statutory purposes, will benefit the states and the families in need that TANF is supposed to serve.

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<sup>17</sup> ACOG, *supra* note 12.

<sup>18</sup> Grace Oldham & Dhruv Mehrotra, *Facebook and Anti-Abortion Clinics Are Collecting Highly Sensitive Info on Would-Be Patients*, *Reveal* (June 15, 2022), <https://revealnews.org/article/facebook-data-abortion-crisis-pregnancy-center/>.

<sup>19</sup> Grace Howard, *Crisis Pregnancy Centers Are a Threat, Even if You Don’t Want an Abortion*, *Visible* (Oct. 18, 2023), <https://visiblemagazine.com/crisis-pregnancy-centers-threat/>.

<sup>20</sup> Jenifer McKenna & Tara Murtha, *The Alliance: State Advoc. For Women’s Rts. & Gender Equal.* (“The Alliance” or “Alliance”), *Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States* (2021), <https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance-CPC-Study-Designed-to-Deceive.pdf>. [hereinafter Alliance CPC Report]

<sup>21</sup> Project staff conducted a systematic review of CPCs’ websites and social media to collect 50 categories of publicly available information between March 2020 and February 2021. These data were supplemented with information from public records investigations where possible. A reproductive epidemiologist guided all aspects of the study, including methodology, building a central database, and analyzing the data. *See id.* at 12.

<sup>22</sup> Proposed Rule, *supra* note 3, at 67,705.

## **CPCs Target Pregnant People to Deter Abortion Care.**

CPCs target pregnant people seeking abortion care. As of 2023, more than 2,500 CPCs operate in the United States.<sup>23</sup> Many of them are affiliated with national anti-abortion organizations such as Heartbeat International and Care Net.<sup>24</sup> Under this affiliate model, the number of CPCs has rapidly expanded, and CPCs outnumber facilities that provide abortion care three-to-one nationally.<sup>25</sup> While the CPC industry employs tactics to generally appeal to low-income women experiencing unplanned pregnancies,<sup>26</sup> they also use digital tactics to specifically target young people.<sup>27</sup> CPC marketing research recommends targeting 11-year-olds, for example.<sup>28</sup> And CPCs have also targeted Black women, who are likely to face barriers to medical care and pregnancy resources.<sup>29</sup>

Campaigns to target young people are just one tactic in an increasingly sophisticated digital targeting and interference strategy. In the past, CPCs have steered pregnant people seeking abortion care online to their facilities, or to their remote “counselors,” by buying Google ad-words like “abortion services.”<sup>30</sup> By purchasing these Google ad-words, CPCs increase the likelihood that a person searching online for “abortion clinic” or “abortion services” will be directed to a CPC website rather than a website for an organization that provides abortion care. Another digital advertising strategy is mobile geofencing, which allows CPCs to show ads to people within a specific physical location such as an abortion clinic, a high school, or a university.<sup>31</sup>

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<sup>23</sup> Crisis Pregnancy Center Map, *Identify CPCs*, <https://crisispregnancycentermap.com/> (last accessed Nov. 30, 2023).

<sup>24</sup> Abigail Abrams & Vera Bergengruen, *Anti-Abortion Pregnancy Centers Are Collecting Troves of Data That Could Be Weaponized Against Women*, Time (June 22, 2022), <https://time.com/6189528/anti-abortion-pregnancy-centers-collect-data-investigation/>.

<sup>25</sup> Kimberly Kindy, *Partisan Battle Grows Over State Funding for Antiabortion Centers*, Wash. Post. (Sept. 14, 2023), <https://www.washingtonpost.com/politics/2023/09/14/gop-lawmakers-crisis-pregnancy-centers-state-funding/>; see also Andrea Swartzendruber & Danielle Lambert, *A Web-Based Geolocated Directory of Crisis Pregnancy Centers (CPCs) in the United States: Description of CPC Map Methods and Design Features and Analysis of Baseline Data*, 6 JMIR Pub. Health Surveillance, no. 1 (2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7148549/>.

<sup>26</sup> See Joanne D. Rosen, *The Public Health Risks of Crisis Pregnancy Centers*, 44 Persps. on Sexual & Reprod. Health, no. 3, 201, 201 (2012), <https://www.guttmacher.org/journals/psrh/2012/09/public-health-risks-crisis-pregnancy-centers>.

<sup>27</sup> Margi Murphy, *Anti-Abortion Centers Find Pregnant Teens Online, then Save Their Data*, Bloomberg (June 27, 2022), <https://www.bloomberg.com/news/articles/2022-06-27/anti-abortion-centers-find-pregnant-teens-online-then-save-their-data>.

<sup>28</sup> Lisa Jacobson, Center of Tomorrow, *The Abortion-Minded Woman* 5, 14-15, [https://www.heartbeatservices.org/pdf/Abortion\\_Minded\\_Women.pdf](https://www.heartbeatservices.org/pdf/Abortion_Minded_Women.pdf) (last accessed Nov. 30, 2023).

<sup>29</sup> Alliance CPC Report, *supra* note 20, at 9.

<sup>30</sup> *Id.*

<sup>31</sup> *Id.* at 35.

Our research found almost two-thirds of CPCs surveyed promoted false and misleading claims on their website.<sup>32</sup> Whistleblowers have exposed CPC staff who verbally promoted false and misleading information about abortion care.<sup>33</sup> Among other tactics, CPC staff have falsely suggested that abortion has a high risk of complications, that abortions increase the risk of infertility, breast cancer, mental illness, and preterm birth, and that patients are beyond the legal limit for accessing an abortion by exaggerating the person’s gestational age.<sup>34</sup> It is “common” for patients to receive incorrect gestational ages in both directions at CPCs, and clients have been incorrectly told they are earlier in their pregnancy to “run out the clock.”<sup>35</sup>

Alarming, a significant number of CPCs, more than half in some states we surveyed, promote debunked theories such as “abortion pill reversal,”<sup>36</sup> an anti-abortion intervention the American College of Obstetricians and Gynecologists has called “unproven,” “unethical,” and “not based on science.”<sup>37</sup> The one legitimate clinical study conducted to assess the safety and efficacy of “abortion pill reversal” was stopped early due to safety concerns after three of 12 women enrolled suffered “severe” bleeding.<sup>38</sup> Notably, most CPCs are staffed by volunteers and employees who lack medical training or licensure.<sup>39</sup>

Another CPC tactic involves overt manipulation of ultrasound technology. Our research found that more than half of the CPCs surveyed provided free “non-diagnostic” ultrasounds.<sup>40</sup> CPCs promote non-diagnostic ultrasounds under the premise of pregnancy confirmation but use it as an opportunity to urge the client to carry their pregnancy to term.<sup>41</sup> For those under 18 years old who visit CPCs, it is worth noting that these ultrasounds require bodily exposure and intimate physical touch. Yet these non-diagnostic ultrasounds have no medical benefit: they cannot test

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<sup>32</sup> Alliance CPC Report, *supra* note 20, at 16.

<sup>33</sup> Olivia Raisner, *Going Undercover at a Crisis Pregnancy Center*, Ms. (Dec. 15, 2022), <https://msmagazine.com/2022/12/15/crisis-pregnancy-center-undercover/>.

<sup>34</sup> ACOG, *supra* note 12.

<sup>35</sup> Laura Morel, *How Anti-Abortion Pregnancy Centers Can Claim to Be Medical Clinics and Get Away with It*, *Reveal* (Dec. 15, 2022), <https://revealnews.org/article/how-anti-abortion-pregnancy-centers-can-claim-to-be-medical-clinics/>.

<sup>36</sup> Alliance CPC Report, *supra* note 20, at 6-7.

<sup>37</sup> ACOG, *Facts Are Important: Medication Abortion “Reversal” Is Not Supported by Science*, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science> (last visited Nov. 30, 2023).

<sup>38</sup> Mara Gordon, *Safety Problems Lead to Early End for Study of ‘Abortion Pill Reversal,’* NPR (Dec. 5, 2019), <https://www.npr.org/sections/health-shots/2019/12/05/785262221/safety-problems-lead-to-early-end-for-study-of-abortion-pill-reversal>.

<sup>39</sup> Rosen, *supra* note 26, at 201; *see also* Alliance CPC Report, *supra* note 20, at 6 (explaining that fewer than half of CPCs indicated whether they have a licensed medical professional on staff, and for those that did, 16% indicated a physician and 25% indicated a registered nurse, though it was unclear whether they were full-time employees or volunteers).

<sup>40</sup> Alliance CPC Report, *supra* note 20, at 5.

<sup>41</sup> *Id.* at 6.

placenta or amniotic fluid, nor can they detect fetal abnormality or fetal distress.<sup>42</sup> A nurse whistleblower revealed that a CPC was not properly sanitizing transvaginal ultrasound equipment, which represents a serious public health risk including the spread of HPV, which can lead to cancer.<sup>43</sup> CPCs have also reportedly missed potentially life-threatening diagnoses such as ectopic pregnancy.<sup>44</sup> Such practices can cause serious harm and delay a pregnant person’s efforts to access evidence-based reproductive care.

### **CPCs Receive Public Funds Yet Remain Largely Unaccountable.**

TANF diversion is just one of multiple streams of public funding going to CPCs. In 2023 alone, 12 states passed 25 bills providing at least \$250 million in taxpayer funds or tax credits for crisis pregnancy centers.<sup>45</sup> Anti-abortion tax credit schemes are a significant new funding stream.<sup>46</sup> And at least 10 states—including Pennsylvania, Missouri, and Texas—have used federal TANF dollars to fund CPCs and/or anti-abortion CPC umbrella groups.<sup>47</sup> A 2016 report estimated that, over a four-year period, states used at least \$30 million in TANF funds to support CPCs.<sup>48</sup> These funds could have been used to assist families in need through effective programs like cash assistance that have been proven to improve child poverty and health outcomes.<sup>49</sup>

Oversight of CPC administrators that receive public funding is scant or nonexistent. Some states, such as North Dakota and Oklahoma, include the vague requirement that CPC providers must operate programs that are “outcome-based with positive results.”<sup>50</sup> Florida’s oversight entails conducting “desk reviews” without clear timelines or evaluation criteria.<sup>51</sup> In

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<sup>42</sup> Alliance CPC Report, *supra* note 20, at 6.

<sup>43</sup> Laura Morel, ‘It’s a Public Health Risk’: Nurse Decries Infection Control at US Anti-Abortion Crisis Center, *Guardian* (Feb. 2, 2023), <https://www.theguardian.com/world/2023/feb/02/kentucky-crisis-pregnancy-center-anti-abortion-malpractices>.

<sup>44</sup> Garnet Henderson, *Anti-Abortion Centers Spent Over \$600M in One Year. That’s the Tip of the Iceberg*, *Rewire News Grp.* (Aug. 30, 2023), <https://rewirenewsgroup.com/2023/08/30/anti-abortion-centers-spent-over-600m-in-one-year-thats-the-tip-of-the-iceberg/>.

<sup>45</sup> Kimberly Kindy, *Partisan Battle Grows over State Funding for Antiabortion Centers*, *Wash. Post* (Sept. 14, 2023), <https://www.washingtonpost.com/politics/2023/09/14/gop-lawmakers-crisis-pregnancy-centers-state-funding/>

<sup>46</sup> Lillian Hunter, Tax Pol’y Ctr., *State Tax Policy One Year after the Dobbs Ruling* (June 26, 2023), <https://www.taxpolicycenter.org/taxvox/state-tax-policy-one-year-after-dobbs-ruling>.

<sup>47</sup> Rachel Wormer, Equity Forward, *Mapping Deception: A Closer Look at How States’ Anti-Abortion Center Programs Operate*, <https://equityfwd.org/research/mapping-deception-closer-look-how-states-anti-abortion-center-programs-operate> (Sept. 2021).

<sup>48</sup> Bryce Covert & Josh Israel, Think Progress, *The States That Siphon Welfare Money to Stop Abortion* (Oct. 3, 2016), <https://thinkprogress.org/tanf-cpcs-ec002305dd18/>.

<sup>49</sup> Aditi Shrivastava, Ctr. on Budget and Pol’y Priorities, *Policy Brief: To Strengthen Economic Security and Advance Equity, States Should Invest More TANF Dollars in Basic Assistance*, (Mar. 8, 2023), <https://www.cbpp.org/research/family-income-support/policy-brief-states-should-invest-more-of-their-tanf-dollars-in-basic>.

<sup>50</sup> Wormer, *supra* note 47.

<sup>51</sup> *Id.*

Texas, where CPC funding has ballooned to \$100 million in taxpayer dollars for a two-year period, a lawmaker characterized the CPC subcontracting process as “secret.”<sup>52</sup>

CPC investigations have revealed misuse and waste, including in Florida, Michigan, Minnesota, Pennsylvania, and Texas.<sup>53</sup> An investigation in Pennsylvania revealed that Real Alternatives, the state’s “alternative to abortion” program administrator, was “skimming” public funds.<sup>54</sup> Among several questionable practices, Real Alternatives paid exorbitant executive salaries and charged its service providers (i.e., CPCs in Pennsylvania) a 3% service fee for its own use, including promoting Real Alternatives’ work in other states.<sup>55</sup> Even with recent increases, public funding is still a small percentage of the CPC industry’s overall finances. A recent investigation found the CPC industry is a well-financed enterprise with hundreds of millions of dollars in assets.<sup>56</sup>

**Funding CPCs through the TANF Program Is Not “Reasonably Calculated” To Accomplish Any TANF Purpose.**

Under the Proposed Rule, the Department may ask a state for evidence to support that a program expenditure is “reasonably calculated to accomplish a TANF purpose.”<sup>57</sup> The TANF program has four statutory purposes: (1) to assist needy families so children can remain at home or with relatives; (2) to end dependency by promoting job preparation, work, and marriage; (3) to prevent and reduce out-of-wedlock pregnancies; and (4) to encourage the formation and maintenance of two-parent families.<sup>58</sup>

The need for evidence to substantiate a state’s expenditure may arise during an audit, in a state plan or plan amendment review, or after a site visit by the Department.<sup>59</sup> To guide states, the Department has proposed a “reasonable person” standard and outlined the factors that it will consider when it applies that standard.<sup>60</sup> As part of the Department’s evaluation of

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<sup>52</sup> Shannon Najmabadi & Carla Astudillo, *An Anti-abortion Program Will Receive \$100 Million in the Next Texas Budget, but There’s Little Data on What’s Being Done with the Money*, Tex. Trib. (June 8, 2021), <https://www.texastribune.org/2021/06/08/texas-abortion-budget/>.

<sup>53</sup> Alliance CPC Report, *supra* note 20, at 10.

<sup>54</sup> *Id.* at 31.

<sup>55</sup> Campaign for Accountability, *Watchdog Calls on Pennsylvania Officials to Terminate Contract with Anti-Abortion Group for Wasting Millions of Taxpayer Dollars, Violating Pennsylvania Law* (July 14, 2020), <https://campaignforaccountability.org/watchdog-calls-on-pennsylvania-officials-to-terminate-contract-with-anti-abortion-group-for-wasting-millions-of-taxpayer-dollars-violating-pennsylvania-law/>; *see also* Alliance CPC Report, *supra* note 20, at 31.

<sup>56</sup> Henderson, *supra* note 44.

<sup>57</sup> Proposed Rule, *supra* note 3, at 67,703.

<sup>58</sup> 42 U.S.C. 601(a).

<sup>59</sup> Proposed Rule, *supra* note 3, at 67,703.

<sup>60</sup> *Id.* (listing factors the Department will consider including evidence that the expenditure/program accomplished the TANF purpose in-state or elsewhere, academic or other research, and the quality of the reasoning offered by the state).

“reasonableness,” it may consider evidence such as academic research, qualitative research, and program outcomes data.<sup>61</sup>

As discussed below, much of the existing research demonstrates that CPCs do not further any of TANF’s statutory goals. We encourage the Department in the final rule to clarify that this is the case.

As the Department recognized in the Proposed Rule, CPCs do not prevent or reduce out-of-wedlock pregnancies, the third statutory goal.<sup>62</sup> To start, people targeted by CPCs are already pregnant or suspect that they are. And when non-pregnant people seek out CPCs, CPCs do not provide evidence-based healthcare that would reduce unintended pregnancies. CPCs typically do not provide medical care, like contraception, that is proven to reduce the incidence of unintended pregnancies.<sup>63</sup> In the Alliance CPC Report, only one of 607 CPCs provided contraception care.<sup>64</sup> Even worse, CPCs routinely spread misinformation about contraception.<sup>65</sup> For example, CPC volunteers in Missouri claimed that “condoms sometimes have holes,” and in Montana, they asserted that birth control is the same as abortion and leads to breast and cervical cancer.<sup>66</sup> Further, the services that CPCs commonly provide, i.e., pregnancy tests, non-diagnostic ultrasounds, and abstinence-focused sexuality “education,”<sup>67</sup> have not been proven to reduce unintended pregnancies.<sup>68</sup> The bottom line is that there is no evidence CPCs reduce unintended pregnancies. They invest in debunked ideological strategies while dissuading people from accessing evidence-based contraception.

CPCs are similarly not reasonably calculated to assist families in need with keeping their children at home, nor is there evidence that CPC programming successfully prepares clients for work or increases marriage, the first and second statutory purposes. Most commonly, CPCs provide limited material goods like maternity and baby supplies, not job training or marriage promotion programs.<sup>69</sup> While these goods are often described as “free,” in fact, clients typically must earn them. Receipt of these “free” goods is typically conditioned on attending ideological

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<sup>61</sup> Proposed Rule, *supra* note 3, at 67,704.

<sup>62</sup> *Id.* at 67,705.

<sup>63</sup> Melissa Montoya et al., *The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research*, 14 Int’l J. Women’s Health 757, 760 (2022), <https://www.dovepress.com/the-problems-with-crisis-pregnancy-centers-reviewing-the-literature-an-peer-reviewed-fulltext-article-IJWH>.

<sup>64</sup> Alliance CPC Report, *supra* note 20, at 5.

<sup>65</sup> Lisa McIntire, NARAL Pro-Choice America, *Crisis Pregnancy Centers Lie: The Insidious Threat to Reproductive Freedom* 11 (2015), <https://reproductivefreedomforall.org/wp-content/uploads/2017/04/cpc-report-2015.pdf>.

<sup>66</sup> *Id.*

<sup>67</sup> Alliance CPC Report, *supra* note 20, at 5-6.

<sup>68</sup> See Guttmacher Inst., *Fact Sheet: Federally Funded Abstinence-Only Programs: Harmful and Ineffective* (May 2021), <https://www.guttmacher.org/fact-sheet/abstinence-only-programs>.

<sup>69</sup> Alliance CPC Report, *supra* note 20, at 6.



classes or counseling, such as Bible studies and abstinence seminars.<sup>70</sup> The practice of conditioning material assistance on program participation was widely implemented in response to clients' lack of interest in CPC programming.<sup>71</sup> It also reflects the CPC industry's opposition to direct assistance and belief that "giving things away free only enables our clients and fosters the entitlement mentality."<sup>72</sup> In one study, a CPC client reported losing her job because when she missed work for one of the CPC appointments because she was "[d]esperate for the resources they offered and believ[ed] that attending all of the center's appointments was important for the health of her pregnancy.' She subsequently lost her home."<sup>73</sup>

If states continue to justify TANF spending based on the material support CPCs provide, they must support that claim with evidence, including program outcomes data, showing that children, once born, are able to remain at home due to the CPC's support. There is no evidence that the meager material support given in exchange for program participation enables children to stay at home. We encourage HHS to address this lack of evidence in its final rule. Otherwise, continued spending on CPCs is not justified under the reasonable person standard.

Finally, CPCs have not demonstrated that they encourage two-parent families. Our research did not find marriage promotion as a common service. To the extent any CPC programming may promote marriage, there is no evidence such programming is reasonably calculated to do so, or that it is effective. Should any state seek to continue to use its TANF funds in this way, under the proposed rule, it must show that the expenditure indeed accomplishes the asserted TANF purpose, using research or program outcomes data. And even if a larger program includes some permissible costs, only those costs that demonstrably further TANF's purposes may be reimbursed.

Thank you for the opportunity to express our views on this critical topic, and for your action to prevent the misuse of TANF funds for CPCs.

Respectfully submitted,  
Women's Law Project  
California Women's Law Center  
Gender Justice  
Legal Voice  
Southwest Women's Law Center

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<sup>70</sup> Alliance CPC Report, *supra* note 20, at 6.

<sup>71</sup> Hussey, *supra* note 14, at 99.

<sup>72</sup> Earn While You Learn, <https://www.ewyl.com/> (last visited Nov. 30, 2023).

<sup>73</sup> Alliance CPC Report, *supra* note 20, at 14.

# **Exhibit 1**

# DESIGNED to DECEIVE

A STUDY OF THE **CRISIS PREGNANCY CENTER INDUSTRY** IN NINE STATES

ALASKA

CALIFORNIA

IDAHO

MINNESOTA

MONTANA

NEW MEXICO

OREGON

PENNSYLVANIA

WASHINGTON

*the*  
**ALLIANCE**

**STATE ADVOCATES**  
FOR WOMEN'S RIGHTS  
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## *ABOUT THE ALLIANCE*

The Alliance: State Advocates for Women's Rights and Gender Equality ("The Alliance") is a collaboration of state-based law and policy centers working across the country to advance gender equality at the intersection of reproductive rights, economic justice, LGBTQ+ equality, and gender-based violence:

**GENDER JUSTICE** | Minnesota

**LEGAL VOICE** | Washington, Oregon, Montana, Idaho, Alaska

**SOUTHWEST WOMEN'S LAW CENTER** | New Mexico

**WOMEN'S LAW PROJECT** | Pennsylvania

The Alliance law centers advance proactive policies and litigation at the federal, state and local levels, leveraging state constitutions, opportunities, and causes of action. Our work is intersectional, and we are committed to explicitly and proactively grounding it in racial equity. We strive to center and amplify the voices of those most marginalized and work in and with diverse grassroots and client communities seeking equity and justice.

A centerpiece of the Alliance collaboration is our work to ensure equitable access to evidence-based reproductive health care and to secure transparency and accountability in government-funded programs for pregnant people. To that end, the Alliance has partnered with California Women's Law Center and researchers across the country to examine the expanding network of crisis pregnancy centers (CPCs), which are anti-abortion organizations that undermine the reproductive autonomy of vulnerable pregnant people while purporting to assist them.

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**A NOTE ON LANGUAGE:** The Alliance recognizes that people of all gender identities experience pregnancy and need access to comprehensive evidence-based reproductive health care. We use gender-inclusive language throughout this report except when referencing research and data that focuses on women exclusively, and laws that are written and interpreted based on binary gender concepts and use binary language.

# Executive Summary

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**CRISIS PREGNANCY CENTERS (CPCS) ARE ANTI-ABORTION ORGANIZATIONS THAT SEEK TO REACH LOW-INCOME PEOPLE FACING UNINTENDED PREGNANCIES TO PREVENT THEM FROM ACCESSING ABORTION AND CONTRACEPTION.** CPCs advance this mission by using deceptive and coercive tactics and medical disinformation, and misleadingly presenting themselves as medical facilities. The modern CPC industry, a well-resourced arm of the global anti-abortion movement, is rapidly expanding while evading public accountability, despite increasing reliance on public funds.

