

DESIGNED to DECEIVE

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

The Alliance CPC Study: Full Findings & Study Methods

Services provided by crisis pregnancy centers.....	2
Educational offerings off-site by crisis pregnancy centers	3
False and biased medical claims by crisis pregnancy centers	3
Crisis pregnancy center website and social media promotion of abortion pill reversal (APR)	3
Presence of licensed medical professionals among crisis pregnancy center staff and board, among all CPCs.....	4
Presence of licensed medical professionals among crisis pregnancy center staff and board, among CPCs providing staff and/or board information on their website	4
Public contracts held by crisis pregnancy centers	5
Social media presence of crisis pregnancy centers.....	5
Services provided and false/biased claims made by CPCs funded by Positive Alternatives in MN and Real Alternatives in PA	6
Affiliations of crisis pregnancy centers	7
Prenatal care offered by most crisis pregnancy center affiliates	7
Operating status of crisis pregnancy centers during COVID-19 closure of non-essential services April 15-June 5, 2020.....	8
Services offered by crisis pregnancy centers studied during COVID-ordered closures April 15- June 5, 2020	8
Alliance Study Methods	9–11

*Note that n=the total number of CPCs evaluated from the database, and n=the total number of CPCs in a given state

Services provided by crisis pregnancy centers

MOST OFFERED

LEAST OFFERED

Service*	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Any pregnancy testing	537(88.5)	162(90.5)	138(88.5)	80(88.9)	50(89.3)	41(93.2)	27(87.1)	20(95.2)	17(85.0)	10(90.9)
<i>Urine pregnancy test</i>	177(29.2)	42(23.5)	38(24.4)	21(23.3)	21(37.5)	13(29.5)	16(53.3)	12(57.1)	11(55.0)	3(27.3)
<i>Blood pregnancy test</i>	7(1.2)	2(1.1)	4(2.6)	0(0.0)	1(1.8)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
Free/"earned" goods**	535(88.1)	149(83.2)	144(92.3)	86(95.6)	41(74.5)	42(95.5)	27(87.0)	18(85.7)	19(95.0)	9(81.8)
Support/counseling***	477(78.6)	147(82.1)	128(82.1)	81(90.0)	48(87.3)	14(31.8)	9(29.0)	21(100.0)	19(95.0)	10(90.9)
Non-diagnostic ultrasounds	340(56.0)	104(58.1)	81(51.9)	44(48.9)	37(67.3)	28(63.6)	15(48.4)	15(71.4)	12(60.0)	4(36.4)
STI-related services										
<i>Testing/treatment****</i>	172(28.4)	44(24.6)	45(29.0)	28(31.1)	23(41.8)	12(27.3)	5(16.1)	7(33.3)	7(35.0)	1(9.1)
<i>Referral</i>	43(7.1)	10(5.6)	13(8.4)	13(14.4)	0(0.0)	2(4.5)	2(6.5)	0(0.0)	1(5.0)	2(18.2)
<i>None</i>	389(64.4)	125(69.8)	100(64.5)	49(54.4)	32(58.2)	30(68.2)	19(61.3)	14(66.7)	12(60.0)	8(72.7)
Sex education	101(16.6)	16(8.9)	44(28.2)	8(8.9)	22(40.0)	6(13.6)	0(0.0)	3(14.3)	1(5.0)	1(9.1)
Student-specific services										
<i>Keyword—"campus"</i>	22(3.6)	16(8.9)	3(1.9)	0(0.0)	0(0.0)	0(0.0)	2(6.5)	1(4.8)	0(0.0)	0(0.0)
Mobile health unit	61(10.0)	27(15.1)	2(1.3)	1(1.1)	20(36.4)	3(6.8)	5(16.1)	0(0.0)	3(15.0)	0(0.0)
Prenatal care										
<i>Provides</i>	31(5.1)	18(10.1)	2(1.3)	4(4.4)	3(5.5)	1(2.3)	0(0.0)	0(0.0)	2(10.0)	1(9.1)
<i>Refers</i>	244(40.2)	85(47.5)	45(28.8)	41(45.6)	28(50.9)	15(34.1)	11(35.5)	11(52.4)	4(20.0)	4(36.4)
Well-person care*****										
<i>Provides</i>	29(4.8)	18(10.1)	1(0.6)	2(2.2)	1(1.8)	1(2.3)	0(0.0)	2(9.5)	4(20.0)	0(0.0)
<i>Refers</i>	181(29.8)	70(39.1)	20(12.8)	36(40.0)	22(40.0)	14(31.8)	11(35.5)	3(14.3)	4(20.0)	1(9.1)
Contraceptives										
<i>Provides all options/Plan B</i>	1(0.2)	1(0.6)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<i>Hormonal contraceptives</i>	1(0.2)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<i>Provides fertility awareness</i>	18(3.0)	7(3.9)	4(2.6)	2(2.2)	2(3.6)	1(2.3)	0(0.0)	1(4.8)	1(5.0)	0(0.0)
<i>Provides abstinence education</i>	47(7.7)	13(7.3)	19(12.2)	2(2.2)	3(5.5)	3(6.8)	0(0.0)	3(14.3)	2(10.0)	2(22.2)
<i>None</i>	542(89.3)	159(88.8)	133(85.3)	86(95.6)	50(90.9)	41(93.2)	31(100.0)	18(85.7)	17(85.0)	7(77.8)

