

OVERVIEW

People seeking reproductive health care must have access to comprehensive, evidence-based, nonjudgmental health care and information from qualified professionals, regardless of whether they decide to continue a pregnancy or seek abortion care. It's important that people understand their options and know their resources—including how to recognize and avoid facilities, such as crisis pregnancy centers (CPCs), run by people who operate unethically and with the intention to dissuade, deter, or prevent them from seeking certain reproductive health care options.

WHAT ARE CPCs?

CPC is a term used to refer to certain facilities that represent themselves as legitimate reproductive health care clinics providing care for pregnant people but actually aim to dissuade people from accessing certain types of reproductive health care, including abortion care and even contraceptive options. Staff members at these unregulated and often nonmedical facilities have no legal obligation to provide pregnant people with accurate information and are not subject to HIPAA or required by law to maintain client confidentiality. Many CPCs are affiliated with national organizations that provide funding, support, and training to advance a broadscale antiabortion agenda.^{i, ii, iii}

Data from the Center for Countering Digital Hate show that CPCs are using digital marketing tactics to target people seeking information about abortion care. According to the data, 71% of CPCs use deceptive means such as spreading thoroughly debunked misinformation and 38% do not clearly state on their home page that they don't provide abortion care.^{viii} These methods make it harder for people to get reliable information about an important decision that will affect their health and their lives. By using deception, delay tactics, and disinformation, CPC staffs undermine the tenets of informed consent and patient autonomy and impede access to comprehensive, ethical care.

WHAT MISLEADING PRACTICES DO CPC STAFFS USE?

Abortion is a safe medical intervention backed by decades of robust data. Despite this fact, many CPC staffs use false and misleading information, emotional manipulation, and delays to divert pregnant people from accessing comprehensive and timely care from patient-centered, appropriately trained, and licensed medical professionals. These tactics may include ...

- Asserting false risks of abortion, such as stating that there are links between abortion and breast cancer, infertility, mental illness, and preterm birth
- Falsely suggesting a high complication rate associated with abortion
- Intentionally overestimating a person's gestational age and suggesting that they are beyond local legal limits for accessing abortion
- Using disturbing visuals or performing ultrasounds to emotionally manipulate and shame pregnant people under the guise of informing or diagnosing them
- Downplaying the impact of pregnancy and childbirth on people's lives and health
- Advertising online using keywords such as "abortion clinic" and manipulating web search data to appear in searches for abortion clinics despite not providing abortion care
- Falsely representing the facility as a legitimate health care clinic that offers comprehensive and unbiased reproductive health care by selecting names similar to those of legitimate clinics, setting up near reproductive health clinics, and misrepresenting nonmedical staff and volunteers as clinicians by having them wear lab coats and perform ultrasounds

HOW DO CPCs ENDANGER PUBLIC HEALTH?

The immediate effect of delaying or preventing abortion care isn't the only threat that CPCs pose. Some of the ways in which CPCs endanger public health include ...

Causing delays in accessing legitimate health care

- Pregnant people seeking confirmation of pregnancy, answers to questions, and decision-making support may seek care at a CPC without realizing that the information they receive is intended to discourage them from abortion. This can delay their ability to seek nonjudgmental, compassionate, respectful care from a health care professional, whether or not they ultimately decide to continue their pregnancy.
- CPC tactics often intentionally create delays that can leave people unable to access abortion care in their communities, forcing them to continue their pregnancies. This is particularly pronounced in states with gestational age bans.
 - » CPC staff may cite high rates of miscarriage as a reason to wait and see before seeking an abortion, which can delay and perhaps altogether prevent a person from accessing care in many states because of gestational age bans

Spreading medical misinformation about so-called abortion “reversal”

- CPCs increasingly offer administration of an abortion “reversal” protocol. Claims regarding abortion “reversal” treatment are not based on science and do not meet clinical standards for safety or efficacy.^{iv} This course of treatment is unproven, experimental, and potentially dangerous.

Lacking privacy, security, and accountability

- CPCs—particularly those that are not staffed by medical professionals—are not bound by federal privacy laws, such as HIPAA, and therefore are not legally bound to protect their patients’ information or confidentiality. They also lack the regulatory oversight that governs legitimate medical clinics.

Targeting marginalized and vulnerable populations

- National umbrella organizations for CPCs often note that their goals include targeting “abortion-vulnerable” people and explicitly focus on reaching people of color, young people, and underresourced people who are struggling to afford an abortion. CPC targeting tactics often include the promise of free services and pregnancy and parenting support. With existing gaps in care already leading to disparities in health outcomes for marginalized populations, this CPC tactic can further exacerbate the disparities in the health and health outcomes of marginalized communities.

POLICY RECOMMENDATIONS

The provision of evidence-based reproductive medical care, including abortion, is under attack—but CPCs generally remain unregulated and unchecked, leaving pregnant people susceptible to coercive practices and disinformation. As abortion access diminishes across the country, the harm caused by CPCs is increasingly magnified.

What can policy makers do to oppose deceptive CPC practices?

Policy makers can and should take steps to address harmful CPC practices and ensure that pregnant people have access to comprehensive, timely, transparent, and ethical pregnancy care and information. Some of these steps are outlined below.

- Ensure that government funding goes only to legitimate health care organizations that provide comprehensive, medically accurate, and nondirective counseling and referrals
- Hold CPCs accountable for deceptive practices by, for example, enforcing and strengthening consumer protection laws against false and misleading advertising,^v investigating the pervasiveness and impact of deceptive practices on patients,^{vi} and partnering across the public and private sector to ensure transparency^{vii}
- Cease state-sanctioned CPC referrals by repealing laws mandating that people seeking abortion care be referred to CPCs and removing CPCs from state-generated referral materials
- Invest in legitimate, comprehensive reproductive health services; fund state and federal family planning safety net services; ensure that qualified, comprehensive family planning professionals can participate in the Medicaid program; and expand insurance coverage for abortion services and contraceptives

ADDITIONAL READING

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ⁱ National Institute of Family and Life Advocates. About NIFLA. Available at <https://nifla.org/about-nifla/>

ⁱⁱ Heartbeat International. Welcome to Heartbeat! Available at <https://www.heartbeatinternational.org/about-us>

ⁱⁱⁱ Care Net. About Care Net. Available at <https://www.care-net.org/about>

^{iv} American College of Obstetricians and Gynecologists. Facts Are Important: Medication Abortion “Reversal” Is Not Supported by Science. Available at <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>

^v Warren, Maloney, Bonamici, Menendez Introduce Legislation to Stop Anti-Abortion Disinformation by Crisis Pregnancy Centers. Elizabeth Warren, United States Senator for Massachusetts. Available at <https://www.warren.senate.gov/newsroom/press-releases/warren-maloney-bonamici-menendez-introduce-legislation-to-stop-anti-abortion-disinformation-by-crisis-pregnancy-centers>

^{vi} Senate Bill S470: 2021–2022 Legislative Session. The New York State Senate. Available at <https://www.nysenate.gov/legislation/bills/2021/S470>

^{vii} Attorney General James Calls on Google to Address Dangerous Amplification of Fake Pregnancy Centers. New York State Office of the Attorney General. Available at <https://ag.ny.gov/press-release/2022/attorney-general-james-calls-google-address-dangerous-amplification-fake>

^{viii} Center for Countering Digital Hate. (2023). Profiting From Deceit: How Google Profits From Anti-Choice Ads Distorting Searches For Reproductive Healthcare. Available at <https://counterhate.com/research/google-profiting-from-fake-abortion-clinics-ads/>