## *Context for this Study*

We live in the most hostile era for reproductive freedom in decades. The anti-abortion movement's two primary strategies — passing abortion bans<sup>1</sup> and contraception restrictions and expanding crisis pregnancy center networks with taxpayer money<sup>2</sup> — are simultaneously reaching peak, unprecedented levels. As of this writing, the U.S. Supreme Court has allowed Texas Senate Bill 8 to become law in Texas, effectively undermining *Roe* by establishing a vigilante system wherein private individuals are deputized, and financially incentivized, to enforce the law by suing friends, neighbors, and strangers. This radical law positions Texas CPCs — supported by state funding that has increased twentyfold since 2006<sup>3</sup> — to play a central role in the surveillance of pregnant people.

While severe legislative restrictions such as Senate Bill 8 make headlines, the modernized, proliferating, and mostly evangelical CPC industry's critical role in the anti-abortion, anti-LGBTQ+ movement — and effect on the health of pregnant people — is relatively obscured from public view. Modern CPCs are plugged into the global anti-abortion movement's sophisticated digital infrastructure, which facilitates expansion, client surveillance, and systemic, coordinated promotion of anti-abortion disinformation.

Investment of public money in CPCs is escalating, especially in the states, with virtually no government oversight, accountability, or transparency.<sup>4</sup> Investigations into publicly-funded CPCs by advocates and watchdog groups have found evidence of misuse, waste, and potential skimming of funds in multiple states, including Florida,<sup>5</sup> Michigan, Minnesota,<sup>6</sup> North Carolina,<sup>7</sup> Pennsylvania, and Texas.<sup>8</sup> Yet CPCs continue to secure state contracts while the nature and quality of their services remains largely unexamined and unregulated by policymakers.

States are also enabling CPCs to siphon public funds from safety-net programs for low-income pregnant people and children. In so doing, CPCs exacerbate the very economic scarcity they use to justify their encroachment into under-resourced neighborhoods and communities of color: the modern CPC industry has revitalized strategies to target Black women,<sup>9</sup> who are more likely than white women to face barriers to medical care and pregnancy resources.

Today, crisis pregnancy centers outnumber abortion clinics nationwide by an average of 3 to 1.<sup>10</sup> The disparities are higher in states that fund CPCs: In Pennsylvania, the ratio of CPCs to abortion clinics is 9 to 1; in Minnesota, it is 11 to 1.<sup>11</sup> The maternal and public health consequences of this seismic shift in the reproductive health care landscape in the states are unknown.

## MAJOR STUDY FINDINGS AT A GLANCE

<p>▶ <b>CPCs PROVIDED VIRTUALLY NO MEDICAL CARE.</b></p>	<p>▶ <b>CPCs ROUTINELY PROMOTED FALSE MEDICAL CLAIMS AND USED DECEPTIVE PRACTICES.</b></p>
<ul style="list-style-type: none"> <li>▶ Many CPC websites used language and imagery signifying they were providers of medical services but the services most commonly offered were not medical.</li> <li>▶ The most common CPC service was a pregnancy test—usually a self-administered urine-stick test.</li> <li>▶ The second most common CPC offering was “free” goods, which pregnant people typically had to earn.</li> <li>▶ More than ½ of CPCs offered “non-diagnostic” ultrasound as a tool to signal medical legitimacy and persuade people to carry their pregnancies to term.</li> <li>▶ Many CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging.</li> <li>▶ Almost none of the CPCs provided prenatal care.</li> <li>▶ Only 1 of the 607 CPCs provided contraception care.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Almost ⅓ of CPCs promoted patently false and/or biased medical claims about pregnancy, abortion, contraception, and reproductive health care providers.</li> <li>▶ “Abortion Pill Reversal” — an unethical practice and non-scientific claim — is a CPC priority. More than ⅓ of CPCs promoted APR; in some states more than ½ promoted APR.</li> <li>▶ Fewer than ½ of CPCs indicated they had a licensed medical professional. None indicated whether medical professionals were employed or volunteers, or full- or part-time.</li> <li>▶ Many CPCs deceptively claimed on their website to have no agenda and to provide full and unbiased information.</li> <li>▶ CPCs seek to intercept people seeking health care – 10% operated mobile units that can locate near abortion clinics to confuse their patients. Online, CPCs employ digital tactics to intercept people searching for abortion care.</li> </ul>
<p>▶ <b>STATE-FUNDED CPCs ARE MORE HARMFUL THAN PRIVATELY FUNDED CENTERS.</b></p>	<p>▶ <b>CPCs APPEAR TO BE LOCAL BUT ARE PART OF A GLOBAL ANTI-ABORTION NETWORK.</b></p>

### *The Alliance Crisis Pregnancy Center Study*

Measuring the proliferating CPC industry’s impact on public health must begin with a thorough assessment of the services CPCs offer pregnant people – and the services they do not. In the absence of government oversight, the Alliance conducted this Study to document and evaluate CPC services and practices in nine states in which we operate and partner with allies: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington. We investigated 607 CPCs between March 2020 and February 2021 and collected over 50 categories of publicly available data through systematic review of CPC websites and social media. In addition, we conducted public records investigations and research into CPC operations in six states (AK, CA, MN, NM, PA, and WA) that further informed the Study. Our findings shine renewed light on the modern CPC industry and expose the particular harms of state-funded CPCs.

#### ▶ **CPCs PROVIDED VIRTUALLY NO MEDICAL CARE.**

The three most common CPC services were pregnancy tests (88.5%), “free” material goods (88.1%), and “counseling” (78.6%). The fourth most common service was “non-diagnostic” ultrasound. While approximately one-quarter (28.4%) offered STI testing, most did not provide or refer for STI treatment and none offered barrier-method contraception, a standard of care for STI prevention. Only one CPC offered contraception.

#### **The most common CPC service was a pregnancy test.**

Of the CPCs specifying type of test, 96% offered a urine test, the self-administered stick tests available at drugstores. Some CPCs claimed to provide “lab-quality” urine tests.

#### **Almost none of the CPCs in the Study provided prenatal care.**

While most CPCs offered pregnancy tests, the majority (95%) offered no prenatal care and fewer than half made prenatal care referrals. CPCs affiliated with big anti-abortion networks (almost half of the CPCs in this Study) provided prenatal care less often than unaffiliated centers. Significantly, state-funded CPCs were less likely to offer or refer for prenatal care than CPCs without state funding.

### **The second most common CPC offering was “free” goods, which pregnant people actually had to earn.**

Most CPCs (88.1%) advertised free material goods, including maternity and baby supplies, but noted that provision of these goods was contingent on the pregnant person’s participation in “earn while you learn” classes or counseling, Bible studies, abstinence seminars, video screenings, or other ideological CPC programming. While CPCs target people considering abortion, research shows most pregnant people who seek out a CPC do so because they cannot afford diapers and other infant and maternity goods CPCs claim to offer for free.<sup>12 13</sup>

### **More than half of CPCs offered “non-diagnostic” ultrasound.**

The fourth most common CPC service, offered by 56% of CPCs, was “non-diagnostic” ultrasound, which cannot study placenta or amniotic fluid, or detect fetal abnormality or fetal distress. Anti-abortion organizations steering the CPC movement promote the use of ultrasound technology as a tool to persuade clients to carry their pregnancies to term and falsely signal medical legitimacy.<sup>14 15</sup> The American Institute of Ultrasound in Medicine condemns the use of ultrasounds for any non-medical purpose: “The use of ultrasound without a medical indication to view the fetus, obtain images of the fetus, or identify the fetal external genitalia is inappropriate and contrary to responsible medical practice.”<sup>16</sup>

### **CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging.**

Almost 17% of CPCs claimed to offer sexuality-related programming, which typically focused on abstinence and also featured religious and shame-based messages and harmful stereotypes about LGBTQ+ youth and non-traditional families. Approximately 8% of CPCs overall indicated that they offer these services off-site, including in public schools; a full 20% of CPCs in Washington offered these programs off-site.

## **► CPCs ROUTINELY PROMOTED FALSE MEDICAL CLAIMS AND USED DECEPTIVE PRACTICES.**

### **Almost two-thirds (63%) of CPCs promoted patently false and/or biased medical claims, mostly centered on pregnancy, contraception, and abortion, especially medication abortion.**

False claims typically included patently untrue information about reproductive health care and providers, false and misleading information regarding risks of abortion and contraception, and deceptive citing to make it seem such claims were supported by legitimate medical sources when they are not. Many CPC sites claimed people who have had abortions suffer from “post-abortion syndrome,” a non-existent diagnosis that has been debunked by medical professionals.<sup>17 18</sup>

While many CPCs claimed to be medical clinics, fewer than half (47%) indicated whether they had a licensed medical professional on staff. Only 16% indicated a physician and 25% indicated a registered nurse was affiliated with their staff; none indicated whether licensed medical professionals were employees or volunteers, nor whether they were engaged full- or part-time. Many CPCs falsely claimed to have no agenda and to provide full and unbiased information to support a pregnant person’s choice. Many disguised the fact that they do not provide or refer for abortion. Among CPCs in this Study, 10% operated mobile units that can locate near abortion clinics to confuse and intercept their patients.

### **“Abortion Pill Reversal” — an unethical practice and non-scientific claim — is a CPC priority.**

“Abortion pill reversal” (APR) is an anti-abortion marketing term that refers to the experimental administration of high doses of progesterone to pregnant people who have taken the first, but not the second, of two medicines for a medication abortion. Anti-abortion advertising claims this can “reverse”



an abortion, but medical experts say such claims “are not based on science and do not meet clinical standards.”<sup>19</sup> Its health effects are unknown; the only credible clinical study was stopped after one-quarter of the participants went to the hospital with severe bleeding.<sup>20</sup>

More than one-third (35%) of CPCs in the Study promoted APR, with significant variation across states: More than half the CPCs in Idaho (57.1%) and Washington (50.9%) promoted APR. Overall, some 5% of CPCs said they provided APR, but none indicated who administered it, whether it was administered vaginally, orally, or by injection, or whether follow-up care was provided.

### ► STATE-FUNDED CPCs ARE MORE HARMFUL THAN PRIVATELY FUNDED CENTERS.

The Alliance Study found that taxpayers are unknowingly funding the most problematic practices of the CPC industry. State-funded CPCs promoted abortion pill reversal at significantly higher rates and offered prenatal care and referral less often than CPCs without state funding.

### ► CPCs APPEAR TO BE LOCAL BUT ARE PART OF A GLOBAL ANTI-ABORTION NETWORK.

Almost half (45.8%) of the CPCs in this Study were affiliated with one or more of the international, national, and regional right-wing organizations that steer the CPC industry, including Heartbeat International, Care Net, and National Institute of Family and Life Advocates. These groups provide digital strategy, infrastructure, and marketing tactics to help CPCs intercept people searching online for abortion care, signal that they are trusted sources of health care, and secure public funding. At least one of these groups collects and stores sensitive client data such as sexual history in “digital dossiers.”<sup>21</sup>

## Conclusions

While CPCs misleadingly present themselves as medical facilities<sup>22 23</sup> to draw low-income people experiencing an unplanned pregnancy, the four services most often provided by CPCs served no medical purpose. Most CPCs disseminate medical disinformation focused on stigmatizing abortion and contraception and promote made-up, abortion-related mental health conditions not recognized by medical experts. The promotion of “abortion pill reversal,” an unethical, non-scientific practice based on a fraudulent claim, is currently a top CPC priority.

While people considering abortion are main targets of CPC marketing efforts,<sup>24</sup> research shows that, in fact, the majority of people who go to CPCs intend to carry their pregnancies to term and are primarily seeking the pregnancy tests and infant supplies, especially diapers, CPCs claim to offer for free.<sup>25 26 27</sup>

**In short, it is widespread financial insecurity and inadequate support for pregnant people that makes people vulnerable to CPCs. CPCs use deceptive and misleading practices to exploit economic insecurity and gaps in access to health care to advance their anti-abortion, anti-contraception agenda. Robust research documents that being denied abortion care exposes both the pregnant person and their family to a range of potential harms. But we do not know the health consequences visiting a CPC has on the typical CPC client: a pregnant person needing prenatal care and parenting resources.**

With CPCs outnumbering abortion clinics in almost every state, this unregulated network of ideological, deceptive, and manipulative providers of mostly non-medical services is increasingly more likely to be the most logistically accessible facility in the landscape of services for pregnant people with limited resources. The disparities detected in services between state-funded and other CPCs within the same state underscores the need for a coherent analysis of state-funded CPCs, and the consequences of government investment in CPCs on maternal and public health.

## *Call to Action: Hold CPCs Accountable to Protect Reproductive & Maternal Health*

The Alliance Study findings make clear that a thorough data-driven assessment of CPC services, funding streams, and accountability measures is needed in states across the country.

It is our hope that this Study spurs stakeholders to assess how CPCs are targeting and treating low-income pregnant people and how the seismic shift in the reproductive landscape — wherein CPCs have proliferated as access to evidence-based reproductive healthcare and abortion has diminished — affects maternal and public health. We already know delaying access to abortion care poses a range of potential harm to pregnant people; we call for future research to specifically investigate the impact of visiting a CPC on maternal health and birth outcomes.

The United States is in the throes of a maternal mortality and morbidity crisis marked by severe racial disparities, with Black, Latinx and Indigenous people and infants suffering disproportionate harms. And we are still in the midst of the COVID-19 pandemic, an unprecedented public health crisis that is exacerbating pregnancy-related mortality and racial disparities, especially worsening Black maternal health.<sup>28</sup> And, despite these interrelated public health crises, anti-abortion policymakers and bureaucrats are aggressively advancing an ideological agenda that further undermines maternal health and specifically targets Black women.<sup>29</sup>

In this context, we urgently call on state lawmakers to stop funding CPCs and to dramatically increase investment in equitable access to evidence-based reproductive health care, especially in under-resourced communities.

We call on state policymakers nationwide to act on the detailed and state-specific policy recommendations in this report to: protect CPC clients and pregnant people seeking health care; promote transparency and best practices in publicly funded programs; address significant and deepening gaps in maternal and reproductive health care; and eliminate mounting obstacles to health care experienced by low-income pregnant and parenting people.

**These findings reaffirm that the Alliance mission as state-based advocates is more pressing than ever: The fight for reproductive freedom is in the states.**

# Introduction

**CRISIS PREGNANCY CENTERS (CPCS) ARE ANTI-ABORTION ORGANIZATIONS THAT SEEK TO REACH LOW-INCOME PEOPLE FACING UNINTENDED PREGNANCIES TO PREVENT THEM FROM ACCESSING ABORTION AND CONTRACEPTION.** CPCs advance this mission by using deceptive and coercive tactics and medical disinformation, and misleadingly presenting themselves as medical facilities. The modern CPC industry, a well-resourced arm of the global anti-abortion movement, is rapidly expanding while evading public accountability, despite increasing reliance on public funds.

The first CPCs were established in the late 1960s. In recent years, a more powerful, thoroughly modernized, and proliferating CPC industry serves a pivotal role in the anti-abortion movement, itself part of broader evangelical, Catholic,<sup>30 31</sup> and Christian nationalist activism.<sup>32 33 34</sup> The contemporary CPC industry is plugged into those global movements and their sophisticated digital infrastructure through an affiliation model that facilitates CPC expansion, client surveillance, and coordinated dissemination of anti-abortion disinformation.

The contemporary CPC industry is also increasingly reliant on government support and public funds, though its dual missions of stopping people from accessing abortion and contraception and converting people to evangelical Christianity<sup>35</sup> have not changed.

Attracting and intercepting low-income pregnant people before they access medical care is still the primary CPC strategy.

While CPCs historically opened near reproductive health clinics and mimicked their names and signage, contemporary CPCs often claim to be medical clinics themselves, despite their clear ideological mission. Medical experts publishing in the *AMA Journal of Ethics* call CPCs “legal but unethical” because, despite “giv[ing] the impression that they are clinical centers, offering legitimate medical services and advice,” CPCs are generally not subject to regulatory oversight that applies to health care facilities.<sup>36</sup>

In fact, CPCs are not subject to much oversight at all — even when relying on public funds.

CPCs currently operate with taxpayer funding in 29 states; 14 of those states fund CPCs with direct contracts.<sup>37</sup> Additionally, CPCs in at least 10 states siphon safety-net funds meant for low-income pregnant people and children, helping to manufacture the very economic scarcity the CPC movement uses to justify its encroachment into under-resourced neighborhoods and communities of color.<sup>38</sup> The CPC industry, led by white evangelicals, promotes programs and marketing techniques to specifically target Black women,<sup>39</sup> who are more likely than white women to face barriers to medical care and pregnancy resources.

Research affirms that being denied abortion care exposes both the pregnant person and their family to a range of potential harms.<sup>40</sup> People seeking abortion care, as well as abortion providers, report anecdotal experiences of CPC tactics delaying access to medical care. But, without systemic analysis, the number of people whose access to abortion health care is delayed or prevented by visiting a CPC is unknown.

Although the CPC industry is designed to target and intercept people seeking abortion care, the surprising reality is that most people who visit a CPC — about 80%, according to CPC industry data — intend to carry their pregnancies to term.<sup>41</sup> Scholarly research finds the percentage to be even higher (96%).<sup>42</sup> Research also shows that most pregnant people who visit a CPC are searching for free maternity and infant goods.<sup>43</sup>

This revelation — that most people who go to a crisis pregnancy center are not considering abortion but seeking material pregnancy and parenting support — reveals that CPCs are generally failing at their purported mission to reach and dissuade “abortion-minded” people. Yet government has significantly increased investment in CPCs, despite their failure at their mission.<sup>44</sup>

This revelation also leads to a significant question: What are the health consequences for people intending to carry their pregnancy to term who visit a CPC before, or instead of, accessing medical care? The impacts of CPC practices and expansion on people intending to carry to term are also unknown.

Yet, policymakers who purport to care about maternal and infant health have diverted funds to CPCs while failing to assess their impact on public health, or to hold them accountable for how they spend public money, even in the wake of advocate-led CPC investigations that found misuse, waste, and potential skimming of funds, including in Florida,<sup>45</sup> Michigan,<sup>46</sup> Minnesota,<sup>47</sup> Pennsylvania,<sup>48</sup> and Texas.<sup>49 50</sup>

To date, Michigan is the only state to defund its state-contracted CPC network<sup>51</sup> in response to allegations of “inefficiency and self-enrichment.”<sup>52</sup> By contrast, Texas increased CPC funding in 2019 with an award of \$100 million — a twentyfold funding increase since 2006. When questioned about how the CPCs spent those funds, a Texas policymaker suggested the CPC subcontracting process was “a secret.”<sup>53</sup>

This conspicuous lack of oversight of an industry purporting to provide medical services to pregnant people is of grave concern in light of the U.S. maternal mortality and morbidity crisis, an emergency defined by severe racial disparities causing Black, Latinx, and Indigenous people to suffer disproportionate harm and death. This lack of CPC oversight is of particular concern as the COVID-19 pandemic continues, exacerbating racial disparities in maternal morbidity and mortality, especially worsening Black maternal health and economic insecurity among women of color.<sup>54 55 56</sup>

Nonetheless, anti-abortion policymakers and bureaucrats remain focused on advancing an aggressive agenda that undermines maternal health and specifically harms Black people. The anti-abortion movement’s two primary strategies — passing legislative abortion and contraception restrictions and expanding crisis pregnancy center networks with taxpayer money — are simultaneously reaching peak, unprecedented levels.<sup>57</sup> Harassment and violence against abortion providers and patients is also at an all-time high.<sup>58 59</sup>

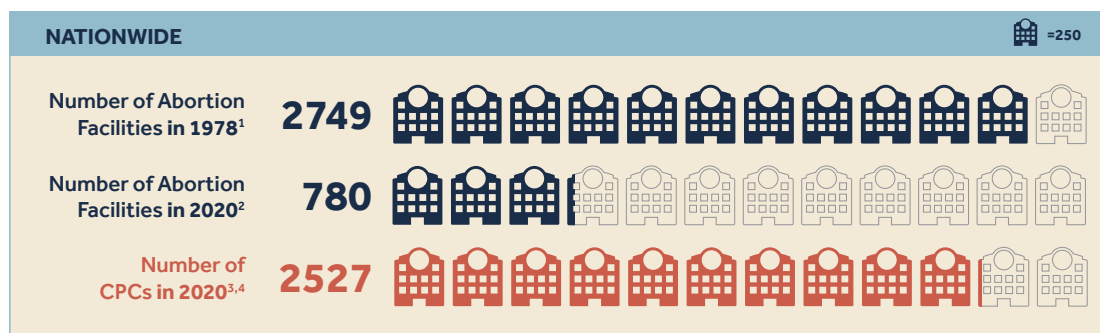
In September 2021, the U.S. Supreme Court allowed the most extreme abortion ban ever passed in the United States, Texas Senate Bill 8, to become law. Texas Senate Bill 8 effectively bans nearly all abortion and deputizes and financially incentivizes private individuals to enforce the ban via civil litigation. CPCs are positioned to play a central role in surveillance of pregnant people in such a vigilante system. They exist, after all, to reach people experiencing unintended pregnancies, and collect extensive digital data on their clients and their reproductive histories.<sup>60</sup>

On December 1, the U.S. Supreme Court will hear oral argument in *Dobbs v. Jackson Women’s Health Organization*, a case anti-abortion advocates hope will overturn *Roe v. Wade*.

The onslaught of legislative attacks has significantly reduced access to safe, legal abortion care in the United States, especially for people with limited resources. Fewer than 800 abortion clinics now serve patients in this country<sup>61</sup> (95% of abortions take place in clinics);<sup>62</sup> that number will diminish dramatically if the Texas ban and copycat laws in other states are permitted to stand.

Meanwhile, according to the most reliable estimate, more than 2,500 crisis pregnancy centers are currently operating in the United States. Some anti-abortion groups claim the number to be much higher, approaching 4,000.<sup>63</sup>

Today, CPCs outnumber abortion clinics nationwide by an average of more than 3 to 1. In many states that directly fund CPCs, the disparity is exponentially higher: in Pennsylvania, CPCs outnumber abortion clinics by 9 to 1; in Minnesota, by 11 to 1.<sup>64</sup>



1. Guttmacher spreadsheet of Abortion Providers in Select States 1973-2017
2. ANSIRH Map of Abortion Facilities per State, spring 2017; Guttmacher: Abortion Incidence and Service Availability in the United States, 2017: <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>
3. Crisis Pregnancy Center Map: A web-Based Geolocated Directory of Crisis Pregnancy Centers (CPCs) in the United States, March 2020
4. Alliance database, December 2020

In this new landscape, CPCs may be more accessible than legitimate health care. Yet policymakers have not conducted a nationwide assessment of services CPCs offer to pregnant people since 2006, when the U.S. House Oversight and Reform Committee, under former U.S. Rep. Henry Waxman, investigated false and misleading health information provided by federally funded CPCs.<sup>65</sup>

In the absence of policymaker oversight, the Alliance conducted this nine-state Study to:

- Document the primary services and the services least commonly offered by CPCs
- Survey the prevalence and nature of false and biased medical claims promoted on CPC websites
- Assess the anti-abortion movement's claims that CPCs offer medical services
- Analyze the connections between local CPC storefronts and the national and international anti-abortion organizations supporting them and collecting client data

Our findings shine a renewed light on the modernized CPC industry and call for a thorough data-driven assessment of CPC services, funding streams, and accountability measures in states across the country.

