

DESIGNED to DECEIVE

A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

CALIFORNIA UPDATE | SPRING 2024

What are crisis pregnancy centers?

CRISIS PREGNANCY CENTERS (CPCS) ARE ANTI-ABORTION ORGANIZATIONS THAT SEEK TO REACH PRIMARILY LOW-INCOME PEOPLE TO PREVENT THEM FROM ACCESSING ABORTION OR 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 is a well-resourced arm of the global anti-abortion movement that continues to evade public accountability despite increased use of public funds.

The State of Abortion in America

Since the Supreme Court overruled Roe v. Wade in its 2022 Dobbs v. Jackson Women's Health Organization opinion, anti-abortion activists have severely restricted access to reproductive health care across the country, are working to criminalize those who seek abortion care, and continue to attack reproductive rights through litigation, policy, and local outreach.

At present, 14 states have a total or nearly total ban on abortion in place and ten additional states have laws heavily restricting abortion.1

In addition to being a violation of half the population's bodily autonomy, these abortion bans and restrictions are medically dangerous in a country that has the worst maternal mortality rate of any industrialized nation.² This danger is expounded for Black women, who face medical discrimination that contributes to their maternal mortality rate, which is twice that of white and Latina women in the United States.3



restrictions or outright bans on abortion in place

Ongoing Attacks on Reproductive Freedom

Criminalization of Pregnancy

Not only do abortion bans expose women to dangerous health issues and premature death, but they also work to punish expectant parents who may need to access this often life-saving procedure. Two recent and well-known cases involved Kate Cox in Texas and Brittany Watts in Ohio. Cox is a Texas mother of two who sought an abortion after learning the baby she was expecting was diagnosed with a genetic condition that caused severe developmental problems.4 Despite her doctor advising her of the necessity of an abortion for her own health and future fertility, the Texas Supreme Court determined that she was not eligible for the

state's abortion ban exception intended to cover "a serious risk of substantial impairment of a major bodily function."5 Cox had to flee the state to receive her necessary medical care.

Meanwhile in Ohio, where abortion is restricted and legally tenuous, Watts faced a potential felony charge after she was forced to miscarry in her own home. At twenty-one weeks pregnant, Watts began passing blood clots after her water broke prematurely, and the fetus she was carrying would not survive. 6 After waiting for hours at the hospital on multiple

occassions while doctors tried to determine if they were legally allowed to provide her with care, Watts was sent home and ended up miscarrying in her bathroom. She returned to the hospital, no longer pregnant, where a nurse called 911 to report her for endangering the life of a child. Although she faced a charge of abusing a corpse, a grand jury did not indict her.⁷

Medication Abortion

Despite having already stripped half of the country's population of their right to bodily autonomy and privacy in medical decision making, anti-abortion extremists continue to find new ways to attack abortion access and the people who seek and provide it. One example of this interference is the lawsuit against Mifepristone, which is the first pill in the two-drug process for medication abortion. The FDA approved this drug over twenty years ago and has since made it more accessible by extending its approved usage and making it available online. Because about half of all abortions in the country occur using medication abortion, anti-abortion activists challenged the efficacy of the FDA approval process in 2023. The case has been moving through the court system, and the Supreme Court is expected to rule on the case in 2024.

Extending the Reach of Crisis Pregnancy Centers

Another arm of the anti-abortion movement involves crisis pregnancy centers. By deceiving women into believing that abortion is dangerous to women's health, that women will regret their abortions, or that women will receive legitimate medical care at CPCs, the anti-abortion movement exploits the vulnerability of those seeking care at these centers.

In 2018, the Supreme Court struck down a California law designed to regulate CPCs and counter their some of their deceptive practices. The Freedom, Accountability, Comprehensive Care, and Transparency Act (FACT Act) required unlicensed CPCs in California to include in their

communications that they were *not* licensed, and required licensed centers to clearly post that abortions can be covered by state insurance. Soon after, the United States Supreme Court ruled on a case challenging the law on First Amendment free speech grounds in favor of CPCs.

Furthermore, these centers, which are often affiliated with massive organizations like Heartbeat International and Obria, are collecting personal data from women who visit their facilities including medical history, home addresses and abortion considerations.¹⁰

Another growing arm of the CPC industry is "maternity homes." These are religious homes where expecting and new mothers without reliable housing can stay for the duration of their pregnancy and usually some amount of time after giving birth. Maternity homes often impose strict rules for how the women must behave in order to stay in the home, including curfews and phone limits. 11 These homes are usually affiliated directly with both religious ministries and CPCs. This is another tool CPCs use to convince vulnerable women that abortions are unnecessary and that they are there to help.

