

DESIGNED to DECEIVE

A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

AN UPDATE | FALL 2022

What are crisis pregnancy centers?

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.

ON JUNE 24, 2022, THE SUPREME COURT OF THE UNITED STATES RELEASED ITS FINAL OPINION IN *Dobbs v. Jackson Women's Health Organization*,¹ overturning *Roe v. Wade* and *Planned Parenthood v. Casey* and eliminating the federal constitutional right to abortion in the United States. In the days surrounding the decision, prominent national media outlets as well as elected officials and community leaders became newly aware of crisis pregnancy centers (CPCs). At the federal level, Representative Carolyn Maloney introduced legislation² in the U.S. Congress that, if passed, would direct the Federal Trade Commission to prescribe rules prohibiting disinformation in the advertising of abortion services. Given the recent prominence of CPCs in the news and the unprecedented shift in the national reproductive rights landscape heralded by *Dobbs*, the California Women's Law Center (CWLC) has updated its original California findings from the 2021 Alliance Study: *Designed to Deceive* ("The Alliance Study").

California State Findings

► In early 2022, CWLC identified at least **165 crisis pregnancy centers** in California.

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.

In addition to receiving up to \$5.1 million between 2019 and 2021 from the Title X³ program, the California-based Obria CPC network, which does not offer contraception⁴ or accurate medical information, has likely received hundreds of thousands of dollars from the Paycheck Protection Program during the COVID-19 pandemic. Furthermore, in 2021, ten CPCs in California billed California's Medicaid system, Medi-Cal, for services provided, and received reimbursement through the state.⁵ Since the original publication of the Alliance Study in 2021, the number of CPCs we can track receiving Medi-Cal reimbursement has increased by 11.1%.

Most Common Services Offered by CPCs in California

The most common services currently offered by California CPCs are pregnancy testing (97.6%), counseling (81.2%), and ultrasound imaging (63.4%). This information remains consistent with the top services offered by CPCs in California at the time of original publication, except there seemingly has been a significant decrease in the number of California CPCs providing free or earned infant and maternity goods. At original publication, 83.2% of California CPCs we tracked provided such goods, but now only 27.3% provide these items.

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

5:4



Most CPCs in California Do Not Provide Medical Care

Only about 10% of California-based CPCs provide prenatal care, and none of the 165 CPCs we identified in California provide contraceptive care. Twenty-two CPCs (13.3%) promote “fertility awareness” or “abstinence only” programming. In California, 64.8% of CPCs do not offer STI-related services, 49.7% do not offer prenatal care referrals, and 38.8% do not provide or refer for well-person care. Out of all 165 CPCs we identified in California, only one offers referrals for abortions. In California, 89.7% of CPCs offer no prenatal care and 74.5% 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 (25.5%) of California CPCs indicate they have a physician and only one-third (32.7%) indicate they have a registered nurse affiliated with their facility.

“Non-Diagnostic” Ultrasounds Offered by Nearly Two-Thirds 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 if they are able 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 contribute to a delay in accessing legitimate prenatal care. Additionally, CPCs have been found to have shared ultrasounds with clients which belonged not to the clients but to other pregnant people.

IN CA:



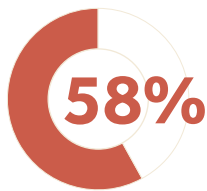
90%

OF CPCs OFFER NO
PRENATAL CARE



75%

OF CPCs SHOW NO
PHYSICIAN ON STAFF



“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY OVER 1/2 OF CALIFORNIA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.⁶

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CPCs in California Promote False and Biased Medical Claims

The majority of CPCs in California (66.1%) 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 found to be making false claims in this update is higher (50.3%) than in the previous review of California CPCs reported in the Alliance Study (43.6%). Examples of false CPC claims include that abortion is associated with pre-term birth and can lead to infertility, cervix damage, breast cancer, future birth defects, and “increased promiscuity.” Some claim that women suffer guilt, depression, and risk of substance abuse from “post abortion syndrome.”