Understanding and addressing CPC practices and their effect on maternal and infant health is a matter of public health, racial equity, and gender justice. It is our hope that this Alliance investigation spurs state policymakers nationwide to assess the quality and nature of CPC services, how CPCs are targeting and treating low-income pregnant people, and the consequences of government investment in the CPC industry for maternal and public health, especially among Black, Latinx, and Indigenous people and infants suffering disproportionate and enduring harm.

# The Alliance Crisis Pregnancy Center Study

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In 2019, the Alliance launched a coordinated investigation to document CPC services and practices across nine states in which the Alliance law centers are based and partner with allies on CPC advocacy: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington.

Alliance project staff collected over 50 categories of publicly available information on 607 CPCs operating in the nine Study states. The data discussed in this report were collected between March 2020 and February 2021 by systematic review of CPC websites and social media. We engaged a reproductive epidemiologist to advise this Study, guide its methodology, and provide technical support to build a central database and aggregate and analyze the data. Alliance staff worked with CPC research partner California Women's Law Center to maintain the database throughout the Study.

Alliance project organizations also conducted public records investigations and research into CPC operations in six states (Alaska, California, Minnesota, New Mexico, Pennsylvania, and Washington) between 2019 and 2021 that provided further data that informed the Study.

A note about defining crisis pregnancy centers: CPCs are largely unregulated; therefore, there is no governing body or certification to designate an entity that seeks to reach vulnerable pregnant people as a CPC. Further complicating the effort to define CPCs is the fact that the anti-abortion movement has rebranded crisis pregnancy centers as "pregnancy resource" or "pregnancy help" centers.

For the purposes of this study, the Alliance classified an organization as a CPC if it met two or more of the following criteria:

- Used keywords such as pregnancy "resource," "aid," "care," "alternatives," "options," or "support" in its name
- Affiliated with one or more national or regional anti-abortion umbrella organizations that identify as operating and/or providing services or technical support for crisis pregnancy centers (e.g., Care Net, Heartbeat International, Birthright International, Obria)
- Did not provide or refer for abortion and/or dispensed medically misleading or biased information about abortion
- Accepted funding conditioned on advancing an anti-abortion mission, promoting childbirth instead of abortion, and/or agreement to not promote or refer for abortion and contraception

Data on crisis pregnancy centers are not static. Since individual CPCs open, close, relocate, and change names on a regular basis, some of the information in this Study will likely have changed as of publication of this report.

*Detailed Study methods are available at [alliancestateadvocates.org/publications](https://alliancestateadvocates.org/publications)*

# Major Findings

## Primary Services Offered by CPCs

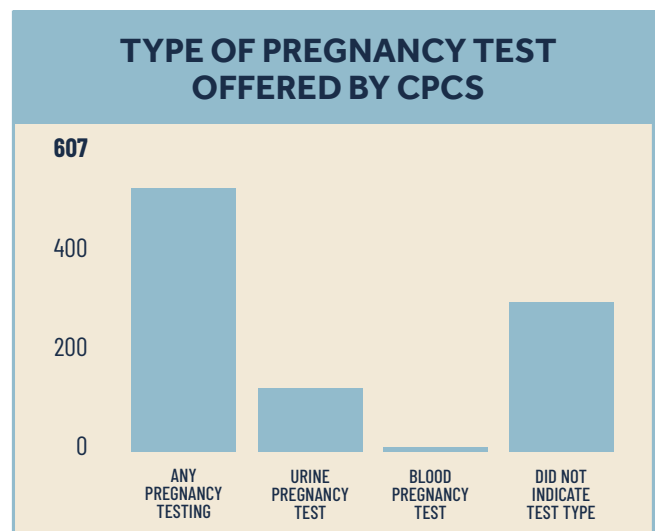
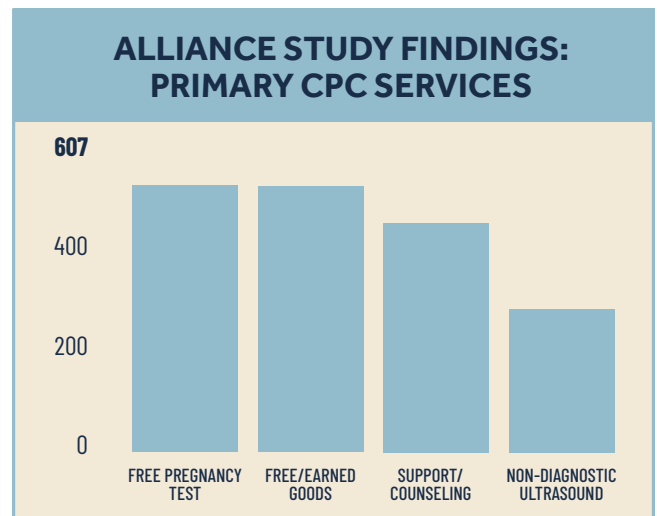
While CPCs increasingly present themselves as medical facilities<sup>66 67</sup> most services provided by CPCs in this Study serve no medical purpose.

Across the 607 CPCs in the nine states surveyed, the Alliance found the three most common services offered by CPCs are pregnancy tests (88.5%), distribution of material goods such as diapers and maternity clothes (88.1%), and peer-to-peer conversation typically promoted as “counseling” (78.6%). “Non-diagnostic” or “limited medical” ultrasound was the fourth most common CPC service, offered by over half (56%) of the CPCs in the Study.

### Pregnancy Tests

Most CPCs that offered pregnancy tests did not indicate the type of test. Of the 184 CPCs that specified the type of test offered, 96% (177 of 184) indicated they offered a urine test, and 3.8% (7 of 184) indicated they offered a blood test. Urine pregnancy tests are self-administered and available at drugstores.

This finding is consistent with a strategic decision announced by the global CPC network Heartbeat International (HBI) in 1989 that most CPCs “should use the self-testing model for performing pregnancy tests”<sup>68</sup> after a California CPC network using lab tests lost a lawsuit that accused them of practicing medicine without a license.<sup>69</sup>



## *Free/Earned Goods*

Most CPCs advertised “free” maternity and baby supplies, but CPCs typically noted on their websites that provision of these goods was contingent on the client’s participation in “earn while you learn” classes or counseling, Bible studies, abstinence seminars, video screenings, or other ideological CPC programming. This finding is consistent with scholarly research into client experiences at CPCs that has found CPCs often condition material assistance on participation in CPC activities through which they earn “mommy bucks” or “points” they can exchange for infant supplies or other goods.<sup>70 71 72</sup> In one study, a CPC client reported losing her job because when she missed work for one of the CPC appointments because she was “[d]esperate for the resources they offered and believ[ed] that attending all of the center’s appointments was important for the health of her pregnancy...”. She subsequently lost her home.<sup>73</sup>

## *Support/Counseling*

Among CPC websites surveyed, counseling typically focused on pregnancy decision-making. Scholarly research has found that most counseling at CPCs is provided not by licensed professionals but by volunteer lay counselors.<sup>74</sup> Evangelical anti-abortion organizations that support CPCs provide standardized counselor training used by their affiliates in states around the country. For example, Care Net requires affiliated CPCs to follow its “biblically-based curriculum” for training peer counselors.<sup>75 76</sup> The “Serving with Care and Integrity” manual tells trainees that “[t]he goal of pregnancy center ministry is to reach out and offer hurting people the love of Christ.”<sup>77</sup>

## *Most CPCs Offer Little to No Medical Care*

The fifth and sixth most-commonly offered CPC services were sexually transmitted infection (STI) testing (28.1%) and “sex education” (16.6%). The services least often offered were prenatal care (5.1%), well-person care (4.8%), and contraceptive care (one CPC — 0.2% of the Study sample — provided all FDA-approved options and hormonal contraceptives). See *Deceptive & Misleading Marketing below*, for discussion of these findings about least commonly offered CPC services.

**In sum, the Alliance found the primary services that surveyed CPCs provided were not medical, and that the majority of CPCs provided little or no medical care. The most common CPC service was a pregnancy test and the least common services were prenatal, wellness, and contraceptive care.**



## “Non-Diagnostic” Ultrasound

Various described on their websites as “non-diagnostic ultrasound,” “limited obstetrical ultrasound,” “option ultrasound,” or simply “sonogram” (the technical term for the image produced by ultrasound), the CPC industry offers free ultrasound to lure clients through the door and coerce their pregnancy decision-making.

National Institute of Family and Life Advocates (NIFLA), an evangelical Christian law firm for the anti-abortion movement, has promoted the provision of ultrasound technology at CPCs for many years. NIFLA claims, “more than 80% of abortion-minded mothers choose life after they see their unborn baby via ultrasound” which gives clients “the opportunity to see the wonderful handiwork of the Creator.”<sup>78</sup>

Research shows viewing an ultrasound does not typically change a person’s mind about abortion or elicit a singular effect on the patient’s emotions.<sup>79 80</sup>

The anti-abortion and anti-LGBTQ+ organization Focus on the Family has also steered the use of ultrasound technology by CPCs, and financially subsidizes equipment and training, as long as the CPC is “located in a community with a high abortion rate.”<sup>81</sup> Eligibility factors include that CPC locate near abortion providers.<sup>82</sup>

The American Institute of Ultrasound in Medicine (AIUM) condemns the use of ultrasounds for any non-medical purpose: “The use of ultrasound without a medical indication to view the fetus, obtain images of the fetus, or identify the fetal external genitalia is inappropriate and contrary to responsible medical practice.” AIUM characterizes the use of ultrasound for “bonding” purposes as “keepsake imaging” and discourages the practice.<sup>83</sup>

The CPC industry also relies on the provision of ultrasound to signal medical legitimacy.

According to the global CPC network, Heartbeat International: “**In essence, there is no such thing as a non-diagnostic ultrasound.** [Emphasis theirs.] Even if you are using an ultrasound machine for the singular purpose of showing the client her baby, you are likely conducting a diagnostic test that suggests a medical procedure. Because of this, you are functioning as a medical facility when you perform an ultrasound ... Does that mean you have to become a state licensed medical clinic? Not necessarily.”<sup>84</sup>

The anti-abortion industry’s false claims regarding the effect of viewing an ultrasound on pregnancy decision-making have also been used as justification for legislation mandating patients undergo medically unnecessary forced ultrasound before an abortion procedure. Some of these laws require abortion providers to display the screen and describe the image in detail, regardless of the patient’s preference.<sup>85</sup>

► For more information see the Alliance Study companion resource, *Global, National & Regional Anti-Abortion Organizations Supporting CPCs at [alliancestateadvocates.org/publications](http://alliancestateadvocates.org/publications)*

*“When a physician begins caring for a new patient who is pregnant, it is common practice to obtain any prior ultrasound scans the patient received from outside health care facilities. The existence of crisis pregnancy centers has made it difficult for physicians to ascertain whether these prior ultrasounds are reliable. I have had patients who have obtained ultrasounds at CPCs who were unaware they were not receiving medical care from a real health care facility. I am not aware of any other area of medicine in which these problems exist. There are no ‘crisis broken bone clinics’ that take an X-ray and assure you that you’ll be fine if you simply wear a sling. CPCs take advantage of that lack of knowledge to provide all of the form of a doctor’s office, but none of the function.”*

— **Glenna Martin, MD**, Board-certified family medicine physician, Washington

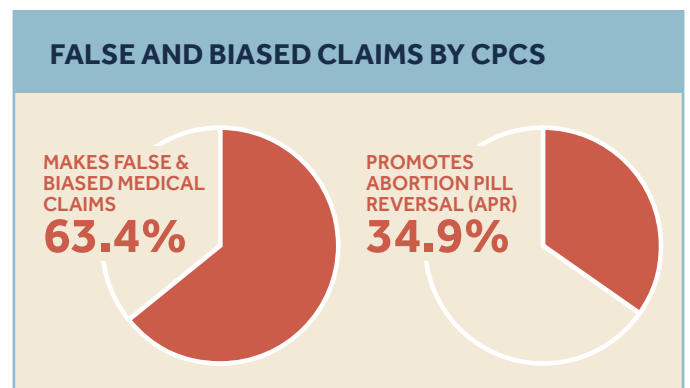
”

# False & Biased Medical Claims by CPCs

The Alliance Study surveyed CPC websites to document and calculate the percentage of CPCs promoting false and/or biased medical claims. We defined as false any medical claims that were demonstrably untrue or unsubstantiated, or that misleadingly cited factual information out of context. We defined as biased statements about medical issues, procedures, or providers presented in loaded or gratuitous language instead of clinical terms.

The Alliance found more than 63% of the CPCs in our Study states promoted false and/or biased medical claims on their websites, most often about pregnancy and abortion. Abortion does not increase a birthing person’s risk of secondary infertility, pregnancy-related hypertensive disorders, breast cancer, or mental health disorders,<sup>86</sup> yet nearly one-third (31.8%) of CPCs in the Study claimed that abortion causes these conditions. Many CPC sites claimed that people who have had abortions suffer from “post-abortion syndrome,” an “abortion-as-trauma” construct of the anti-abortion movement that has been roundly debunked by medical and mental health professionals.<sup>87</sup>

More than one-third (34.9%) of CPCs in this Study promoted “abortion pill reversal” (APR), the unproven and potentially dangerous claim that a medication abortion can be “reversed” with a high-progesterone intervention. We collected and reported APR data separately from other false medical claims because APR is both a fraudulent claim and an unethical practice. APR is a current priority of the anti-abortion movement. See the Spotlight below for more information and discussion of the Alliance Study’s APR findings.



While we also observed other misleading claims to be common on CPC websites, including that CPC services are unbiased because they are free, this Study did not document the prevalence of false and misleading claims that were not medical in nature.

False and biased CPC claims about abortion contradict the reality that abortion is extremely safe.<sup>88</sup> Complications from abortion are rare, occurring less frequently than complications from wisdom tooth extraction.<sup>89</sup>

These examples of false claims promoted by CPCs are typical:

**Abortion and Preterm Birth**

Women who undergo one or more induced abortions carry a significantly increased risk of delivering prematurely in the future. Premature delivery is associated with higher rates of cerebral palsy, as well as other complications of prematurity (brain, respiratory, bowel, and eye problems).

**Abortion and Breast Cancer**

Medical experts continue to debate the association between abortion and breast cancer. Did you know that carrying a pregnancy to full term gives a measure of protection against breast cancer? Terminating a pregnancy results in loss of that protection.

Despite the controversy around this issue, it is important for women to know what some experts say: a number of reliable studies have demonstrated connection between abortion and later development of breast cancer.

▶ Screenshot from Hope’s Place Pregnancy Support Center, Salmon, ID <https://www.hopesplacepsc.org/abortion.html>

**Surgical Abortion Risks:**

- Perforation of the uterus
- Damage to the cervix
- Scar tissue on the uterine wall
- Infection
- Heavy bleeding

**Medication Abortion Risks:**


- An ongoing unwanted pregnancy if the procedure doesn't work
- Heavy and prolonged bleeding
- Digestive system discomfort
- Incomplete abortion (which may need to be followed by surgical abortion)
- Infection
- Fever

▶ Screenshots from Women’s Pregnancy Options, Albuquerque, NM <https://www.pregnantabq.com/abortion>

The American Psychological Association found no increased risk of adverse mental health outcomes for women having a legal, first-trimester abortion.<sup>90</sup> The National Cancer Institute concluded that abortion does not increase one's risk of breast cancer.<sup>91</sup>

False information about miscarriage was also common. While the medical community agrees that 10%-15% of detectable pregnancies result in miscarriage,<sup>92</sup> CPCs claimed that the likelihood of miscarriage is significantly higher.

This CPC in California shows a pop-up video on its homepage with a woman dressed in a white coat and stethoscope making a false claim about miscarriage and encouraging people considering abortion to come to the CPC for an ultrasound to determine if they are going to miscarry instead:

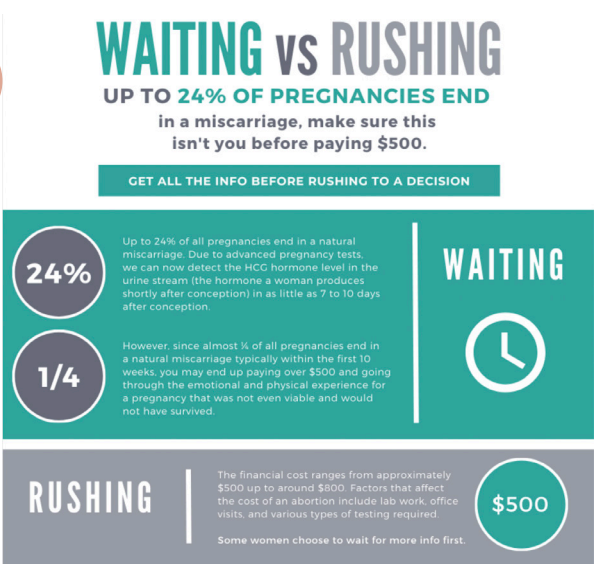


▶ Screenshots from La Habra Life Center, La Habra, CA  
<https://lahabralifecenter.org/>

**“Are you considering abortion? Did you know you may not need an abortion? Approximately one in every 4 pregnancies ends naturally by miscarriage. Yes that’s right, one in every four. And it happens naturally without the need to go through the pain or cost of an abortion. Want to know more about whether you’re likely to miscarry? The technology exists and you have a right to know. If you’re considering abortion you may not even need to make that decision. Schedule a pre-visibility ultrasound at our La Habra center.”**

CPCs often used biased and gratuitous language about procedural abortion, under the guise of providing a clinical description, some of which were deceptively cited to legitimate medical sources.

These false and biased claims about abortion on CPC websites reflects medical disinformation promoted by the anti-abortion movement at large.



**WAITING vs RUSHING**  
UP TO 24% OF PREGNANCIES END in a miscarriage, make sure this isn't you before paying \$500.

GET ALL THE INFO BEFORE RUSHING TO A DECISION

**24%** Up to 24% of all pregnancies end in a natural miscarriage. Due to advanced pregnancy tests, we can now detect the HCG hormone level in the urine stream (the hormone a woman produces shortly after conception) in as little as 7 to 10 days after conception.

**1/4** However, since almost 1% of all pregnancies end in a natural miscarriage typically within the first 10 weeks, you may end up paying over \$500 and going through the emotional and physical experience for a pregnancy that was not even viable and would not have survived.

**WAITING**

**RUSHING** The financial cost ranges from approximately \$500 up to around \$900. Factors that affect the cost of an abortion include lab work, office visits, and various types of testing required.

**\$500**

▶ Screenshots from Next Step Pregnancy Decision & Support Services, Livermore, CA  
<https://www.next-step.org/waiting-vs-rushing>

Obria CPCs in California, Oregon, and Washington falsely claimed that miscarriage is itself a form of abortion: “The most common types of abortion, and more information about them can be found below.”



The most common types of abortion, and more information about them can be found below:

Miscarriage Surgical Abortion Abortion Pill

▶ <https://www.obria.org/services/abortion/>

How is an aspiration (suction) D&C abortion performed?

A suction, or aspiration, D&C abortion is performed in-clinic. Prior to the abortion, the woman should receive an exam that includes an ultrasound in order to confirm that she is pregnant and diagnose any complicating factors, such as a tubal, or ectopic, pregnancy. An abortionist uses metal rods or medication to dilate the woman's cervix and gain access to the uterus, where the baby resides. The abortionist then inserts a suction catheter to vacuum the child from the womb. The suction machine has a force approximately 10 to 20 times the force of a household vacuum cleaner. The procedure is completed as the **abortionist uses** a sharp metal device called a curette to empty the remains of the child from the mother's uterus.<sup>1</sup>

▶ Screenshots from Lifeline Pregnancy Care Center, Nampa, ID  
<https://www.abortionprocedures.com/aspiration/#1466797067815-ef6545f9-db0b>

In fact, large anti-abortion organizations use CPCs to spread standardized anti-abortion rhetoric via digital services and toolkits. For example, Heartbeat International offers website development services with customizable templates but limits the extent to which CPCs can adapt them, and conditions use of the templates on CPCs agreeing to post most of the talking points on medical pages verbatim.<sup>93</sup>

HBI also offers trainings for peer counselors that promote false and biased claims. One such claim is that a boyfriend who “experiences homosexuality” can be a consequence of abortion.<sup>94</sup> While not the focus of this Study, it should be clear that anti-abortion organizations often explicitly oppose LGBTQ+ rights. Queer, gender-expansive, and transgender people are more likely to experience the economic insecurity that drives people to CPCs than their cisgender straight counterparts; once at a CPC, they may face the acute, specific harm of encountering explicitly anti-LGBTQ+ “counseling” and messaging. Lesbian and bisexual young people are at greater risk of unwanted pregnancy than their heterosexual counterparts.<sup>95</sup>

This Study also found CPCs were promoting unsubstantiated claims demonizing physicians and abortion providers, which serves to undermine pregnant people’s trust in medical professionals in general and abortion providers in particular.<sup>96</sup>

Systematic use of broad, unsubstantiated claims demonizing medical professionals by CPCs is deeply concerning, especially given the historic and ongoing racism that has led to distrust of the medical system among Black and brown people. Cultivating patient trust is particularly critical to improving the maternal health of Black and brown patients.<sup>97</sup> This CPC practice is especially dangerous at a time when the politicization of public health recommendations and regulations during the pandemic is provoking new levels of mistrust of medicine and violence against abortion providers is at the highest level ever recorded.<sup>98</sup>

### Ask for the doctor’s name that is performing the abortion

Abortion is legal in the United States but bad medical care is not. Women have died as a result of their “safe and legal” abortions. Some have had their bodies hurt to the point that they can no longer have children. If you don’t know the abortionist’s name that is doing your abortion, you may not find out. The abortionist could be counting on you not holding him accountable for hurting you because many women are afraid to let anyone know about this choice afterwards. Ask for his name and write it down.

### Understand you can change your mind – even at the last minute

Many women who have experienced abortion relay that they felt they had to go through with the procedure once they had entered the facility. Others say that they waited on the abortion table to be “rescued” by their boyfriend at the last minute. Some facilities even told the women that they couldn’t get their money back if they changed their mind.

Abortion providers know that this is an agonizing decision and sometimes see women change their mind at the last minute because, as they say, “I simply can’t do this!” Know your rights. Don’t be pressured or intimidated. If the procedure is not performed, demand your money back.

### Verify that the abortion facility is clean and sanitary

Many women report that the general area of the facility where they had their abortions was unclean, dusty and even smelled bad. Infections can result from unsanitary conditions. If you find yourself in a facility be sure to question their sanitizing procedures and view the condition of each room to ensure that you are receiving excellent care. If they don’t provide sufficient information to determine these conditions, give yourself permission to leave and demand a refund of your money.