Continued Abortion Advocacy

On a positive note, elected leaders and advocates across the country continue to fight to protect the right to safe abortion and contraception, including trying to minimize the impact of CPCs. Notably, California Attorney General Rob Bonta filed a lawsuit in September 2023 against five Northern California CPCs and their affiliate organizations, Heartbeat International and Obria, for misleading consumers by promoting Abortion Pill Reversal (APR). This lawsuit is a step toward holding these centers accountable for sharing these false and biased claims and precluding them from continuing to spread misinformation.

2024 California State Findings

▶ In early 2023, CWLC identified at least 157 crisis pregnancy centers in California.

Clinic Licensing and Licensed Professionals

In the most recent data analysis, we focused on the number of CPCs in California that are licensed by the state to operate as Primary Care Clinics. Despite their deceptive practices, more than half (53%) of the CPCs in California are licensed by the California Department of Public Health (CDPH). Although CPCs boast their state-issued credentials and hold themselves out as legitimate medical facilities, only 30 of the 83 licensed CPCs (36%) in California reference having a doctor on site.

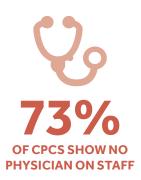
In fact, only 27% of all CPCs—licensed or unlicensed—mention having a physician involved in client care, with only 38% referencing any licensed medical professionals on staff. And without licensed medical professionals regularly on site, what services do CPCs provide?



OF CALIFORNIA
CPCS ARE LICENSED
BY THE DEPARTMENT
OF PUBLIC HEALTH
(CDPH)

IN CA:







Services Offered

The most common service offered by CPCs in California are pregnancy tests, with 94% of all CPCs advertising free pregnancy testing. About 62% boast of ultrasound imaging on site, despite the lack of medical professionals or staff educated in interpreting sonograms. Additionally, only 13% of CPCs offer, and less than half refer patients for, prenatal care. No CPCs offer contraceptives and those that offer education on preventing pregnancy only provide information on "natural family planning," "fertility awareness," or abstinence education.

False/Biased Claims

One service offered at eight CPCs in California, and advertised at 55 others, is "Abortion Pill Reversal" (APR). This is the practice of providing high dosages of progesterone to people who have already taken mifepristone in an attempt to "reverse" the medication abortion process. APR is not medically verified. The American College of Obstetricians and Gynecologists (ACOG) says APR is "unproven and unethical" and could be dangerous to women's health.¹³ Advertising APR is the basis for the California Attorney General's misleading advertising lawsuit discussed above.

In total, CWLC's analysis found that 67% of CPCs make false or biased claims on their websites. Some of these claims include: APR is 65% effective; abortion causes "postabortion syndrome," or "post-abortion stress syndrome," a psychological condition similar to PTSD; abortion leads to increased infertility, future birth defects, and breast cancer; and miscarriage is so probable that abortion is unnecessary.

CPCs in California Still Get Public Funding

CWLC found seven California CPCs that reported receiving Medi-Cal reimbursements in 2023. In total, the state government paid at least \$98,384 through Medi-Cal reimbursements to CPCs last year. However, 41% of licensed CPCs failed to submit their required 2023 financial report to the California Department of Public Health, so their potential reimbursements are not traceable.

Crisis pregnancy centers receive government funds throughout the country. According to the Reproductive Health and Freedom Watch, the amount of federal grant money going to CPCs has been increasing: in 2022, the centers said they received \$344 million in such grants, having received less than \$97 million in 2019.¹⁴



FALSE CLAIM

What Is PASS?

Post-abortion stress syndrome or PASS is similar to PTSD or post-traumatic stress disorder. During pregnancy, hormones flood your body and alter your brain chemistry. After an abortion, your brain halts the production of these hormones, causing a whiplash-like situation that leaves your brain in a state of confusion.

Here's an example of a CPC that claims the existence of the pseudo condition, Post Abortion Stress Syndrome. Screenshot from: https://lifenethelp.org/services/post-abortion-support/



Recommendations

As discussed, Attorney General Rob Bonta has initiated a lawsuit enforcing unfair competition laws against five CPCs that promote abortion pill reversal (APR). While this is a step in the right direction, the lawsuit addresses only a portion of the problem. To really tackle deceptive CPCs, we must make systemic changes that provide ways to hold these organizations accountable for the harm they directly cause Californians. To advance this goal, we recommend the California Legislature:

- 1. Work with the CDPH to review and revise primary care clinic licensing requirements so that non-medical facilities like CPCs cannot gain licensure,
- 2. Prohibit the administration of, and referral for, abortion pill "reversal" (APR), and
- 3. Investigate the services being reimbursed by Medi-Cal.

Last year, the Colorado state legislature passed a law that classifies promoting or performing APR as "unprofessional conduct," unless state medical boards determined it was standard practice. The medical boards did not come to that conclusion, so the bill went into effect; however, the law is currently on hold because a lawsuit was immediately brought under religious freedom grounds of the CPCs. If the law withstands the First Amendment challenge, California should consider following Colorado's lead.

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