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.

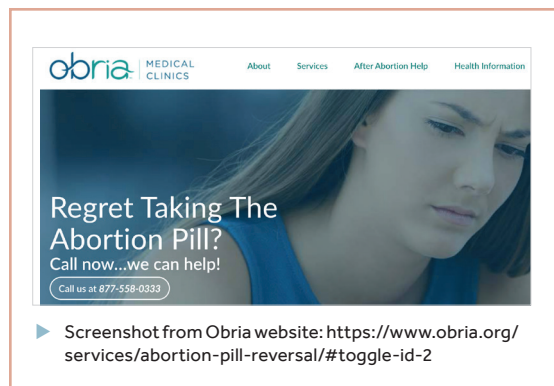
▶ Screenshot from Confidence Pregnancy Center in Salinas, California:
<https://pregnancysalinas.com/faqs>



CPCs in California also make deceptive and misleading claims on their websites, including that abortion providers pressure women into abortions and make a profit from “harming women and killing children,” that CPCs provide unbiased services because their services are free, and that CPCs provide full information to support a pregnant person’s choice; 13.3% of California CPCs deceptively use “choice” or “options” in their names.

CPCs in California Promote “Abortion Pill Reversal”

Approximately one-third of CPCs in California provide, offer referrals for, or promote “abortion pill reversal” (APR), the injecting or prescribing of high-dose progesterone for pregnant people who have taken the first dose in the two-step protocol for medication abortion. The claim behind APR is that a medication abortion can be reversed — a claim that is opposed by medical experts and is harmful to pregnant people. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science,”⁷ and 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.⁸



CPCs that promote “abortion pill reversal” often refer clients to a website run by global antiabortion group Heartbeat International (HBI). 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 37% of California CPCs promote this unregulated experimentation on pregnant people.



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.

CPCs and the Maternal Mortality Crisis in California

Overall, California has been a leader in reducing pregnancy-related mortality. In 2018, California had one of the lowest maternal mortality rates in the country at four out of 100,000 live births, which was nearly half the 2013 rate of 7.3 per 100,000 live births.⁹ However, maternal mortality statistics, which typically only reflect deaths up to forty-two days post-pregnancy, do not paint a complete picture of the dangers of pregnancy in California. The pregnancy-related mortality rate, which expands the timeframe up to one year post-pregnancy, was 12.8 deaths out of 100,000 births in 2019. That number is down from 17.1 deaths in 2009 and is significantly lower than the 2017 national average of 17.3 deaths per 100,000.

Unfortunately, maternal and pregnancy-related mortality continue 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.¹⁰ Between 2017 and 2019, 45.1% of the women who died from pregnancy-related causes in California were Black. 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 and pregnancy-related mortality rates.

Recommendations

On June 1, 2022, California Attorney General Rob Bonta issued a consumer alert warning Californians seeking reproductive health services about the limited and potentially misleading nature of the services provided by crisis pregnancy centers. While the importance of such a warning should not be understated, there is more the California Legislature and state agencies can do including: 1) seek to prohibit CPCs from stating or disseminating false or deceptive information about pregnancy-related services, 2) prohibit the administration of, and referral for, abortion pill “reversal,” and 3) investigate the services being reimburse by Medi-Cal.

In New York, the state legislature and governor have authorized their Health Commissioner to investigate¹¹ the impact of CPCs, and the state Attorney General wrote a letter¹² to Google calling on it to correct search results that direct individuals seeking abortions to CPCs. In Massachusetts, the state legislature is considering a \$1 million earmark¹³ for a public awareness campaign to crack down on CPCs. California should take similar steps to address the risks posed by CPCs, and consider creating laws that prohibit false or misleading advertising by CPCs that can withstand First Amendment challenges as well as analyze the services being reimbursed by state funds.

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