▶ Screenshots from Confidence Pregnancy Center, Salinas, CA  
<https://pregnancysalinas.com/faqs/>



*“Native Americans face increased barriers to reproductive services and information that is objective and based on science. Tribal health and human services programs should inform tribal citizens about the dangers of CPCs, including those that operate close to tribal lands that are targeting people of color and providing them with false information. Tribal citizens should be encouraged to work with medical providers in their health insurance networks, Veterans Administration, Indian Health Service, tribal 638 clinics, or Planned Parenthood to access comprehensive health care services and referrals.”*

—Terrelene Massey, Tribal citizen, Navajo Nation Executive Director, Southwest Women’s Law Center, New Mexico



## False Claims About Medication Abortion

While CPCs in this Study promoted disinformation about both procedural and medication abortion, we observed a particular focus on medication abortion. Some CPCs used the anti-abortion movement term “chemical abortion” to refer to medication abortion.

For example, one Oregon CPC chain compares the way the first pill in a medication abortion works to “cutting the oxygen supply to someone who is on a ventilator.”<sup>99</sup> This Idaho CPC’s website promotes both false claims about the medical risks and gratuitous claims about the process of a medication abortion:

A medication abortion includes two drugs taken orally: mifepristone, followed by misoprostol 24 to 48 hours later. If the two-drug protocol is completed, a medication abortion terminates the pregnancy in 96% of cases. Studies confirm the protocol is safe and effective; it has been found to be safer than many commonly used over-the-counter medications in the U.S., including Tylenol.<sup>100</sup>



### What type of medical supervision occurs during a medical abortion?

After taking the first pills (Mifepristone/RU-486) in the clinic, she is sent home to complete the abortion. This means she must correctly follow the directions for taking the remaining set of drugs and is responsible for judging whether her body’s reaction to the abortion is normal or not (such as a dangerous loss of blood). With this type of abortion, it is likely that she may not have a doctor to provide immediate help should a potentially life-threatening complication occur, so it is very important that she report any concerns to her doctor and seek emergency help if necessary.

The woman will also be responsible for disposing of her child’s remains. While she could lose her baby anytime and anywhere during this process, the woman will often sit on a toilet as she prepares to expel the remains, which she will usually then flush— she may even see her dead baby within the pregnancy sac.

▶ Screenshot from Lifeline Pregnancy Care Center in Nampa, ID  
<https://www.abortionsprocedures.com/abortion-pill/#1465365763416-9210ca68-3f54>

Medication abortion is an increasingly popular choice among people seeking abortion care. As of 2016, the latest data available, medication abortion makes up roughly 41% of abortions at 8 weeks gestation or less,<sup>101</sup> in part because it affords a convenient and private alternative to procedural abortion and can be completed at home.

CPCs promoted false claims about both the efficacy and safety of medication abortion. CPCs describing how medication abortion works often included no facts about its high rate of efficacy and safety and instead reported “heavy bleeding requiring surgery to stop the bleeding, and serious infection” as potential complications.<sup>102</sup> Some CPCs used false claims about the percentage of pregnancies that end in miscarriage to encourage pregnant people considering medication abortion to wait.



Considering Abortion Pills? You May Not Need To... 1 in 4 Pregnancies Ends Naturally! Avoid The Cost, Risk And, Complications From Abortion Pills

▶ Screenshot from Turning Point Pregnancy Resource Center  
<https://mmpregnancy.com/considering-abortion/abortion-options/>

A particularly harmful false claim about medication abortion is called “abortion pill reversal.” False claims that a medication abortion can be “reversed” — by the potentially dangerous administering a high dose of hormones before the second medication is taken — are gaining ground as a centerpiece of messaging and services listed on CPC websites.

## “Abortion Pill Reversal” (APR) An “Unmonitored Research Experiment” on Pregnant People

*“What anti-abortion forces could not attain with fetal-focused religious arguments, they hope to accomplish with deceptive pseudo-science.”<sup>103</sup>*

—KIMBERLY KELLY, Associate Professor and Gender Studies Program Director, Mississippi State University



“Abortion pill reversal” (APR) is an anti-abortion movement term that refers to the experimental practice of administering high doses of progesterone to pregnant people who have ingested the first of the two medicines taken during medication abortion. Anti-abortion activists promote this rogue practice by claiming it can “reverse” a medication abortion.

Medication abortion requires that the patient first takes mifepristone, which stops the body from recognizing and activating progesterone in order to stop the pregnancy

from progressing, and then takes misoprostol, which causes uterine contractions. If a patient takes only the mifepristone and does not subsequently take the misoprostol, the pregnancy might continue. A review published in *The New England Journal of Medicine* found the proportion of pregnancies that continued after the first medication alone ranged from 8% to 46% in published studies.<sup>104</sup> Claims that administering high doses of progesterone increases these odds are “not based on science and do not meet clinical standards.”<sup>105</sup>

Medical professionals call APR “unproven and experimental.”<sup>106</sup> The FDA has not approved of dispensing the first medicine administered in medication abortion (mifepristone) without following up with the second (misoprostol), nor has it approved — or even reviewed — this use of progesterone.<sup>107</sup>

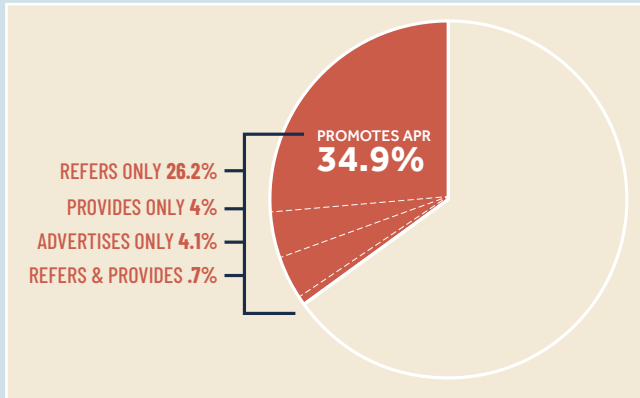
*The Alliance found over one-third (34.9%) of CPCs promoted “abortion pill reversal.”*

We also observed significant variation across states: More than half of the CPCs in Idaho (57.1%) and Washington State (50.9%) promoted APR. Significantly, we found a higher prevalence of APR promotion among state-funded CPCs in Minnesota and Pennsylvania than among CPCs not receiving state funding (31.0% to 21.3% in MN and 40.7% to 30.2% in PA).

*Close to 5% of CPCs in the Study claimed to directly provide “abortion pill reversal.” These CPCs did not indicate who administers the progesterone intervention; whether it is administered vaginally, orally, or by injection; or what follow-up care is provided, if any.*

The percentage of CPCs promoting APR in our Study states increased from 32% to almost 35% between the first Alliance Study review of CPC websites and social media for mention of APR in summer 2020 and a second review in early winter 2021.

The health effects of APR on the pregnant person and embryo are unknown. In 2019, a controlled clinical study of the efficacy and safety of APR was halted due to safety concerns, after three of the 12 women enrolled in the study had to be transported to the hospital for severe vaginal bleeding.<sup>108</sup> The researchers concluded, “We could not estimate the efficacy of [APR] ... Patients in early pregnancy who use only mifepristone may be at high



HBI claims to have a referral network of “over 1,000 healthcare professionals” who provide APR<sup>111</sup> and that they are expanding that network by “recruit[ing] more physicians, physician assistants and nurse practitioners” and advising them on how to administer APR.<sup>112</sup>

The HBI “helpline” is accessible via phone, live chat, email, and text, 24/7.<sup>113</sup> CPCs in this Study encouraged people to call the APR hotline instead of taking the second dose of medication. Since not taking the second medicine in the protocol may allow the pregnancy to continue, and there is no evidence that intervening with progesterone increases those odds, it is worth examining the intense CPC effort to drive pregnant people who begin a medication abortion to this central online APR platform. Especially in light of concerns about CPCs surveilling pregnant people under Senate Bill 8 in Texas — and copycat laws should they be enacted in other states — it is notable that CPC messaging about APR does not simply encourage people to not take the second medication but rather directs people to a website where HBI can collect their data digitally.

The anti-abortion movement has also coordinated CPC promotion of APR with a legislation effort to mandate that all doctors promote APR to their patients. Eight states, including Alliance Study state Idaho, now compel abortion providers to tell patients that an abortion can be reversed.<sup>114</sup> Similar statutes are currently enjoined in four more states.<sup>115</sup> The American Medical Association joined a federal lawsuit against such a law in North Dakota, stating the provision “compel[s] physicians and their agents to speak government-mandated messages that entail providing to their patients misleading or even patently false, nonmedical information.”<sup>116</sup>

► *For more information about HBI’s role in mainstreaming APR through the CPC movement, see [Global, National & Regional Anti-Abortion Organizations Supporting CPCs at alliancestateadvocates.org/publications](https://alliancestateadvocates.org/publications)*

risk of significant hemorrhage.<sup>109</sup> For now, such a treatment is experimental and should be offered only in institutional review board–approved human clinical trials to ensure proper oversight.”<sup>110</sup>

Despite these warnings from medical professionals, the anti-abortion movement is promoting APR through a streamlined nationwide infrastructure, often with government support. Every CPC in this Study that made referrals for APR sent people to the same online portal: an “Abortion Pill Rescue” website and hotline sponsored by Heartbeat International.



*“If there was a way to safely and effectively ‘reverse’ the effects of medication abortion, we would advocate for that procedure to be made available to people who want it. Pregnant people should have as much control as possible over the decision to terminate a pregnancy — or not. That’s what it means to work within a framework that prioritizes the right to individual body autonomy. But so-called ‘abortion pill reversal’ has not been proven to be safe nor effective. In fact, experts have likened it to an ‘unmonitored research experiment,’ conducted by the anti-abortion movement through its sprawling national network of crisis pregnancy centers. This isn’t the healthcare people need or want. It’s just the latest chapter in this country’s horrific history of experimental and coercive medical abuse perpetrated on people of color, and Black women in particular.”*

—Erin Maye Quade, Advocacy & Engagement Director, Gender Justice , Minnesota



CPCs also use false claims about abortion to radicalize anti-abortion activists and justify legislative abortion restrictions.<sup>117</sup> CPCs sponsor “post-abortion recovery” groups for people they claim are suffering from “post-abortion syndrome”— this “syndrome” does not exist; it has been manufactured by the anti-abortion movement — that encourage participants to become activists and support political efforts to end legal abortion.<sup>118</sup> Researchers identify CPCs as “the dominant force in spreading [post-abortion] syndrome claims at the grassroots level and...translating these claims into federal and state policy.”<sup>119</sup> Groundless “abortion regret” narratives have also infiltrated jurisprudence about abortion rights. In 2007, Justice Anthony Kennedy cited “post abortion regret” in the U.S. Supreme Court opinion upholding a ban on some later-term procedures — even while acknowledging a lack of evidence for this claim.<sup>120</sup>

## POST ABORTION STRESS SYNDROME (PASS)

### SYMPTOMS OF PASS MAY INCLUDE ANY OF THE FOLLOWING:

1. **Guilt:** Experiencing guilt does not imply that you made a mistake or “violated your own moral code,” as some pro-lifers would imply. However, feelings around having an abortion may be complex and have to take into account fear of what others might think.
2. **Anxiety:** General anxiety is a common symptom of PTSD—in the case of PASS, there might be particular anxiety over fertility issues and the ability to get pregnant again.
3. Numbness, **Depression:** Again, common symptoms of PTSD.
4. Flashbacks: Abortion is surgery, and in most cases, it’s a surgery that happens while the patient is fully conscious. This can be a distressing experience.
5. **Suicidal** thoughts: In extreme cases, the PTSD that results from a controversial abortion could lead to suicidal thoughts or tendencies and would require immediate treatment. It’s important to note that this is not a common or expected symptom of PASS, but as with any form of PTSD, it is possible.

▶ Screenshots from WISH Medical CPC, Moscow, ID  
<https://wishmedical.com/post-abortion-stress-syndrome-pass-does-it-exist/>





# Deceptive & Misleading Marketing: Most CPCs Do Not Provide Medical Care

*“When I worked in Ohio, a mobile crisis pregnancy center would pull up in front of the abortion clinic at which I provided services. One of the [abortion clinic] staff members, who was most definitely not pregnant, presented to the CPC stating she was pregnant and needed advice. They did not do a pregnancy test to confirm that she was pregnant, but performed an ultrasound. They told her she had a very tiny baby with a heartbeat. They even provided an ultrasound picture of her non-pregnant uterus. These were non-medical professionals telling people who weren’t even pregnant that they were “carrying life.” These centers are practicing medicine without a license, and as a licensed medical professional, I find this appalling.”*

—LISA PERRIERA, MD, MPH, Professor, Department of Obstetrics & Gynecology, Thomas Jefferson University, Pennsylvania



Contrary to CPC branding efforts and despite the industry’s recent success in obtaining funds designated for the provision of medical care, the Alliance found medical services comprised the smallest percentage of services offered by CPCs, and that CPCs use some non-medical services to promote inaccurate and misleading information about reproductive health care.

## Prenatal, Well-person, and Contraceptive Care

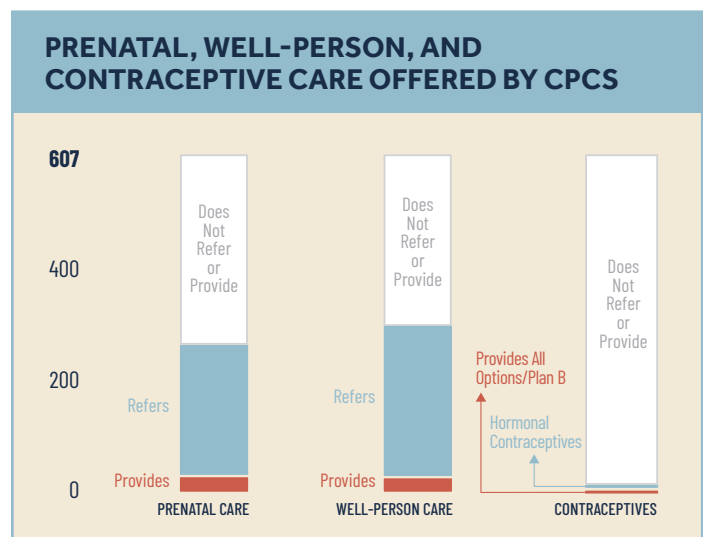
Of 607 CPCs surveyed, 5.1% offered prenatal care and fewer than half (40.2%) referred clients for prenatal care. In Pennsylvania, where one out of every six infants is born to a parent who received inadequate prenatal care,<sup>121</sup> state-funded CPCs offered no prenatal care.

CPCs affiliated with the big CPC networks — almost half (45.8%) of the CPCs in our Study states — offered prenatal care at a lower rate than CPCs overall:



Few CPCs (4.8%) offered well-person care, which we defined as preventive reproductive health services such as breast exams and Pap tests, as well as overall preventive health services, such as physicals. Less than one-third (29.8%) made referrals for well-person care.

Only one of the 607 CPCs in the Study offered FDA-approved contraception, while 3% provided “fertility awareness” and 7.7% offered abstinence programming.



While most public discussion of CPCs focuses on their opposition to abortion, this Study's finding that virtually no CPCs provided contraceptive services is consistent with scholarly research that indicates that CPCs generally oppose the promotion or provision of contraception. A study of online contraceptive information provided by CPCs noted that CPC sites "appeared to discourage contraceptive use by minimizing benefits and emphasizing risks and barriers" and that "none of the sites discussed positive aspects of pregnancy prevention, and none mentioned other health benefits of contraception (e.g., relief from migraines, menstrual pain, and acne)."<sup>122</sup>

## Sexuality "Education"

Almost 17% of CPCs in the Study claimed to offer sexuality education. Online descriptions of these CPC services suggest that calling them sexuality "education" is misleading, as the content typically promoted abstinence-only programming regarding pregnancy avoidance and prevention of sexually transmitted infections; never included information about contraception; and often included medically inaccurate claims.

Sexuality-related content in CPC programs sometimes featured religious and shame-based messages, as well as harmful stereotypes about women, LGBTQ+ youth, and nontraditional families.<sup>123</sup> In one example, a Spokane, Washington, CPC promoted a form of LGBTQ+ conversion therapy on its website:

### *Unwanted Same-Sex Attraction & Gender Identity*

In today's post-modern world, many are often defined by gender identity and sexual orientation. And yet for those struggling with same-sex attraction or gender confusion, claiming these identities can create feelings of fear and uncertainty. In isolation, we may try to shove our desires under the rug, and hopelessly believe that we cannot and will never change or experience a joy filled life.

If you are 1) struggling with unwanted same-sex attraction, 2) in a same-sex relationship, or 3) feeling confused in your gender, you are not alone. Path of Life is a Christian organization, providing free and confidential mentoring and support to those struggling with gender identity and/or same sex attraction. You are not bound to a life of hopelessness, guilt and shame, but through the gospel of Jesus, your heart, mind and behaviors can be transformed and healing can be found.

▶ Screenshot from Path of Light CPC, Spokane, WA  
<https://www.pathoflifespokane.org/services-1>



Approximately 8% of the Alliance Study CPCs also indicated that they offer sexuality-related services off-site, including in public schools. In some study states, the percentage was much higher: Nearly 20% of CPCs in Washington claim to offer sexuality education off-site.

According to adolescent health professionals, "Young people require comprehensive, medically accurate sexual and reproductive health information and quality, evidence-based clinical services. Programs that exclusively promote sexual abstinence before marriage ... are ineffective, ethically problematic, and might be harmful."<sup>124</sup>

The extent to which public schools and school districts are engaging CPCs to provide sexuality or abstinence-only programming is unknown, nor is it apparent when public education funds are being used to contract with CPCs. Reports of CPCs providing ideologically based, medically inaccurate presentations, classes, courses, and curricula in public schools abound,<sup>125</sup> including in Alliance Study states.

A school district in New Mexico paid a CPC to provide abstinence-only education until Southwest Women’s Law Center recommended that the governor terminate such contracts.<sup>126</sup> A Northern California CPC reported receiving a \$450,000 federal grant to continue providing sexuality education in Placer and Nevada county schools before school administrators determined they could no longer contract with the CPC under the state’s Healthy Youth Act mandating comprehensive sexuality education.<sup>127</sup>

There are also indications that CPCs are currently providing these services in public schools in Alliance Study states. In Minnesota, Gender Justice has found evidence of county contracts with CPCs, and in Alaska and Washington, Legal Voice is investigating school districts where CPCs claim to be providing sexuality education.

In Pennsylvania, there is recent direct testimony about the presence of CPCs in public schools. At a hearing in the state legislature in spring 2021, a representative of the Women’s Choice Network testified that her CPC used federal Title X funds and has seven “certified” CPC instructors providing sex education to 14 schools “on a daily basis” in the Pittsburgh area.<sup>128</sup> This revelation followed a 2018 report from a Pennsylvania-based high school student whistleblower that a representative from a local CPC was invited to speak at her health class.

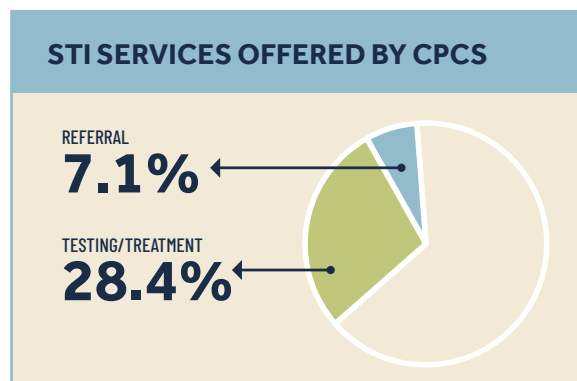


Among other medically inaccurate claims, the speaker advised students to avoid holding hands because any touching would make it harder for them to find a life partner by depleting hormones needed to bond couples. They also gave a student a Bible. The school board said it had no knowledge of this programming.<sup>129</sup>

### Sexually Transmitted Infection (STI) Services

Over one-quarter (28.4%) of CPC websites studied offer STI testing. Some CPCs that claimed to offer testing were found to offer STI “self-assessment” questions on their websites, not clinical tests. Just 7.1% referred clients for STI treatment.

The latest available data shows STIs are at an all-time high in the United States, and medical experts warn that some STIs can have serious health consequences including increased risk of HIV infection.<sup>130</sup> A recent report issued by an anti-abortion organization highlighted the STI crisis while claiming CPCs “provide STI/STD testing and treatment to women, and at some locations to men, in direct response to this public health crisis.”<sup>131</sup> Despite such rhetoric about STI services, most CPCs in this Study did not provide or refer people for STI treatment. Moreover, CPCs consistently oppose contraception and do not offer barrier methods such as condoms, which are a standard of care in STI prevention.



## Licensed Medical Professionals on Staff

CPCs increasingly promote their affiliation with licensed medical professionals as part of their effort to present as medical clinics. The Alliance found 16% of CPCs in this Study indicated they had a physician on staff, and just over 25% indicated they had a registered nurse. The

majority surveyed (52.8%) did not provide any information on their websites about whether licensed medical professionals were associated with the CPC.

Scholarly research and the limited public reporting available on licensed professionals at CPCs both indicate that most medical professionals affiliated with CPCs are engaged on a part-time or volunteer basis.<sup>132</sup> Anecdotal reports also indicate some physicians working with CPCs are licensed in fields unrelated to reproductive health, including as optometrists and chiropractors.<sup>133</sup>

**In sum, despite claims and efforts to present as medical facilities, the Alliance Study found that CPCs offered virtually none of the medical services needed by pregnant people; used some services to promote inaccurate and misleading medical information; and largely did not engage licensed medical professionals on their staff. In fact, by misleadingly presenting themselves as medical facilities, CPCs may systemically obstruct access to medical care.**



*“In 2002, I was seeking an abortion at age 28, living in Chicago and working as a paralegal. I made an appointment at what I thought was an abortion clinic, but instead of providing me an abortion, the clinic counselors lectured me about the joys of motherhood, made me watch graphic videos of abortion procedures, then presented me with a rattle and a onesie and referred me to another facility for a free ultrasound. At this second appointment, the technician told me, “If you have an abortion now, you’ll perforate your uterus and won’t be able to have children in the future.”*

*Terrified by the prospect of infertility, I carried the pregnancy to term. Within a year of my son’s birth, I lost my job and health care. The pregnancy clinic I visited never followed up, nor offered support beyond the set of baby toys they’d given me on my first visit. Years later, I realized what had happened to me: I was intentionally lured into a crisis pregnancy center.”*

—**Cherisse A. Scott**, CEO & Founder, SisterReach, Tennessee



## CPCs & Access to Health Care

CPC tactics to expressly delay patient access to abortion care are well documented.<sup>134</sup> An openDemocracy journalist who enrolled in online Heartbeat International trainings for CPC peer counselors recently reported, “They ... taught me how to discourage and delay women from accessing abortions and even emergency contraception.”<sup>135</sup>



If you are considering visiting an abortion clinic, we want you to know what this choice could mean to your future. You don’t need to make this decision right away. Slow down and allow time to think. Don’t let anyone tell you that you have to have an abortion. Pregnancy care centers exist to offer you choices and information. There are risks to most abortion procedures. Be sure that you understand these risks because many abortion clinics are not required to inform you of this before performing an abortion.

► Confidence Pregnancy Center, Salinas, CA; <https://pregnancysalinas.com/faqs/>

People seeking abortion care, as well as abortion providers, report experiences of CPC tactics delaying access to medical care.

*“[A CPC] lied to me, suggested I commit suicide, and threatened to call the police if I left their building. I can’t believe they’re allowed to interact with pregnant people, let alone receive money from the state government to do so. Going to a CPC endangered my health, my life, and fundamentally affected the way I look at myself – and prevented me from seeking care from other providers.”*

—M. C., CPC client, Minnesota



*“I went to Care Net because I was afraid that I was having another ectopic pregnancy and I wanted to find out about all of my options, including medication abortion, like the Care Net website says. A ‘nurse’ gave me a pregnancy test and then put me in a room by myself. A volunteer came in and ‘counseled’ me against having an abortion. She asked if I was religious and if I believed in God. She gave me information about Hell. And then she prayed for me. They refused to do an ultrasound exam on me that day but scheduled one in two weeks’ time. Given my history, I could not delay for two weeks, so I went to a provider where I was given a thorough examination and it was determined that a medication abortion was the right choice for me.”*

—A.N.V., CPC client, New Mexico



*“I have had colleagues who report that patients who visited CPCs were specifically instructed by the CPC not to seek care from a provider until much later in their pregnancy. Put simply, far from enhancing patient care, CPCs create unnecessary risk.”*

—GLENNA MARTIN, MD, Board-certified family medicine physician, Washington



Research has also documented CPCs using ultrasounds to legitimize false information about the stage of fetal gestation<sup>136</sup> and mislead clients into believing they are too far along to legally obtain an abortion.<sup>137</sup> CPCs in the Alliance Study also posted obviously manipulated ultrasound imagery on their website.<sup>138</sup>

*“I had one patient who reported an ultrasound result to me that did not match her actual gestational age. My patient was contemplating abortion and thought she had ‘plenty of time’ to make her decision based on the ultrasound she had received at this CPC. But when we did an ultrasound, the patient was much closer to the gestational age limitation on abortion in our state than she had thought.”*

— **GLENNA MARTIN, MD**, Board-certified family medicine physician, Washington



A robust body of research indicates that a person who seeks but cannot obtain abortion care may experience a range of harms including mental, physical, and socioeconomic consequences.<sup>139</sup> Relatively little is known, however, about the health consequences of visiting a CPC on pregnant people who are not considering abortion.

While preventing access to abortion is the primary mission of CPCs and people considering abortion are the main targets of CPC marketing efforts,<sup>140</sup> the surprising reality is that most people who go to CPCs intend to carry their pregnancies to term and are primarily searching for free pregnancy tests and infant supplies, especially diapers.<sup>141</sup> In one study, 87% of CPC clients reported going to the center for diapers, and 44% for baby clothes/items.<sup>142</sup>

**MOST CPC CLIENTS ARE SEARCHING FOR FREE GOODS:**



**87%**  
OF CPCS CLIENTS GO FOR DIAPERS



**44%**  
OF CPCS CLIENTS GO FOR BABY CLOTHES/ITEMS

Do CPC delay tactics postpone access to prenatal care? If so, what are the health consequences for pregnant people visiting CPCs before or instead of accessing medical care?

CPCs specifically target people seeking abortion care, yet disproportionately affect people who intend to carry to term. The unknown consequences of this reality for maternal and public health is cause for national concern, especially in light of expansion of CPC networks across the country. Future research should specifically investigate the impact of visiting a CPC on maternal health and birth outcomes.

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# Key Context & Additional Findings

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## CPCs & Public Funding: Taxpayer Funds Increasingly Support CPC Deception & Expansion

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*(CPCs are) “unfortunately capitalizing on a gap that we have in our system in terms of responding to the actual real needs of pregnant folks and the actual real needs of families.”*

—**NOURBESE FLINT**, Policy Director/Program Manager, Black Women for Wellness, California



CPCs began to secure public funding in the 1990s. Initially, most taxpayer funding diverted to CPCs came from federal welfare reform and abstinence-only education programs (despite research that abstinence “education” does not delay sexual initiation or reduce sexual activity)<sup>143</sup> and through esoteric funding streams such as “marriage promotion” programs.

In 2019 CPCs obtained federal funds through the Teen Pregnancy Prevention and Title X Family Planning Programs.<sup>144</sup> The Trump administration diverted \$1.7 million reserved for Title X<sup>145</sup> — the only federal program devoted specifically to family planning and preventive reproductive health services for low-income patients — to Obria, a California-based crisis pregnancy network “led by God.”<sup>146</sup> By law, Title X funds are expressly intended to promote equitable access to contraception; Obria has privately committed to never dispense contraception.<sup>147</sup>

Additionally, at least ten states - including one Alliance state, Pennsylvania - have diverted welfare reform funds under the Temporary Assistance for Needy Families (TANF) program, which are intended to support low-income pregnant people and families with children to meet basic needs, into CPCs.<sup>148</sup>

In 2020, CPCs also obtained federal funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act.<sup>149</sup> The anti-abortion organizations steering the CPC movement continue to seek novel new sources of public funds.<sup>150</sup>

## States are Directly Funding

With federal funding fluctuating with each administration and a record number of state governments controlled by a single party,<sup>151</sup> states are now the most significant and stable source of public funding of CPCs. CPCs obtain state funding in at least 29 states.<sup>152</sup>

In 2000, three states directly funded crisis pregnancy centers. Today, at least 14 states directly fund CPCs, including two Alliance states: Minnesota and Pennsylvania. While California does not directly contract with a CPC network, California-based CPCs have nonetheless secured federal and state funds through other means.

Through state grant programs with euphemistic names like “alternatives to abortion,” and under-the-radar mechanisms such as “choose life” license plate programs and tobacco settlements, state CPC contracts are being secured, and renewed, with little public attention — even in the wake of investigations of potential waste and misuse of public funds, such as in Florida,<sup>153</sup> Michigan, Minnesota,<sup>154</sup> North Carolina,<sup>155</sup> Pennsylvania, and Texas.<sup>156</sup>



**29** Positive Alternatives (MN)

**27** Real Alternatives (PA)

**9** MediCal (CA)

**15** Title X (CA)

\* N=613 and n=185 reflects an increase in the overall and California data sample because 6 Obria-affiliated CPCs in California were opened and added after all other data were collected.

*“While the state sends millions of dollars to crisis pregnancy centers that deliberately lie to pregnant people and stop them from accessing abortion care, abortion funds and providers have to scramble to raise money to fund essential, life-affirming reproductive health care — often in situations where CPCs have delayed someone’s access to abortion and made the procedure more expensive. When CPCs lie to pregnant people about their reproductive health care options, the effects fall disproportionately on people of color and people with low incomes — following a long history of reproductive oppression against people of color. It is absolutely unacceptable and unjust for the state to fund organizations that deliberately deny people their essential rights to bodily autonomy and self-determination.”*

— **SHALYLA WALKER**, Vision Realization Advisor, Our Justice, Minnesota

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### ► Alliance Study state: Minnesota

Minnesota allocates millions of dollars annually to CPCs through its state-funded CPC program Positive Abortion Alternatives (PAA), established in 2005. Of the 90 CPCs in Minnesota, 29 (32%) receive public funding through the PAA program.

Minnesota policymakers have awarded public funds to CPCs for more than 15 years but have never conducted a comprehensive assessment of their services, practices, or use of taxpayer dollars.

An investigation by Minnesota-based Alliance member Gender Justice found egregious examples of over-funding and inefficiency in the PAA program. For example, Gender Justice found that Elizabeth House, a CPC based in a town of approximately 2,100 residents, was awarded a PAA grant of \$75,000 per year to serve an average of 57 clients per year, with only 7% of the budget funding client services; the balance went to salaries and administrative expenses. In another example, Gender Justice discovered that one rural Minnesota CPC (Choices Pregnancy Center in Redwood Falls) received approximately \$65,000 per year to serve 20 clients or fewer per year. The services the CPC provided to those clients were primarily parenting education classes,



with attendance at the classes incentivized by rewards of parenting supplies. The line item in the CPC budget for the actual parenting supplies was only \$1,200. The 2012 grant application for this CPC revealed that the area hospital serving the same population has only 100 births per year and that the hospital already provides its own parenting education classes.

These examples of over-funding and inefficiency in Minnesota's state-funded CPC program are based on partial data. Since 2018, Gender Justice has filed requests to review documents related to the PAA program, which is public information. The Minnesota Department of Health has neither promptly nor completely responded to these requests.<sup>157</sup>

### ► Alliance Study state: Pennsylvania

Anti-abortion lawmakers in Pennsylvania have funneled more than \$100 million since the mid-1990s into Real Alternatives (RA), a regional umbrella organization that oversees a network including 27 CPCs, which constitute just 17.9% of all CPCs in the state, as well as other programs such as maternity homes.

In 2016, the Pennsylvania Department of Human Services could not account for how RA spent public funds.<sup>158</sup> The auditor general concluded Real Alternatives inappropriately used public money intended for direct services to promote themselves in other states, a maneuver he characterized as "illegal and secretive skimming of public tax dollars."<sup>159</sup>

Headquartered in Pennsylvania, Real Alternatives launched pilot programs in Michigan and Indiana, and claims to have advised and educated anti-abortion activists how to replicate its model in Texas, Florida, Wisconsin, North Dakota, South Dakota, Louisiana, Nebraska, Ohio, and Minnesota.<sup>160</sup> In 2019, Michigan defunded Real Alternatives in the wake of a public complaint filed by watchdog group Campaign for Accountability (CfA), which alleged Real Alternatives "appear[ed] to have both misused taxpayer dollars and failed to provide adequate health services."<sup>161</sup>

In 2020, CfA filed a 27-page public complaint outlining "the ways [Real Alternatives] has failed to fulfill its duty to Pennsylvania families to provide adequate pregnancy and parenting services, while simultaneously inappropriately skimming money intended for service providers, and misappropriating public funding..."<sup>162</sup> The CfA complaint details a bloated advertising budget correlated with serving fewer clients; a budget that included almost \$25,000 annually to run a hotline that received an average of 156 calls a year; public money used to fund the organization's efforts to block right-to-know records requests; and exorbitant executive salaries, among other questionable expenditures.

Pennsylvania officials re-funded Real Alternatives for FY 2021-2022. Real Alternatives also continues to operate in Indiana.

### ► Alliance Study state: California

Though California does not permit state contracts with CPCs, the Alliance Study found that nine CPCs in California have billed Medi-Cal, the state's Medicaid program, for client services for which they were reimbursed by the state.<sup>163</sup>

In sum, this Study found that states that fund CPCs show a striking and consistent lack of accountability or transparency in this expenditure of taxpayer dollars. Moreover, while state policymakers continue to divert public funds into CPCs, their failure to assess the quality and content of services CPCs offer pregnant people or the consequences of those services for the public health is a serious concern, especially in the wake of multiple investigations finding evidence of extensive misuse and waste of public funds by CPCs.

## State-funded Harm

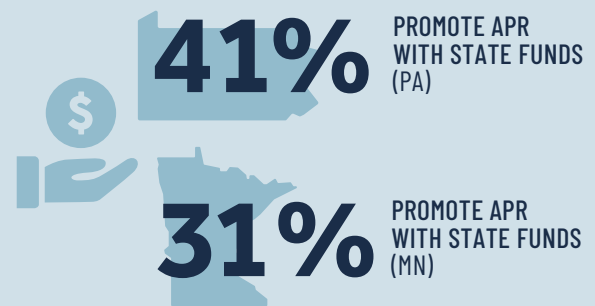
### How State-Funded CPCs Compared to CPCs Without State Funding

With two of the nine states in this Study providing state funds to support CPCs, the Alliance was able to analyze disparities in services offered by state-funded CPCs in individual states. These findings should serve as a bellwether for states nationwide that are funding CPCs.

The Alliance Study found two significant disparities in services offered by state-funded CPCs:

### State-funded CPCs promoted “abortion pill reversal” more often than CPCs without state funding.

- 40.7% of state-funded CPCs in Pennsylvania promote APR compared to 30.2% of the CPCs in PA without state funding
- 31.0% of state-funded CPCs in Minnesota promote APR compared to 21.3% of the CPCs in MN without state funding



### Fewer state-funded CPCs claimed to provide and refer for prenatal care than other CPCs.

- In Pennsylvania, not a single state-funded CPC provides prenatal care, compared to 1.6% of CPCs without state funding
- In Minnesota, while two of the four CPCs that provide prenatal care are PAA grantees, fewer state-funded CPCs refer clients for prenatal care (41.4%) than CPCs without state funding (47.5%)

These disparities underscore the need for a comprehensive analysis of state-funded CPCs and assessment of the maternal and public health consequences of this government investment.

# Appearing Local, Acting Global: CPCs Are Key Players in the International Anti-Abortion Movement

While individual CPCs may appear to be small, local, and independent facilities, the crisis pregnancy center industry is a sophisticated global network led by international, national, and regional anti-abortion organizations. These organizations, most of which are part of broader evangelical, Catholic,<sup>164</sup> and Christian nationalist movements,<sup>165</sup> provide extensive technical support to CPCs across the country, including digital strategy, infrastructure, and content; marketing and public relations; training and technical support.

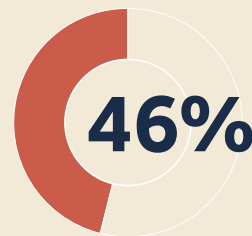
► *For more information see the Alliance Study companion resource, **Global, National & Regional Anti-Abortion Organizations Supporting CPCs**, at [alliancestateadvocates.org/publications](http://alliancestateadvocates.org/publications).*

Under the direction of the major umbrella groups, CPCs are using sophisticated digital tactics, targeting clients online and on mobile phones, directing prospective clients to centralized hotlines and online chat services, and collecting and storing massive amounts of data on the reproductive and sexual histories of people, including “digital dossiers” of clients that in some cases also track their religiosity.

Crisis pregnancy centers have also adapted well-established practices to the digital age.

For example, CPCs frequently open near reproductive health clinics and use names and logos similar to nearby clinics.<sup>166</sup> The Alliance found this practice remains common: 10% of CPCs in this Study were mobile clinics, which can be positioned near abortion clinics and can directly intercept people seeking their services. All but two Study states, Idaho and Alaska, had mobile CPCs; the states with the highest presence of mobile clinics were Washington (36.4% of CPCs were mobile), New Mexico (16.1%), California (15.1%), and Montana (15.0%).

The modern CPC industry has adapted this strategy of mimicking women’s health clinics in online spaces by creating websites that imitate the language on abortion clinic sites. In a recent study examining CPC website messaging and visual cues, researchers found that CPCs mirror language signaling patient-centeredness, which may convince clients they are legitimate medical establishments. The study of CPC websites in nine Southeastern states found that websites explicitly communicate that CPCs are environments of non-judgement, choice, and freedom from coercion while obfuscating their services. In tandem, they did not always state their unwillingness to support or provide abortion but described a “free and open environment” and a “full range of choices.”<sup>167</sup>



THE ALLIANCE FOUND 45.8% OF CPCs IN OUR STUDY STATES ARE AFFILIATED WITH ONE OR MORE OF THESE GROUPS:

Organizational Affiliation*	
Any national/regional org	239 (45.8)
Care Net	117 (19.3)
Heartbeat International	65 (10.7)
Birthingright	35 (5.8)
Real Alternatives	27 (4.4)
Obria	15 (2.5)
Elevate Life	13 (2.1)
Religious Institution	10 (1.6)
NIFLA	4 (0.7)
Culture of Life Family Services	2 (0.3)
Other	58 (9.6)
None Specified	280 (46.1)

\*Some CPCs have more than one affiliation

*“CPCs outnumber legitimate clinics in much of the South, often infiltrating networks of medical referral and social support, while delaying desired, necessary and timely care through deceptive tactics. In the online space, CPCs are sometimes indistinguishable from legitimate clinics. This speaks to how effectively CPCs have strategized to obfuscate their true motives and penetrated the health care arena and how they are exploiting the landscape of unmet needs, especially in rural and underserved communities.”*

—SUBASRI NARASIMHAN, PhD, Research Assistant Professor, Rollins School of Public Health & the Center for Reproductive Health Research in the Southeast, Emory University, Georgia



Researchers in the Southeast also found 67% of CPCs used prominently placed photos of women of color on their website, most often on their homepage.<sup>168</sup> Website and marketing images featuring models of color act as visual cues signaling that CPCs are trusted sources of information for people of color, especially Black women, advancing a long-standing CPC strategy of racial targeting. The CPC movement stepped up its racial targeting in 2003 through a Care Net/Heartbeat International-led “Urban Initiative” program focused on Black women and on opening “urban” CPCs in majority Black and minority neighborhoods.<sup>169 170</sup> CPC marketing strategies targeting people of color also lend “a veneer of inclusivity to a fundamentally white movement.”<sup>171</sup>

These tactics effectively confuse target clients: A recently published study found only two out of five people were able to correctly identify that CPCs did not provide abortion services after looking at their websites.<sup>172</sup> People with low health literacy and lack of previous knowledge about abortion care were the least likely to be able to recognize a CPC by its website.<sup>173</sup>

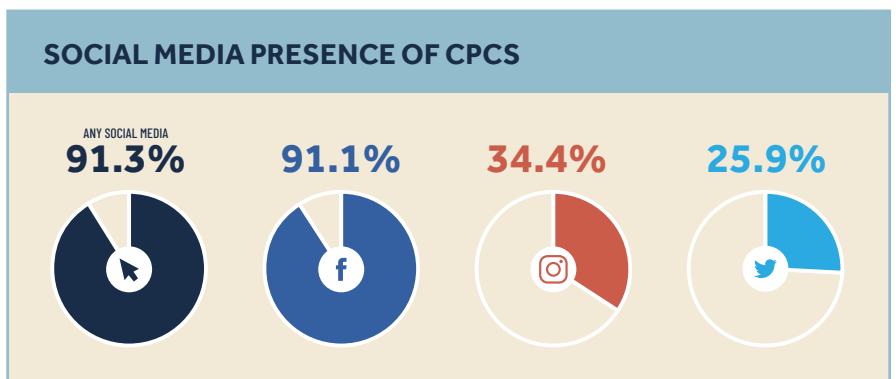
Moreover, many CPCs maintain dual websites: a secular site to appeal to pregnant people, and a religious one to appeal to donors and supporters.<sup>174</sup> Heartbeat International encourages affiliates to create two websites, one that describes the anti-abortion mission to secure donors, and one designed for people seeking medical care.<sup>175</sup>

The modern-day CPC industry has also embraced social media to target clients. More than 90% of the CPCs examined in this Study are active on social media, especially Facebook.

Though we did not analyze the presence of CPCs on social media

apps TikTok and Snapchat in this Study, digital marketing firms such as “Choose Life Marketing,” which advertises as a Google Partner and Facebook Marketing Partner, show the CPC industry is promoting tactics to target millennials and Gen Z through apps that attract younger users (e.g., Snapchat, YouTube, TikTok) and using Facebook ads to target women who use the dating app Tinder.<sup>176</sup>

As another firm specializing in targeting young women and teens deemed “at risk” for abortion noted, CPCs can use social media to “target individuals seeking pregnancy and abortion information online” to give them “the opportunity to ... contact you **first**” (emphasis in original quote).<sup>177</sup>



## CPCs Gaming Google

Research shows that people living in areas with multiple restrictions on abortion access, or where there are fewer abortion providers, are the most likely to use the internet to search for abortion information and providers.<sup>178</sup>

CPCs spend significant sums to advertise on internet search engines.<sup>179</sup> Digital marketing firms that cater to the CPC movement emphasize that the goal is to intercept people searching for abortion care online. As one anti-abortion marketing firm advised, “How do pregnancy centers reach the abortion-minded woman before these abortion pill providers do? ... Through marketing strategies like SEO and PPC, you can rank on top of Google and reach women before abortion providers do.”<sup>180</sup>

A 2018 study of the quality of information available for people searching online for abortion information and providers found Google ads were the least likely to facilitate and the most likely to hinder self-referral for abortion. This study found that search results often led to either crisis pregnancy centers or anti-abortion websites regardless of search term or search engine, and that the information quality was lowest in areas with the least access to abortion providers.<sup>181</sup>

In 2019, in response to criticism, Google enacted a new ad policy designed to require crisis pregnancy centers to be transparent online about not providing abortion care or referrals.<sup>182</sup> But loopholes remain that allow CPCs to continue posting misleading digital ads.<sup>183</sup> For example, only users who search under the term “abortion” will see the tag “Does not provide abortion” that Google now requires on CPC ads. If a user searches under other terms, like “pregnancy test,” the tag does not appear. Nor does the tag appear on ads placed by the big CPC networks.

## CPCs and Mobile Geofencing

Mobile geofencing is a digital marketing strategy that enables advertisers to target people within a specific physical location to receive ads on their phone, so long as they are within the digitally defined parameter. CPCs have set up geofences around abortion clinics to reach people in the waiting room, sending ads to their phones to try to get them to go to the CPC instead. “Be creative with your geofencing,” advises a CPC marketing firm. “You can set it up around high schools, universities, shopping malls, movie theaters, and abortion clinics.”<sup>184</sup>

In 2017, the Massachusetts attorney general concluded that this tactic violated consumer protection laws and forced one advertising firm to cease in that state, noting that the technology can be used to “digitally harass people” and that “consumers are entitled to privacy in their medical decisions and conditions.”<sup>185</sup>

## CPCs Collect Client Data

Anti-abortion umbrella organizations use CPCs to collect and store extensive personal client data. They have leveraged content management systems, centralized hotlines and website chat services, and fertility apps<sup>186</sup> to create “digital dossiers” on every person who interacts with a CPC. Data collected includes the purpose of the client’s visit, demographic data, outcomes of the visit in terms of abortion decision, and status of potential conversion to evangelical Christianity.<sup>187</sup> As discussed below, most CPCs are not subject to federal privacy laws, so the confidentiality, uses, and potential sharing of massive amounts of data about people who visit, call, chat with, or otherwise have contact with a CPC remain unclear.

### Get To The Top of Google With These 3 SEO Tips!

With abortion minded women searching for answers online every day, search engine optimization (SEO) is necessary for an effective marketing strategy. Stand out among your competition - your local abortion clinic - and connect with the abortion-minded woman by using SEO the right way.

From blogging to optimization, a great SEO strategy helps you rank on top of Google. The more strategy you put into SEO, the better chance women have coming to your website and ultimately coming into your center.

► Screenshot from Choose Life Marketing  
[https://www.chooselifemarketing.com/marketing\\_category/client-strategy/](https://www.chooselifemarketing.com/marketing_category/client-strategy/)



## CPCs Feed Client Information to Big Data

*“One huge threat that CPCs pose, about which most people are unaware, concerns patient privacy. CPCs may pose as legitimate reproductive health clinics, but the vast majority of them provide no health care services whatsoever. Consequently, many of the legal protections against disclosure of personal health information do not apply to these so-called clinics. This enables them to collect vast amounts of personal information, which they can use to build their movement or share with others—with almost no accountability or oversight.”*

— KIM CLARK, Senior Attorney, Legal Voice, Washington

”

An in-depth investigation of CPCs by Privacy International, a UK-based organization that defends and promotes the right to privacy across the world, found that Heartbeat International (HBI) is leading the anti-abortion movement’s effort to collect and store client information. The report provides a glimpse into how the CPC movement is leveraging big data, the lack of transparency regarding how the data is used and where it is shared, and the potential for privacy violations.<sup>188</sup>

Health care providers in the U.S. are subject to the Health Insurance Portability and Accountability Act (HIPAA), which requires that patient information be kept private. Because CPCs typically do not provide health care, they are not subject to the law.

According to the Privacy International report, Heartbeat International is collecting client data through a content management system called Next Level, which collects “name, address, email address, ethnicity, marital status, living arrangement, education, income source, alcohol, cigarette, and drug intake, medications and medical history, sexual transmitted disease history, name of the referring person/organisation, pregnancy symptoms, pregnancy history, medical testing information, and eventually even ultrasound photos.”<sup>189</sup>

Heartbeat International promotes Next Level by assuring CPC administrators, “You’re part of a global mission and you know it.”<sup>190</sup> While HBI claims they employ “the necessary” HIPAA protections on their website, Privacy International notes “Next Level’s privacy policy states that the company ‘may share such information with Next Level affiliates, partners, vendors, or contract organizations.’”<sup>191</sup>

HBI also collects client data through the online chat service Option Line and its “abortion pill reversal” hotline. As Privacy International noted: “The Option Line chat interface requires visitors to enter their name, demographic information, location information, as well as if someone is considering an abortion. Only after submitting this personal information does the chat begin. It is unclear where the data submitted prior to the chat beginning, as well as the data generated during the chat, ends up, and who has access to it.”<sup>192</sup>

Privacy International notes that Option Line’s terms of service state that client information can be used “for any and all purposes [believed to be] appropriate to the mission and vision of Option Line.”



The CPC industry’s extensive use of sophisticated digital strategies to collect and mine client data is deeply concerning, especially as the Texas six-week abortion ban that went into effect on September 1, 2021 allows private citizens to sue anyone who “aids or abets” a friend, family member, loved one, or stranger to obtain a banned abortion and receive at least \$10,000 in compensation. **CPCs are now positioned to surveil pregnant people and feed their data to vigilante anti-abortion bounty hunters anywhere in the country.**

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# State Policy Recommendations

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*“Our policy recommendations include mechanisms to hold CPCs accountable for how they treat pregnant people and promote transparency regarding how they spend public money. But we also urgently need policies that promote equitable access to evidence-based reproductive health care and enable economic security. The scarcity of access to legitimate health care, combined with widespread financial insecurity, is the context that makes people vulnerable to CPCs.”*

—**AMAL BASS**, Director of Policy & Advocacy, Women’s Law Project, Pennsylvania

Crisis pregnancy centers both exploit and perpetuate inequities in access to health care and safety-net systems. While the policy recommendations below are not comprehensive, they include ways to hold CPCs accountable for the quality of their services and their use of public funds. We also offer broader policy approaches to increase equitable access to evidence-based reproductive health care. The applicability of these recommendations will vary from state to state and locality to locality, depending on local circumstances, political landscape, existing law, demographics, and specific needs of people of reproductive age in each jurisdiction.

State policymaking will be informed by court rulings, including *NIFLA v. Becerra*,<sup>193</sup> a First Amendment case in which the U.S. Supreme Court struck down a California law requiring facilities that provide pregnancy-related services to publicize certain notices about reproductive health services provided by the state.<sup>194</sup> Since that ruling, local and state jurisdictions have passed laws prohibiting false or misleading advertising by CPCs that are designed to withstand a First Amendment challenge.<sup>195</sup>

▶ *See the following State Pages for specific recommendations for Alliance Study states.*

## Protect Clients & Patients

- Pass state and municipal laws, within constitutional limits, requiring CPCs to disclose which services they do and do not provide.
- Amend state consumer protection laws that apply only to for-profit and/or commercial transactions so they apply to providers of free pregnancy-related services.
- Repeal laws that mandate doctors give medically inaccurate and biased information to patients, including false claims of links between abortion and infertility and breast cancer.
- Encourage state attorneys general to investigate and hold accountable CPCs that use geofencing and other patient-targeting tactics.
- Ensure that state agencies publishing information for people seeking abortion, family planning, and other reproductive health services provide medically accurate information.
- Ensure that public schools do not engage CPCs or other entities that fail to provide comprehensive, age-appropriate, evidence-based information to teach sexuality education, classes, or curricula.
- Prohibit administration of and referral for “abortion pill reversal” (APR), including through:
  - Professional licensing regulations;
  - Enforcement of laws prohibiting the practice of medicine without a license;
  - State laws prohibiting the practice of APR, perhaps modeled on conversion therapy bans;
  - Barring APR provision, referral, or promotion by programs that receive public funds.
- To protect confidential client information, pass laws that:
  - Define what should be held confidential, e.g., name, address, phone, purpose of visit;
  - Extend HIPAA-like protections to people served by nonprofits providing pregnancy-related services;
  - Require providers of pregnancy-related services not covered by HIPAA or other privacy laws to inform clients of their privacy policy, whether and how they aggregate personal information, and how they use personal information.

*CPCs often provide inaccurate health information and attempt to thwart the use of safe, acceptable, desired health care services, particularly contraception and abortion. CPC practices and services do not align with a public health approach and are inconsistent with recommendations of professional medical organizations and medical and ethical standards of care. Government-funded health programs have a responsibility to protect and promote health and provide accurate information. [We] support regulation and action to address CPCs' lack of adherence to medical and ethical practice standards and prevent potential harms caused by CPC services and practices.<sup>197</sup>*

— **JOINT POSITION STATEMENT** from the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology, December 2019





## Promote Transparency, Best Practices Regarding Public Funding

- Do not fund CPCs with taxpayer dollars.
- Prohibit diversion of TANF and other social safety-net funds to CPCs.
- Require any program receiving taxpayer funds earmarked for pregnancy-related services to:
  - Provide or make referrals to providers of comprehensive reproductive health services;
  - Publish an annual public report on the use of public grants and contract funds.
- Institute oversight mechanisms, such as public audits, for publicly funded CPCs.
- Establish a CPC hotline, similar to fraud lines, for reporting:
  - Harassment of patients;
  - Dissemination of private information;
  - Personal experiences at CPCs;
  - Disinformation found on CPC websites;
  - Deceptive advertising about services offered;
  - CPCs that provide “abstinence” education in public schools.

*From a public health standpoint, these centers endanger women by misinterpreting and misrepresenting medical evidence. States implicitly endorse these centers when they provide support for them ... Honest information about the perspective from which they dispense advice and support, in addition to forthright acknowledgement of their limitations, is essential for these centers to provide an ethical service to women. For no other medical procedure would someone who is not a health care professional seek to give detailed counseling on the risks of the procedure ... Until taxpayers can be assured that these centers conform to ethical standards of licensed medical facilities, offer sound medical advice, and do not lead to harm, states should refrain from directly or indirectly funding these centers.<sup>196</sup>*

—AMA Journal of Ethics, March 2018



## Address the Maternal & Reproductive Health Care Gaps Exploited by CPCs

*Pregnancy centers are not isolated aberrations in a well-functioning health care system but expected outcomes of critical absences in reproductive health care and severe economic inequality in the United States. Most clients are low-income and under-insured ... Centers may entrench existing health inequalities by limiting the range of reproductive-health options available to marginalized women. In refusing to refer for contraception or abortion, pregnancy centers may delay clients in accessing desired services, ladening these actions with misinformation, morality, and trauma.<sup>198</sup>*

—KENDRA HUTCHENS, University of Colorado-Boulder, April 2021



- Establish and publicly fund diaper bank and diaper subsidy programs through legislation.
- Eliminate pregnancy test requirements of applicants for Medicaid or other state services.
- Encourage states to offer reliable, free pregnancy tests and pregnancy confirmation letters.
- Pass laws mandating evidence-based, age-appropriate K-12 sexuality education.
- Pass contraceptive equity laws that require insurers to cover all methods of contraception without co-pays.

## Eliminate Obstacles to Health Care for Pregnant & Parenting People

*These centers should not be seen as part of a reliable system of care and support. Health departments and social services programs are more appropriate sources of this care — and many already offer support for low-income pregnant women, through social workers, pregnancy classes, health care worker home visits, and in-patient therapy. [Research] findings, however, suggest that pregnant women’s needs are not being met or, at the least, that some women lack awareness of these resources and how to access them.<sup>199</sup>*

—KATRINA KIMPORT, University of California, San Francisco, February 2020



- Extend postpartum coverage under Medicaid from 60 days to one year.
- Expand insurance coverage for full-spectrum doula services.
- Allow birth centers to offer abortion care.
- Expand insurance coverage for pregnant and postpartum people with substance use disorders.
- Make health insurance enrollment and coverage more accessible and comprehensible; eliminate burdensome requirements.
- Measure maternal mortality and morbidity and racial disparities, enact state-specific recommendations to improve maternal health outcomes, and measure progress in a comprehensive, systematic fashion that can be measured across state lines.
- Incentivize medical and nursing schools to provide anti-racism and cultural competency training; provide Continuing Medical Education and Continuing Nursing Education credits for this training.
- Pass comprehensive health care reform or public option health insurance laws at the state level.

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# *State Findings*

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ALASKA

CALIFORNIA

IDAHO

MINNESOTA

MONTANA

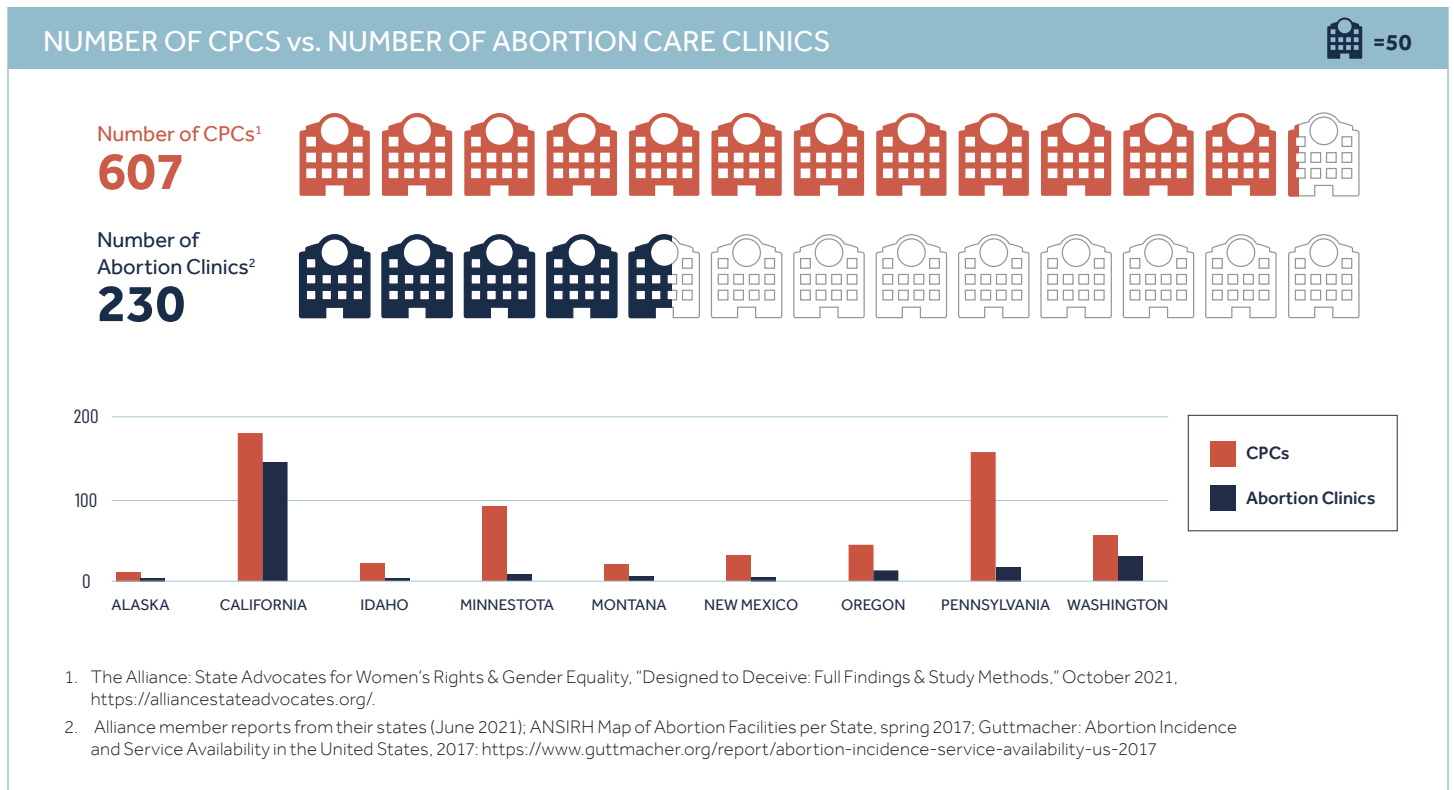
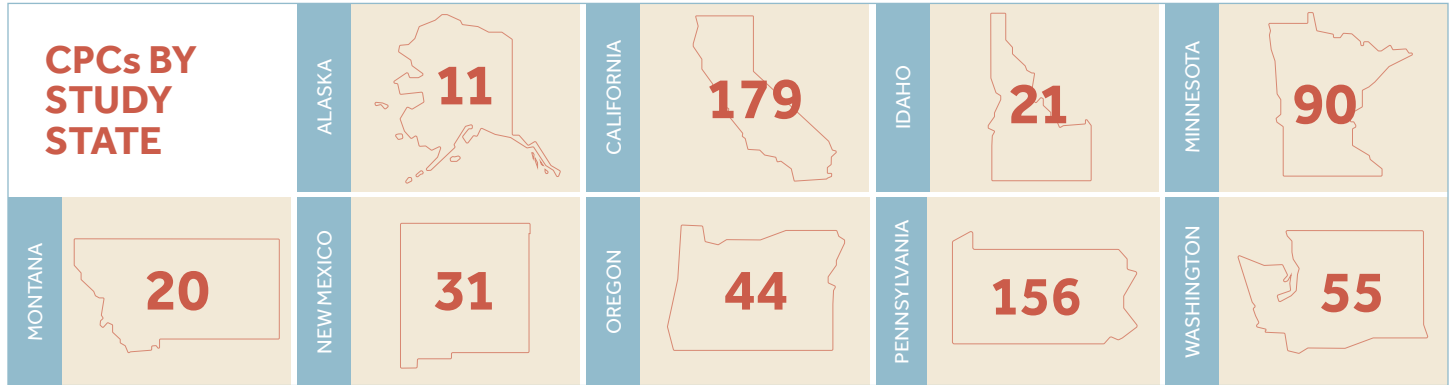
NEW MEXICO

OREGON

PENNSYLVANIA

WASHINGTON

# CPCs Outnumber Abortion Clinics in All Nine Study States



# Alaska

- ▶ The Alliance Study identified **11 crisis pregnancy centers** in Alaska.
- ▶ There are currently **4 abortion care clinics** left in the state.

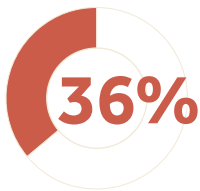
IN ALASKA, CPCs OUTNUMBER ABORTION CARE CLINICS BY MORE THAN **3:1**



Over half (54%) of CPCs in Alaska are affiliated with a U.S.-based evangelical anti-abortion organization called Care Net. Another 45% are affiliated with Heartbeat International, an anti-abortion organization with strong ties to members of the former Trump administration.

## *Most Common Services Offered by CPCs in Alaska*

The services Alaska CPCs provide pregnant people are similar to those that CPCs provide in other states. Their most common services are pregnancy testing (90.9%), "support" or "counseling" (90.9%), free/earned infant and maternity goods (81.8%), and "non-diagnostic" ultrasounds (36.4%).



### **"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY OVER 1/3 OF ALASKA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.**

Also known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## *CPCs in Alaska Promote False & Biased Medical Claims*

Almost all CPCs in Alaska (90.9%) promote false and/or biased medical claims. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, that misstated or selectively cited factual information, or that used gratuitous or graphic language instead of clinical terms. Many CPCs falsely claim that abortions can lead to "increased promiscuity" and other psychological issues and that abortion increases the risk of breast cancer and infertility. Many make false claims about the safety and efficacy of medication abortion. Some provide false information about how late into a pregnancy medication abortion can be administered.

**CPCs in Alaska also make deceptive and misleading claims on their websites**, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice:

### **We Inform You Decide**



Make an appointment today to talk to someone  
If you're experiencing an unwanted pregnancy, we're here to help  
There is no pressure - we inform, YOU decide.

If you're experiencing an **unwanted pregnancy**, we're here to help. Because **we do not perform or refer for abortions** or make money from *any* choice you make, there is no pressure - **we inform, YOU decide.**

- ▶ Screenshots from The Water's Edge CPC, Homer, Alaska, <http://the-waters-edge.org/pregnancy-and-beyond.html>

**The message on the homepage of the Water's Edge CPC in Homer, Alaska is directly contradicted by language throughout the website that clearly seeks to dissuade pregnant people from choosing abortion. This deceptive claim to be unbiased because their services are free, their appropriation of the language of choice, and their vilification of abortion providers as profit-driven exploiters of pregnant people are among the misleading messaging seen on many CPC websites.**

## *CPCs in Alaska Promote “Abortion Pill Reversal”*

Over 9% of CPCs in Alaska promote a high-progesterone intervention the anti-abortion movement calls “abortion pill reversal” (APR). The claim behind APR is that a medication abortion can be reversed after the process has begun, junk science that is opposed by medical experts and harmful to the health of pregnant people. This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials. As the American College of Obstetricians and Gynecologists concluded, APR is “unethical” and “not based on science.”

## *Most CPCs in Alaska Do Not Provide Medical Services*

A majority of CPCs in Alaska no information about contraception (100%), no STI-related services (72.7%), no well-person care (100%) or referrals (90.9%), and no prenatal care (90.9%) or prenatal care referrals (63.6%). None of the CPCs affiliated with the anti-abortion group Heartbeat International offers prenatal care.



## *CPCs in Alaska Lack Licensed Medical Professionals*

While many CPCs present as a medical office, only three of the 11 CPCs in Alaska (27%) indicate that they have a licensed medical professional affiliated with their staff.

That these so-called clinics offer no prenatal care to their pregnant clients is deeply concerning given the well-documented correlation between a lack of prenatal care and maternal mortality. Pregnant people who do not receive prenatal care are five times more likely to have a pregnancy-related death than those who do receive prenatal care.

## *CPCs & the Maternal Mortality Crisis in Alaska*

Since most of the CPCs in Alaska offer free pregnancy confirmation services but no prenatal care, while promoting false and biased medical claims, they may actually obstruct pregnant people’s timely access to health care at a time when the state and country are suffering a crisis of maternal mortality, driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs.

The implications of these CPC practices are of particular concern for Native Americans and Alaska Natives, who make up just 2% of the total U.S. population but account for the second-highest number of maternal deaths in the country. Native Americans and Alaskan Natives are approximately 3.3 and 2.5 times more likely, respectively, to die while pregnant or as new mothers than white women are.

From 2009–2018, Alaska reported an overall maternal mortality rate of 8.3 per 10,000 live births, but the rate among Alaska Natives was much higher than any other population in the state. By race, the white (non-Hispanic) death rate was 3.7 per 10,000 live births, the Asian and Pacific Islander death rate was 8.0, while the Alaska Native maternal death rate soared to 19.2 per 10,000 (n= 55) live births.

## *Recommendations*

The Alaska Legislature should pass laws to ensure access to medically accurate, age-appropriate, comprehensive sexual health education for all public school students, and comprehensive reproductive health care, including a full range of contraceptive options, for *all* Alaskans.

# California

▶ The Alliance Study identified **179 crisis pregnancy centers** in California. The number of CPCs in California is 20% higher than the number of abortion care clinics (179 to 144).

## CPCs in California Get Public Funding

Unlike some other states in the Alliance Study, California does not permit state contracts with CPCs. But some CPCs in California still receive state funding, and some secured new federal funding during the Trump administration.

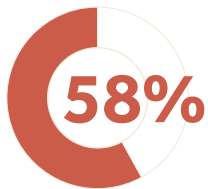
In 2019 the California-based Obria CPC network was awarded funding under Title X, a federal program to fund family planning services for low-income people, despite the fact that Obria clinics do not dispense contraception. Obria distributed Title X dollars to 15 CPCs in its California network before withdrawing from the Title X program in April 2021. In addition, 9 CPCs in California are documented as billing California's Medicaid system, Medi-Cal, for services provided, and receiving reimbursement through the state.

## Most Common Services Offered by CPCs in California

The services provided by California's CPCs align with data from other Study states. Most common services are pregnancy testing (90.5%), free/earned infant and maternity goods (83.2%), lay counseling (82.1%), and "non-diagnostic" ultrasounds (58.1%).

IN CALIFORNIA, CPCs  
(SHOWN ON THE MAP BELOW)  
OUTNUMBER ABORTION  
CARE CLINICS BY

5:4



### **"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY OVER 1/2 OF CALIFORNIA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.**

Also known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## CPCs in California Promote False & Biased Medical Claims

The majority of CPCs in California (65.9%) make false or biased medical claims, especially about pregnancy and abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. The proportion of California CPCs making false claims about abortion is higher (43.6%) than the average across all Study states (31.8%). Examples of false CPCs claims include that abortion is associated with pre-term birth and can lead to "increased promiscuity," and that women suffer guilt, depression, and risk of substance abuse from "post abortion syndrome."

**CPCs in California also make deceptive and misleading claims on their websites**, including that abortion providers are profit-driven exploiters of pregnant people, that CPCs provide unbiased services because their services are free, and that CPCs provide full information to support a pregnant person's choice; some deceptively use "choice" or "options" in their names.



#### Will abortion affect my mind and heart?

Post-Abortion syndrome (PAS) is what some women experience following an abortion. While some can experience relief right after their abortion, emotions can "catch up" with them months or even years later. Many express that they wish they could go back and "undo" the abortion. Some typical symptoms include: guilt, anxiety, depression, thoughts of suicide, re-experiencing the abortion, fear of not being able to get pregnant again, survival guilt, eating disorders, alcohol or drug abuse. Click here to read about her abortion experience. Abortion isn't an "easy" solution by any means. If you are considering an abortion, please take the time to research all your options. visit our "Your Choices" page for more specific information about your choices.

▶ Screenshot from Confidence Pregnancy Center in Salinas, California: <https://pregnancysalinas.com/faqs>



## CPCs in California Promote “Abortion Pill Reversal”

Close to 40% of CPCs in California promote “abortion pill reversal” (APR), the injecting or prescribing of high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion. The claim behind APR is that a medication abortion can be reversed – junk science that is opposed by medical experts and harmful to pregnant people. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.



CPCs that promote “abortion pill reversal” refer clients to this website run by global anti-abortion group Heartbeat International (HBI). As you can see, CPCs advertise APR with marketing that suggests it is a legitimate medical service, though all recognized medical experts oppose the practice as untested and unethical. Almost 40% of California CPCs promote this unregulated experimentation on pregnant people.

## Most CPCs in California Do Not Provide Medical Care

Only about 10% of California-based CPCs provide prenatal care, and only one of the 179 CPCs in California provides contraceptive care. Twenty CPCs (11.2%) promote “fertility awareness” or “abstinence only” programming. The majority of California CPCs offer no STI-related services (69.8%), no well-person care (89.9%), and no prenatal care (89.9%) or prenatal care referrals (52.5%).

IN CA:



**90%**  
OF CPCs OFFER NO  
PRENATAL CARE



**75%**  
OF CPCs SHOW NO  
PHYSICIAN ON STAFF

## CPCs in California Lack Licensed Medical Professionals

While many CPCs present themselves as medical offices, only one-quarter (25.1%) of California CPCs indicate they have a physician and only one-third (32.4%) indicate they have a registered nurse affiliated with their staff.

## CPCs & the Maternal Mortality Crisis in California

Overall, California has been a leader in reducing maternal mortality. In 2018, California had one of the lowest maternal mortality rates in the country at 4 out of 100,000 live births, which was nearly half the 2013 rate of 7.3 per live births. However, maternal mortality continues to disproportionately affect Black mothers in California, who had a mortality rate of 26.4 out of 100,000 live births between 2011 and 2013—nearly four times the state’s average. California must continue to address persistent racial disparities by investing in policy and programmatic solutions. CPC volunteers and staff without medical training who give pregnant people false and deceptive information directly undermine California’s ability to reduce maternal mortality rates.

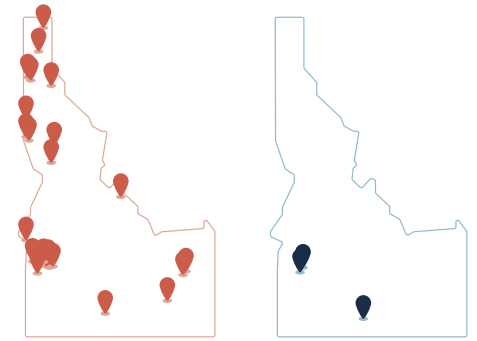
## Recommendations

The California Legislature and state agencies should seek to prohibit CPCs from stating or disseminating false or deceptive information about pregnancy-related services and prohibit the administration of, and referral for, abortion pill “reversal.” The legislature should also consider amending the state consumer protection statute to apply to providers of pregnancy-related services without regard to payment and explore the possibility of barring any state funding going to CPCs.

# Idaho

- ▶ The Alliance Study identified **21 crisis pregnancy centers** in Idaho.
- ▶ There are currently **3 abortion care clinics** left in the state.

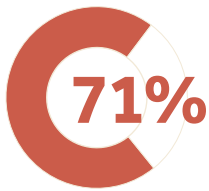
IN IDAHO, CPCs  
OUTNUMBER ABORTION CARE  
CLINICS BY MORE THAN  
**7:1**



Almost one-third (29%) of Idaho-based CPCs are affiliated with Heartbeat International, a global anti-abortion organization with strong ties to members of the former Trump administration. Almost one-quarter (23%) of Idaho CPCs are affiliated with a U.S.-based evangelist anti-abortion organization called Care Net, and 14% are affiliated with a Canada-based anti-abortion network called Birthright International.

## Most Common Services Offered by CPCs in Idaho

The services Idaho CPCs provide are similar to those offered by CPCs in other Alliance Study states. The most common services are support or counseling (100%), pregnancy testing (95.2%), free/earned goods (85.7%), and “non-diagnostic” ultrasounds (71.4%).



**“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY ALMOST 3/4 OF IDAHO CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.**

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## CPCs in Idaho Promote False & Biased Medical Claims

The majority of CPCs in Idaho (76.2%) make false and/or biased claims about reproductive health care and abortion.

The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, that misstated or selectively cited to factual information, or that used gratuitous or graphic language instead of clinical terms. For example, some CPCs falsely claim that abortions can lead to “increased promiscuity” and increase the risk of breast cancer and infertility.

**CPCs in Idaho also make deceptive and misleading claims on their websites**, including that they have no agenda because their services are free, and that they provide full and unbiased information to support a pregnant person’s choice. Almost half (10) of the CPCs in Idaho deceptively use the word “choice” in their name. This CPC in Lewiston makes misleading claims that lead pregnant people repeatedly to provide their contact information:

**CONFIDENTIAL ABORTION CONSULTATION - NO COST TO YOU**

★★★★★

Name \*

How may we contact you? \*

Call

Text

Email

**ABORTION INFORMATION FOR IDAHO**

Life Choices Clinic in Lewiston, Idaho understands the difficulty of facing an unexpected pregnancy. We believe that information empowers. We strive to provide you with objective pregnancy and sexual health education so you can make a confident decision. If you are considering abortion, your first step is to learn more about your options. We're here to help you no matter what choice you make. **All services are provided at no cost to you.**

▶ Screenshots from Life Choices CPC: <https://lifechoicesclinic.info/services/health-information/abortion-idaho/>

## CPCs in Idaho Promote “Abortion Pill Reversal”

Over half (57%) of CPCs in Idaho promote “abortion pill reversal” (APR), the unrecognized practice of injecting or prescribing high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine*. Neither the safety nor effectiveness of APR has been proven in clinic trials.



▶ Screenshots from Reach Choices Clinic of Ceour d'Alene, ID <https://realchoicesclinic.com/abortion-pill-rescue/>

**CPCs in Idaho promote unethical APR experimentation on vulnerable pregnant people in collusion with the Idaho state government.** The Idaho Department of Health and Welfare promotes a list of CPCs that engage in APR and requires abortion providers to give materials to patients about “reversal of a chemical abortion.” (“Chemical abortion” is what the anti-abortion movement calls medication abortion.)

## Most CPCs in Idaho Do Not Provide Medical Services

A majority of CPCs in Idaho offer no information about contraception (100%), no STI-related services (66.7%), no well-person care (90.5%) or referrals (85.7%), and no prenatal care (100%) or referrals (47.6%). None of the Idaho CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.

## CPCs in Idaho Lack Licensed Medical Professionals

While many CPCs present as medical offices, fewer than one-quarter (23.8%) indicate they have a registered nurse and only one-seventh (14.3%) say they have a licensed physician affiliated with the staff. This Boise CPC’s mention of “lab-quality” tests signals that it is a medical facility, which it is not:

You will be offered a **FREE** lab-quality, urine pregnancy test with quick results.

▶ Screenshot from Treasure Valley Path Pregnancy Clinic, Boise, Idaho <https://www.treasurevalleypath.org/new-page-1>

## CPCs & Maternal Mortality in Idaho

Idaho’s Department of Health & Welfare Maternal Mortality Review Committee reported 10 maternal mortality deaths (defined as death while pregnant or up to a year after pregnancy) in its 2018 annual report, and noted that all 10 deaths were preventable. Half of Idaho women who died did not enter prenatal care in the first trimester. When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking medical care, they directly undermine the state’s efforts to reduce the rate of maternal mortality. That the state of Idaho specifically refers pregnant people to organizations that offer no prenatal care is especially problematic given the well-documented correlation between a lack of prenatal care and maternal mortality. Women receiving no prenatal care are five times more likely to die of pregnancy-related causes.

## Recommendations

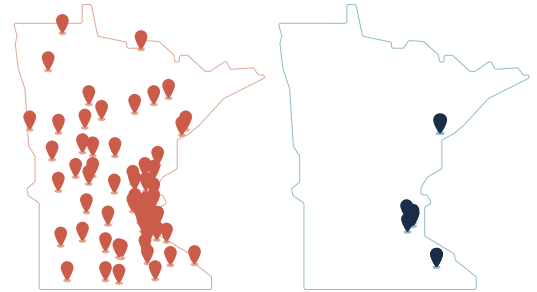
Idaho policymakers should require all public schools to provide medically accurate, age-appropriate, comprehensive sexual health education; and expand access to comprehensive reproductive health care, including a full range of contraceptive options, for *all* Idahoans. Instead of referring pregnant people to CPCs, the state of Idaho should follow the recommendations of its own Maternal Mortality Review Committee to expand insurance coverage for pregnant and postpartum women with substance abuse disorders and to expand Medicaid coverage for pregnant people to 12 months postpartum, regardless of pregnancy outcome.

# Minnesota

- ▶ The Alliance Study identified **90 crisis pregnancy centers** in Minnesota.
- ▶ There are currently **8 abortion care clinics left in the state**. Five of the abortion clinics are in the Twin Cities metro; one mobile clinic serves most rural regions of the state.

IN MINNESOTA, CPCs  
OUTNUMBER ABORTION  
CARE CLINICS BY

**11:1**



## Minnesota Taxpayers are Funding Questionable Practices & Wasteful Spending by CPCs

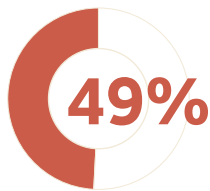
The Minnesota Positive Abortion Alternatives (PAA) statute was passed in 2005. It claims to promote healthy pregnancy outcomes but expressly requires grantees to encourage women to carry their pregnancies to term. Grantees, many of which are CPCs, must not refer to, discuss, or offer abortion services. As of 2021, this state program awards \$3,357 million per year to anti-abortion groups.

A Gender Justice investigation of the PAA program found egregious examples of over-funding some CPCs, inefficient expenditure of public funds, an unclear selection process for grant distribution, and questionable utilization of public funds by some grantees. One approved applicant for a \$75,000 grant allocated only 7% of its budget to services for pregnant people and 93% for "salary, utilities, expenses, and office supplies."

**Gender Justice found that Choices Pregnancy Center in Redwood Falls serves fewer than 20 clients per year and receives approximately \$65,000 per year under its state grant. The group's primary service is parenting classes, which are also offered by the local hospital. At a minimum cost to the taxpayer of \$3250 per client, why is such a large grant necessary for this CPC to offer parenting classes already available in the community?**

## Most Common Services Offered by CPCs in Minnesota

The most common CPC services are free/earned maternity or baby goods (96%), support or counseling (90%), pregnancy testing (89%), and "non-diagnostic" ultrasounds (49%).



**"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY ALMOST 1/2 OF MINNESOTA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.**

Also known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## CPCs in Minnesota Promote False & Biased Medical Claims

Over 63% of the CPCs in Minnesota make false and biased claims, and blatantly false statements about abortion at almost **double** the rate of CPCs in other states in the Alliance Study. The Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. Nearly **57%** of the Minnesota CPCs make false statements about abortion; 13 receive **taxpayer funding** through the PAA statute. **Minnesota CPCs also make deceptive and misleading claims**, including that they have no agenda because their services are free.

- ▶ Screenshot from Choices Pregnancy Center, Redwood Falls, Minnesota: <https://www.choicespregnancycenter.com/options/>

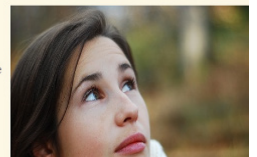


### Options

Like Tweet Retweet

If your pregnancy test is positive, your advocate will take time to talk with you about your personal situation and provide information which will help you make a plan for your pregnancy and afterwards.

Whether you are considering abortion, parenting or making an adoption plan, you need accurate information, time to think things through, and someone to support you along the way. You will have the opportunity to explore the pros and cons of all your options, to ask whatever questions you have, and to learn about the network of community resources and referrals available to you.



Many Minnesota CPCs deceptively claim to provide full and unbiased information to support a pregnant person's choice. Such false claims are typical of the CPC industry's messaging, in which they appropriate the language of choice, claim to be unbiased because their services are free, and vilify abortion providers as profit-driven exploiters of pregnant people. This state-funded CPC uses website language that is doubly misleading; their state Positive Alternatives funding expressly prohibits this CPC from using grant funds "to encourage or affirmatively counsel a woman to have an abortion."

▶ PAA statute

## CPCs in Minnesota Promote "Abortion Pill Reversal"

Twenty-two CPCs in Minnesota (29%) promote "abortion pill reversal" (APR). APR is the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science." This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

Nine of the CPCs promoting this rogue high progesterone abortion pill reversal intervention receive state funding through the Minnesota PAA. Eight of these CPCs have a social media presence and disseminate this disinformation well beyond their physical location.

*"Pregnant people deserve real choices and access to real medical care. It is disappointing that Minnesota focuses its resources on patronizing and coercive options when we should be investing in families and working to address maternal mortality and rural health care crises instead."*

—CHRISTY HALL, Senior Staff Attorney, Gender Justice



## Most CPCs in Minnesota Do Not Provide Medical Services

None of the CPCs in Minnesota offer contraception (100%). Most provide no STI-related services (54.4%), no well-person care (97.8%) or referrals (60%), and no prenatal care (95.4%) or prenatal care referrals (54.4%). State-funded CPCs offer prenatal or wellness care referrals at an even lower rate: 57% provide no prenatal care referrals; 62% provide no wellness care referrals.

## CPCs in Minnesota Lack Licensed Medical Professionals

While many CPCs present as medical offices, only 9% of Minnesota CPCs claim to have a physician and only 20% indicate they have a registered nurse on staff. Research and reporting on licensed medical professionals at CPCs indicate that most are engaged part-time and/or as volunteers and are licensed, in some cases, in unrelated specialties. At least one Minnesota CPC's medical professional on staff is an optometrist.

## CPCs & the Maternal Mortality Crisis in Minnesota

Preliminary data on maternal mortality in Minnesota (2011-2017) shows that non-Hispanic Black women suffer maternal mortality at a rate 2.3 times higher than white mothers, and that the rate among Native Americans is approximately 4 times higher than that for white residents.<sup>8</sup> The correlation between lack of prenatal care and maternal mortality is well documented, so the failure of Minnesota CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern, especially amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs.

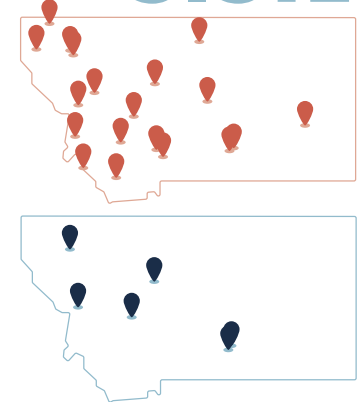
## Recommendations

Minnesota policymakers should repeal the PAA statute and redistribute taxpayer-funded grant money to health care and direct service providers offering evidence-based health care and non-judgmental support for low-income pregnant people; repeal "informed consent" legislation that mandates doctors tell patients inaccurate medical claims linking abortion to infertility and breast cancer; and eliminate the 2-parent notification requirement for minors seeking abortion care.

# Montana

IN MONTANA, CPCs OUTNUMBER ABORTION CARE CLINICS BY

**3.3:1**

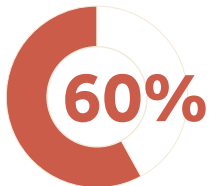


- ▶ The Alliance Study identified **20 crisis pregnancy centers** in Montana.
- ▶ There are currently **6 abortion care clinics** left in the state.

A full 35% of Montana CPCs are affiliated with a U.S.-based evangelical, anti-abortion organization called Care Net. Another 20% are affiliated with by Heartbeat International, an international anti-abortion organization with strong ties to the members of the former Trump administration.

## Most Common Services Offered By CPCs In Montana

The services Montana CPCs most often provide, as in other Alliance Study states, are free/earned goods (95%), support or counseling (95%), pregnancy testing (85%), and “non-diagnostic” ultrasounds (60%).



**“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY OVER 1/2 OF MONTANA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.**

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## CPCs in Montana Promote False & Biased Medical Claims

The majority of CPCs in Montana (75%) make false and/or biased claims about pregnancy and abortion on their websites and social media. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, that misstated or selectively cited to factual information, or that used gratuitous or graphic language instead of clinical terms. This Care Net CPC in Missoula promotes many patently false and exaggerated claims about the risks of abortion commonly made by CPCs:

### What are the risks?

Physical side effects may occur with induced abortion, whether surgical or by pill. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. Abortion also carries the risk of significant complications such as bleeding, infection, and damage to organs. Serious complications occur in less than 1 out of 100 early abortions and in about 1 out of every 50 later abortions. Complications may include:

1. heavy bleeding
2. infection
3. incomplete abortion
4. sepsis
5. anesthesia
6. damage to the cervix
7. scarring of the uterine lining
8. perforation of the uterus
9. damage to internal organs
10. death

### Emotional & Psychological Impact

There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years. Some women report the following:

1. eating disorders
2. relationship problems
3. guilt
4. depression
5. flashbacks of abortions
6. suicidal thoughts
7. sexual dysfunction
8. alcohol and drug abuse

▶ Screenshots from Care Net of Missoula: <https://www.carenetmissoula.org/abortion>

**Montana CPCs also make deceptive and misleading claims on their websites**, including that they have no agenda and provide full and unbiased information to support a pregnant people’s choice. Some CPCs in Montana deceptively use the word “choice” or “options” in their name. This CPC in Billings claims to empower women with abortion information but the only abortion-related services it provides are “abortion recovery” and “abortion pill reversal”:



### Abortion Information

Are you considering an abortion? We can help you understand the process, and provide options to aid your decision-making process.

▶ Screenshot from La Vie CPC: <https://laviebillings.com/>



## CPCs in Montana Promote “Abortion Pill Reversal”

A full 40% of Montana CPCs promote “abortion pill reversal” (APR), the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

Abortion pill reversal is listed atop the services offered by the La Vie CPC in Billings, whose website links directly to the APR website run by global anti-abortion group Heartbeat International.

## Most CPCs in Montana Do Not Provide Medical Services

A majority of CPCs in Montana offer no information about contraception (100%), no prenatal care (90%) or referrals (80%), no STI-related services (65%), and no well-person care (80%) or referrals (60%). None of the Montana CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.



IN MT:



**90%**  
OF CPCs OFFER NO  
PRENATALCARE



**70%**  
OF CPCs SHOW NO  
PHYSICIAN ON STAFF

## CPCs in Montana Lack Licensed Medical Professionals

While many CPCs present as a medical office, only half (50%) of Montana CPCs say they have a registered nurse and less than one-third (30%) say they have a physician on staff.

## CPCs & the Maternal Mortality Crisis in Montana

Over a 10-year period, Montana's maternal mortality ratio was similar to the national average, at 13.7 deaths per 100,000,<sup>9</sup> and the federal Centers for Disease Control and Prevention reports that 60% of pregnancy-related deaths were preventable. The correlation between a lack of prenatal care and maternal mortality is well-documented. Women who do not receive prenatal care are five times more likely to have a pregnancy-related death than women who do and the CDC finds that 25% of women in the U.S. received fewer than the recommended number of prenatal visits.

When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking prenatal care from legitimate health care providers, they put the lives of pregnant people at risk. Moreover, the failure of most Minnesota CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern, especially amid a maternal mortality crisis in the U.S. driven by inadequate and unequal access to prenatal care; misdiagnosis; and missed warning signs.

## Recommendations

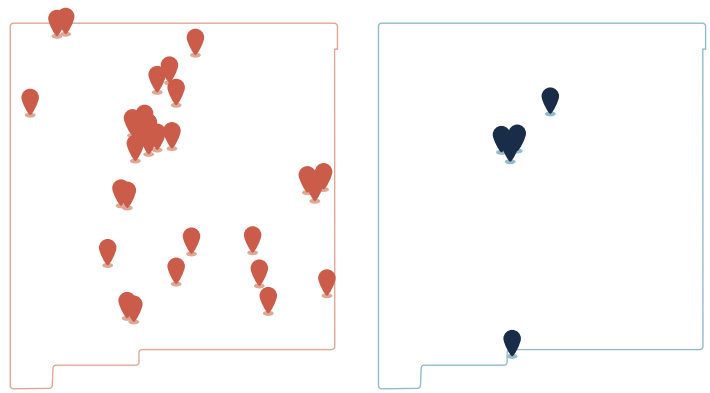
Montana policymakers should require all public schools to provide medically accurate, age-appropriate, comprehensive sexual health education and comprehensive reproductive health care, including a full range of contraceptive options, for all Montanans.

# New Mexico

- ▶ The Alliance Study identified **31 crisis pregnancy centers** in New Mexico.
- ▶ There are currently **5 abortion care clinics** left in the state.

IN NEW MEXICO, CPCs OUTNUMBER ABORTION CARE CLINICS BY

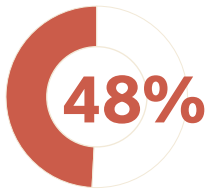
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Over 38% of CPCs in New Mexico are run by a national evangelical Christian anti-abortion organization called Care Net and another 38% are run by the global anti-abortion network Heartbeat International.

## *Most Common Services Offered by CPCs in New Mexico*

The most common services offered by CPCs in New Mexico are free/earned goods (87%), pregnancy testing (87.1%) and non-diagnostic ultrasounds (48.4%). Many CPCs providing pregnancy testing offer a urine test available over the counter to pregnant people at any drugstore. The provision of “non-diagnostic” ultrasounds, which is condemned by the American Institute of Ultrasound in Medicine, is especially concerning in CPC settings that are designed to look like medical clinics. The pretense of medical legitimacy at CPCs could be deadly.



**“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY ALMOST HALF OF NEW MEXICO CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.** Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## *CPCs in New Mexico Promote False & Biased Medical Claims*

Almost half (48.4%) the CPCs in New Mexico make false and/or biased medical claims, including about emergency contraception, fetal pain, and medication abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, a Care Net facility in Albuquerque gives clients a publication called “Before You Decide,” which ignores scientific consensus that pregnancy begins when the fertilized egg implants in the uterus<sup>12</sup> and promotes the false claim that pregnancy begins at conception as “scientific reality.”

**New Mexico CPCs also make deceptive and misleading claims on their websites**, including that they have no agenda and provide full and unbiased information to support a pregnant person’s choice. Some CPCs in New Mexico deceptively use the word “choice” or “options” in their names.

## *CPCs in New Mexico Promote “Abortion Pill Reversal”*

Almost one-third (29%) of New Mexico CPCs promote the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine (mifepristone) in the two-step protocol for medication abortion, in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in legitimate clinical trials.






Many CPCs that promote “abortion pill reversal” refer pregnant people to this “Abortion Pill Rescue” website run by the global anti-abortion organization, Heartbeat International.

As you can see, anti-abortion organizations advertise APR with marketing that suggests it is a legitimate medical service, though all recognized medical experts oppose the practice on the grounds it is untested and unethical. Nearly one third of CPCs in New Mexico either provide or refer for APR.

It is especially egregious that CPCs are promoting an experimental medical intervention in states like New Mexico, with numerous tribal communities and large Native American populations who, as recently as the 1970s, were targeted for experimental and coercive reproductive health interventions, including forced sterilizations and administration of the contraceptive Depo Provera long after it was found to be unsafe.

### *CPCs in New Mexico Do Not Provide Medical Services*

While many CPCs present themselves as medical clinics, we found none of the CPCs in New Mexico provide prenatal, wellness, or contraceptive care. While marketing themselves as “pregnancy resource” and “pregnancy help” centers, **New Mexico CPCs performed worse than any other Alliance Study state in the provision of the health care services pregnant people need.** Instead, the Alliance Study found New Mexico CPCs use manipulative messages to delay care and coerce people away from abortion and contraception, ranging from pro-choice rhetoric to evangelical 1950’s messages: “Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor or physician.” (<https://www.legacyprc.com/about-us>)



▶ Screenshot from Care Net Pregnancy Center of Santa Fe: <https://santafepregnancy.com/abortion/>

### *CPCs in New Mexico Lack Licensed Medical Professionals*

While many CPCs present as a medical office, only one CPC in New Mexico has a physician on staff and two CPCs have a registered nurse.

### *CPCs & the Maternal Mortality Crisis in New Mexico*

According to the New Mexico Department of Health and University of New Mexico Health Sciences, in 2015-2017 there were 58 maternal deaths in New Mexico, with people 20 and younger – the age group most likely to seek services at a CPC – accounting for 12% of those deaths. The correlation between lack of prenatal care and maternal mortality is well documented, so the failure of New Mexico CPCs to provide any prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern. Amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs, the implications for Native Americans, who are three times more likely than white women to die from a pregnancy-related cause, are particularly serious.<sup>13</sup>

### *Recommendations*

New Mexico policymakers should ban non-diagnostic aka “vanity” ultrasounds/sonography; create a mechanism to provide no or low-cost diapers to low-income New Mexicans; increase the number of months for post-partum Medicaid coverage from three to 12 months; include grief counseling as a mandatory mental health insurance benefit to any family who has lost a child, whether through stillbirth, SIDS, miscarriage or abortion; and make it easier to apply for health insurance through the Affordable Care Act by including a box to check on state tax forms giving permission to check financial eligibility.

# Oregon

- ▶ The Alliance Study identified **44 crisis pregnancy centers** in Oregon.
- ▶ There are currently **13 abortion care clinics** left in the state.

Almost half (48%) of CPCs in Oregon are affiliated with an evangelical, anti-abortion organization called Care Net. A fifth (20%) of Oregon CPCs are affiliated with Heartbeat International, an international anti-abortion organization with strong ties to the former Trump administration.

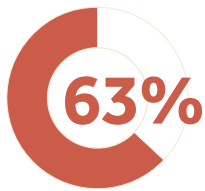
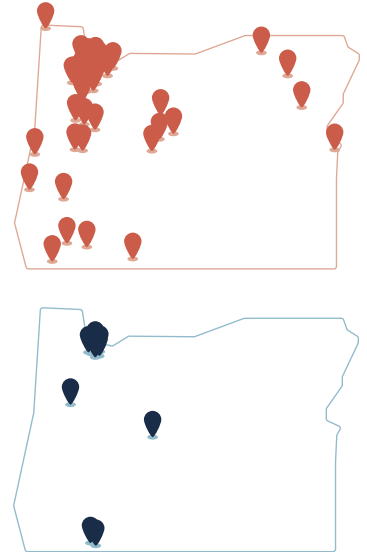
That large evangelical anti-abortion groups like Care Net and Heartbeat International focus resources on progressive states like Oregon is no surprise. Oregon is a leader among states across the nation in advancing comprehensive sexual health education and reproductive health care, which enjoy strong public support. The challenge for the anti-choice movement in Oregon, therefore, is to sway public opinion in the other direction: that is what crisis pregnancy centers do best. While CPCs are not effective in meeting their “stated goals of preventing abortion, promoting traditional gender roles and families, and converting clients to evangelical Christianity,”<sup>14</sup> they are an effective tool for building the anti-choice movement by radicalizing donors and volunteers.

## Most Common Services Offered by CPCs in Oregon

The most common Oregon CPC services are free/earned maternity and baby goods (95.5%), pregnancy testing (93.2%), and “non-diagnostic” ultrasounds (63.6%).

IN OREGON, CPCs  
OUTNUMBER ABORTION  
CARE CLINICS BY

**3.4:1**



### “NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY MORE ALMOST 2/3 OF OREGON CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## CPCs in Oregon Promote False & Biased Medical Claims

Almost half of the CPCs in Oregon (45.5%) make false and biased claims about reproductive health care and abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, some CPCs falsely claim that abortions can lead to “increased promiscuity” and other psychological issues, or that abortion increases the risk of breast cancer and infertility. In one typical example, this Cave Junction, OR CPC promotes alarmist disinformation about asymptomatic STIs and abortion:



An obstetric ultrasound is needed to confirm that yours is a viable pregnancy before making the decision to get an abortion. You’ll also need to get tested for sexually transmitted infections (STIs). STIs often go unnoticed since many infections have no obvious symptoms. Women who have an abortion with an untreated STI are at higher risk of developing Pelvic Inflammatory Disease following the abortion procedure, which can have serious consequences.

- ▶ Pregnancy Center Of The Illinois Valley: <https://www.pregnancycenteriv.org/abortion.htm>

**Oregon CPCs also make deceptive and misleading claims on their websites**, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice. Some CPCs in Oregon deceptively use the word "choice" or "options" in their names, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options. This Prineville, Oregon CPC, for example, claims to be an unbiased resource for pregnant people that provides information on all options including abortion, but directly discourages pregnant teens from speaking with their school or doctor and infers that those professionals and abortion providers will not support pregnant teens to make their own choices:



#### Your School May Not Be the Place to Ask Questions

Your school (High School, OSU or COCC) won't have the resources or the training to help you. Unplanned pregnancy is all we do. Every day we talk with girls who are in the midst of trying to figure out what to do once she thinks she's pregnant. Most likely your school will encourage you to go to your doctor or to an abortion clinic to solve your problem. We do more than that. We care about you, about your future and believe you need to have enough information to make an informed choice.

▶ Screenshot from Pregnancy Resource Centers Of Central Oregon: <https://www.prcoco.org/for-students/>.

### *CPCs in Oregon Promote "Abortion Pill Reversal"*

Over one-quarter (27%) of CPCs in Oregon promote "abortion pill reversal" (APR), the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science." This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

While there is no medical basis for the claim that the abortion pill can be reversed, the APR campaign does serve one goal that is critical to the anti-choice movement, which is to further stigmatize abortion care and send a message to pregnant people that if they have an abortion, they will (or should) regret it. From the perspective of the anti-choice movement, this message may be especially important in progressive states like Oregon where public opinion strongly favors access to abortion and contraception.

### *Most CPCs in Oregon Do Not Provide Medical Services*

CPCs in Oregon offer no information about contraception (100%), and most offer no STI-related services (72.7%), no well-person care (97.7%) or referrals (68.2%), and no prenatal care (97.7%) or prenatal care referrals (65.9%).

IN OR:



**98%**  
OF CPCS OFFER NO  
PRENATALCARE



**68%**  
OF CPCS SHOW NO  
PHYSICIAN ON STAFF

### *CPCs in Oregon Lack Licensed Medical Professionals*

While many CPCs present as a medical office, only half (50%) of Oregon CPCs claim to have a registered nurse and only a third (31.8%) say they have a physician affiliated with their staff.

### *CPCs & the Maternal Mortality Crisis in Oregon*

The rate of maternal mortality in Oregon is at or below the U.S. average, but the rate of pregnancy-related complications and deaths is disproportionately high among Black and Native American parents in the state.<sup>16</sup> When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking medical care from legitimate health care providers, they directly undermine the state's efforts to reduce the rate of maternal mortality and address this radical racial disparity.

### *Recommendations*

Oregon policymakers should consider passing a bill that would prohibit crisis pregnancy centers from making or disseminating any statement concerning any pregnancy-related service or the provision of any pregnancy-related service that is deceptive.

# Pennsylvania

- ▶ The Alliance Study identified **156 crisis pregnancy centers** in Pennsylvania.
- ▶ There are currently **17 abortion care clinics left in the state**; five provide only medication abortion.

## *Pennsylvania Directly Funds CPCs*

Twenty-seven of the state's 156 (17.3%) crisis pregnancy centers are publicly funded through Real Alternatives, an organization plagued by allegations of misuse of public funds, waste, and lack of transparency. So far, Pennsylvania has diverted more than \$100 million into CPCs.

Pennsylvania is also one of a handful of states that double-funds CPCs by diverting Temporary Assistance for Needy Families (TANF), safety-net funds earmarked for pregnant people and children in poverty, to Real Alternatives. In 2021, Pennsylvania siphoned these funds away from children and gave it instead to anti-abortion activists, despite stashing away billions of dollars from relief funds related to the pandemic, which exacerbated children's poverty. Thanks in part to public funding, the disparity between the number of CPCs and abortion providers in Pennsylvania is significantly higher than the national average.

## *Most Common Services Offered by CPCs in Pennsylvania*

The services provided by Pennsylvania CPCs align with data from other states. The most common services are free/earned goods (92.3%), pregnancy testing (88.5%), and "counseling" (82.1%). Among entities that receive public funding via Real Alternatives, 100% offer pregnancy testing, 96.3% offer free/earned goods, and 96.3% offer "counseling."

## *CPCs in Pennsylvania Promote False & Biased Medical Claims*

Most CPCs in Pennsylvania (64.7%) make false and biased claims, a rate that aligns with CPCs in other states examined in the Alliance Study. The Study defined as false or biased any medical claim that was untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. Most (63%) of CPCs in the Real Alternatives network make false and biased medical claims.

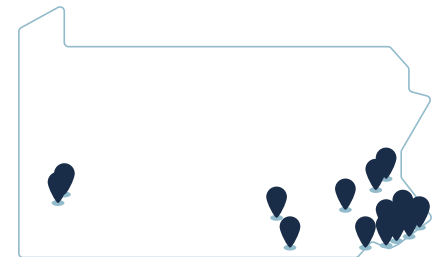
**Pennsylvania CPCs make deceptive and misleading claims on their websites**, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice. Some CPCs in Pennsylvania deceptively use the word "choice" or "options" in their name, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options.

## *CPCs in Pennsylvania Promote "Abortion Pill Reversal"*

In Pennsylvania, 32.0% of CPCs provide, refer for, or promote "abortion pill reversal" (APR). APR is the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science." This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinical trials.

IN PENNSYLVANIA, CPCs  
OUTNUMBER ABORTION  
CARE CLINICS BY

9:1



*"We are just beginning to reckon with our country's long, shameful history of racist and sexist medical abuse. And now we're seeing a coordinated effort to promote a new form of racist and sexist experimentation on pregnant people."*

— CHRISTINE CASTRO,  
Women's Law Project

”

OPTION ULTRASOUND
APR: ABORTION PILL REVERSAL
LIFE SUPPORT
BREATHE, AFTER ABORTION CARE

MEN'S PROGRAMMING
PITTSBURGH ESSENTIAL SPEAKERS
STD AWARENESS

After you take the first pill, it's like the lights go out and Satan says, "Gotcha!"

Many women immediately regret their abortion decision. Within a three-day window of time, women can reverse their abortion pill affects with this safe, simple protocol.

▶ Screenshot from Women's Choice Network CPC, Pittsburgh: <https://mypregnancycenter.org/our-programs/>



## Publicly Funded CPCs in Pennsylvania Promote “Abortion Pill Reversal” at Higher Rates

Many CPCs in Pennsylvania promote unethical experimentation on vulnerable pregnant people in collusion with state government. Among CPCs supported with public funding via Real Alternatives, 40.7% refer for APR.

## Most CPCs in Pennsylvania Do Not Provide Medical Care

The vast majority of CPCs in Pennsylvania (98.7%) provide no prenatal care; only 29% even make referrals for prenatal care. Most Pennsylvania CPCs provide no well-person care (99.4%) or referrals (87.2%). None of the CPCs in Pennsylvania provides contraception.

## Publicly Funded CPCs in Pennsylvania Provide No Prenatal Care

None of the publicly funded CPCs in Pennsylvania provides prenatal care. Forty-eight percent of publicly funded CPCs refer for prenatal care.

## CPCs & the Maternal Mortality Crisis in Pennsylvania

Pennsylvania’s maternal mortality rate skyrocketed 21.4% between 2013 and 2018. Black people accounted for 126 (23%) of pregnancy-associated deaths in Pennsylvania from 2013 to 2018 while only accounting for 14% of births in Pennsylvania during this time period. Nearly half of the women that experienced a pregnancy-associated death from 2013–2018 did not receive adequate prenatal care.

In 2019, one in six infants born in Pennsylvania were born to a parent who received inadequate prenatal care.

## Extensive Allegations of Misuse of Public Funds by CPCs

In 2017, a Pennsylvania official denounced Real Alternatives for “skimming” public funds. In July 2020, a watchdog group called Campaign for Accountability filed a 27-page public complaint alleging widespread misuse of public funds, waste, and lack of transparency by Real Alternatives, the organization that has received over \$100 million in public funding to oversee a network of Pennsylvania-based CPCs since the 1990s.

In 2019, Real Alternatives was defunded in Michigan in the wake of a similar public complaint. They continue to operate in Indiana as well as Pennsylvania. Pennsylvania refunded Real Alternatives in FY 2020–2021.

## Recommendations

- Stop funding crisis pregnancy centers with public dollars.
- Invest in evidence-based programs that promote healthy pregnancies, childbirths, and postpartum periods.
- Pass the Patient Trust Act to prevent the Commonwealth from forcing health care practitioners to provide medically inaccurate and/or medically inappropriate information
- Require all schools to provide inclusive, medically accurate, and evidence-based sex education.
- Pass legislation promoting equitable access to contraception.
- Pass legislation disallowing CPCs from teaching “sexuality education” in public schools.
- Amend the Pennsylvania Unfair Trade Practices and Consumer Protection Law to permit private enforcement even when no commercial transaction is involved.

### IN PA:



**1 IN 6**

**INFANTS WERE BORN TO A PARENT WHO RECEIVED INADEQUATE PRENATAL CARE**



**0%**

**OF PUBLICLY FUNDED CPCs PROVIDE PRENATAL CARE**

# Washington

- ▶ The Alliance Study identified **55 crisis pregnancy centers** in Washington.
- ▶ There are currently **30 abortion care clinics** left in the state.

Almost half (45%) of CPCs in Washington are affiliates of a U.S.-based, evangelical anti-abortion organization called Care Net and one-fifth (20%) of CPCs in Washington are affiliates of Heartbeat International, an international anti-abortion organization with strong ties to the former Trump administration.

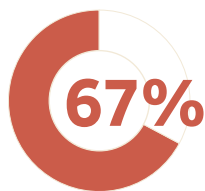
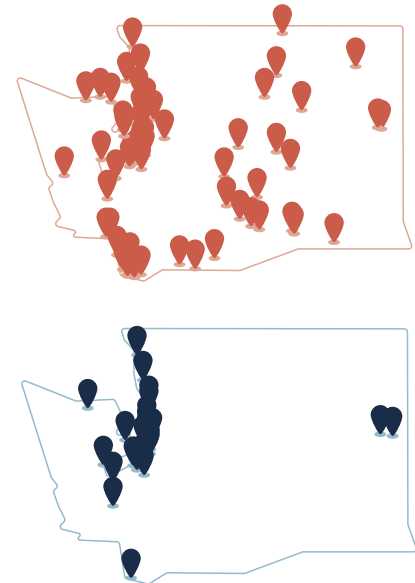
That large evangelical anti-abortion groups focus resources on progressive states like Washington is no surprise. Washington is a leader among states across the nation in advancing comprehensive sexual health education and reproductive health care, which enjoy strong public support in the state. The challenge for the anti-choice movement in Washington, therefore, is to sway public opinion in the other direction; that is what crisis pregnancy centers do best. While CPCs are not effective in meeting their “stated goals of preventing abortion, promoting traditional gender roles and families, and converting clients to evangelical Christianity,”<sup>17</sup> they are an effective tool for building the anti-choice movement by radicalizing donors and volunteers.

## Most Common Services Offered by CPCs in Washington

As in other Alliance Study states, the most common services Washington State CPC offer are pregnancy testing (89.3%), support or counseling (87.3%), free/earned goods (74.5%), and “non-diagnostic” ultrasounds (67.3%).

IN WASHINGTON, CPCs  
OUTNUMBER ABORTION  
CARE CLINICS BY ALMOST

2:1



### “NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY MORE THAN 2/3 OF WASHINGTON CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

## CPCs in Washington Promote False & Biased Medical Claims

The majority of CPCs in Washington (60%) make false and/or biased claims on their websites. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, some CPCs falsely claim that abortions can lead to “increased promiscuity” and increase the risk of breast cancer and infertility.

**Washington CPCs also make deceptive and misleading claims on their websites**, including that they have no agenda and provide full and unbiased information to support a pregnant person’s choice. Thirteen of the CPCs in Washington deceptively use the word “choice” or “options” in their name, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options.



### FERTILITY AWARENESS

Fertility charting for birth control has numerous health benefits. Studies show it can be 98% effective in preventing pregnancy. Learn more in a detailed one-on-one training with a registered nurse.



**This crisis pregnancy center in Vancouver, Washington provides no contraceptive health care and promotes this false claim about the effectiveness of “fertility awareness” on its website, which it seeks to legitimize by signaling it is a medical clinic staffed by licensed medical professionals.**

- ▶ Screenshot from Options 360 Pregnancy Clinic - I-205: <https://options360.org/patient-services/>

## *CPCs in Washington Promote “Abortion Pill Reversal”*

Over half (51%) of CPCs in Washington promote “abortion pill reversal” (APR), the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

While there is no medical basis for the claim that the abortion pill can be reversed, the APR campaign does serve one goal that is critical to the anti-choice movement, which is to further stigmatize abortion care and send a message to pregnant people that if they have an abortion, they will (or should) regret it. Again, from the perspective of the anti-choice movement, this message may be especially important in progressive states like Washington where public opinion strongly favors access to abortion and contraception.

## *Most CPCs in Washington Do Not Provide Medical Services*

CPCs in Washington provide no contraception (100%), and most provide no STI-related services (58.2%), and no well-person care (98.2%) or referrals (60%). Most Washington CPCs provide no prenatal care (94.5%) and almost half (49.1%) provide no prenatal care referrals. None of the Washington CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.



## *CPCs in Washington Lack Licensed Medical Professionals*

While many CPCs present as a medical office, only one-third (32.7%) say they have a registered nurse and less than one-tenth (9.1%) say they have a physician on their staff.

## *CPCs & the Maternal Mortality Crisis in Washington*

From 2014-2016, the overall rate of maternal mortality in Washington was 37.3 deaths per 100,000 live births, but the ratio was much higher within the Native American, Alaska Native and non-Hispanic Black populations.<sup>18</sup> The rate of maternal mortality in the Native American or Alaska Native population was 290 deaths per 100,000 live births, and the rate in the non-Hispanic Black population was 67 deaths per 100,000 live births.

The correlation between lack of prenatal care and maternal mortality is well documented, so the failure of Washington CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern. Amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs, the implications for American Indian, Alaska Native, and non-Hispanic Black populations are particularly grave. When CPCs volunteers and staff without medical training mislead pregnant people and cause them to delay or forego seeking medical care from legitimate health care providers, they directly undermine the state’s efforts to reduce the rate of maternal mortality and address radical racial disparities.

## *Recommendations*

The Washington Legislature should consider passing a bill that would prohibit crisis pregnancy centers from making or disseminating any statement concerning any pregnancy-related service or the provision of any pregnancy-related service that is deceptive.

# *The Alliance Organizations*

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**Gender Justice, [genderjustice.us](http://genderjustice.us)**

**Legal Voice, [legalvoice.org](http://legalvoice.org)**

**Southwest Women's Law Center, [swwomenslaw.org](http://swwomenslaw.org)**

**Women's Law Project, [womenslawproject.org](http://womenslawproject.org)**

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**GENDER JUSTICE** is a legal and policy advocacy organization dedicated to advancing gender equity through the law. We envision a world where all people can thrive regardless of their gender, gender expression, and sexual orientation. We strive to dismantle legal, structural, and cultural barriers to ensure people of all genders are safe, valued, and free. Founded in 2010, we pursue our mission through five core strategies: legal strategy thought leadership; impact litigation; policy and administrative advocacy; public education; and movement building and partnership. We provide legal representation to enforce and evolve the law. We develop and advocate for new policies to advance gender equality and engage cross-movement tables of allies in support in Minnesota and nationally, and educate people about their rights, changes in the law, and gender oppression. Current GJ programs focus on Economic Justice; Reproductive Freedom & Justice; Freedom from Gender-Based Violence; and Trans & LGBTQ Liberation.



**LEGAL VOICE** is a progressive feminist organization using the power of the law to make change for women and LGBTQ people in the five Northwest states: Alaska, Idaho, Montana, Oregon, and Washington. We use that power structure to dismantle sexism and oppression, specifically advocating for our region's most marginalized communities: women of color, lesbians, transgender and gender-nonconforming people, immigrants, people with disabilities, low-income women, and others affected by gender oppression and injustice. Current initiatives focus on: Ending Rape Myths in the Law; Advancing the Rights of Low-Wage Working Women & LGBTQ People to Economic Security and Freedom from Exploitation; Safeguarding Health Care as a Human Right; Honoring All Families; Eliminating Barriers to Safety for Survivors of Gender-Based Violence; Advancing the Civil Right to Freedom from Gender Discrimination; Honoring the Dignity and Autonomy of People Making Reproductive Decisions.



**SOUTHWEST WOMEN'S LAW CENTER** is a non-profit legal advocacy organization based in Albuquerque. The SWLC mission is to provide women in New Mexico with the opportunity to achieve their full economic and personal potential. Since our founding in 2005, SWLC has worked to eliminate gender bias, discrimination, and harassment; to lift women and their families out of poverty; and to ensure all women have full control over their reproductive lives through access to comprehensive reproductive health services, including abortion care. We work to advance the well-being, rights, and power of women in New Mexico through legal research, policy analysis, advocacy, community and stakeholder education, and coalition work at the local, state and national levels. Current priorities include eliminating old abortion restrictions and fighting new ones; securing paid family and medical leave; preserving the social safety net in Medicaid and other programs; and addressing the epidemic of sexual violence – and lack of adequate health services – in American Indian tribal communities.



**WOMEN'S LAW PROJECT** is a nonprofit public interest legal organization working to defend and advance the rights of women, girls, and LGBTQ+ people in Pennsylvania and beyond. We use an intersectional analysis to prioritize work on behalf of people facing multiple forms of oppression based on sex, gender, race, ethnicity, class, disability, incarceration, pregnancy, and immigration status. We leverage impact litigation, policy advocacy, public education, and direct assistance and representation to dismantle discriminatory laws, policies, and practices and eradicate institutional biases and unfair treatment based on sex or gender. We're proud to be a state-based organization with significant track record of national influence through our expertise in representing abortion providers, establishing legal precedents, enacting policy reforms, and leading innovative collaborations such as the Philadelphia Model, a nationally recognized initiative to hold police accountable for investigating sex crimes.

# Contact Us

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## *Alliance Study States*

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#### **Legal Voice**

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