* Services are presented in descending order of rate of provision.

** Many CPCs condition free maternity and baby goods on completion of counseling/classes, through "earn while you learn" or "mommy bucks" programs.

*** "Pregnancy options" counseling typically includes pregnancy "decision-making," pregnancy education, and adoption counseling; other counseling offered often includes "after abortion recovery," "abortion pill education," "fetal development education," "couples pregnancy counseling," "emotional support," "support "for guys," and childbirth and parenting education. Some CPCs offer breastfeeding education, abstinence education, and community referrals.

**** These data capture CPCs that offer clinical STI services as well as those offering STI education and "at home" testing information only on their website.

***** Well-person care includes preventive reproductive health services, such as breast exams and pap tests, and other primary health services, such as physicals.

Educational offerings off-site by crisis pregnancy centers*

Offering*	N (%) n=613**	CA n=185	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Sexuality education	47 (7.7)	14 (7.6)	17 (10.9)	3 (3.3)	10 (18.2)	2 (4.5)	1 (3.1)	1 (4.8)	0 (0.0)	0 (0.0)
Abstinence education	39 (6.4)	22 (11.9)	9 (5.8)	0 (0.0)	3 (5.5)	3 (6.8)	0 (0.0)	1 (4.8)	1 (5.0)	0 (0.0)
Pregnancy/infant/other education	9 (1.5)	6 (3.2)	0 (0.0)	1 (1.1)	1 (1.8)	0 (0.0)	1 (3.1)	0 (0.0)	0 (0.0)	0 (0.0)

* Researchers coded CPCs as providing "educational" offerings related to sexuality, abstinence, and/or pregnancy/infant education when their website stated that the reader can engage the CPC go to their school or community group to provide presentations or classes on these topics, or where the website indicated the CPC sponsored a sexuality, abstinence, or pregnancy/infant education program or curriculum that is offered off-site. If the CPC included sex ed/abstinence only ed in their "services" page and did not specify that those services are offered off-site, we did not flag those CPCs as providing these as educational offerings.

** n=613 and n=185 because 6 additional CPCs in California were added after all other data had been collected.

False & biased medical claims by crisis pregnancy centers

Characteristic	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Makes false/biased medical claims	385 (63.4)	118 (65.9)	101 (64.7)	57 (63.3)	33 (60.0)	20 (45.5)	15 (48.4)	16 (76.2)	15 (75.0)	10 (90.9)
False claims*	193 (31.8)	78 (43.6)	21 (13.5)	51 (56.7)	11 (20.0)	6 (13.6)	5 (16.1)	4 (20.0)	10 (50.0)	7 (63.6)
Biased claims**	137 (22.6)	25 (14.0)	68 (43.6)	2 (2.2)	15 (27.3)	8 (18.2)	3 (9.7)	11 (55.0)	3 (15.0)	2 (18.2)
Mentions APR only***	55 (9.1)	15 (8.4)	12 (7.7)	4 (4.4)	7 (12.7)	6 (13.6)	7 (22.6)	1 (4.8)	2 (10.0)	1 (9.1)

* We defined as false any medical claims that are untrue or unsubstantiated, or that misstate or selectively and incompletely cite factual information. Examples of false claims related to post-abortion counseling captured in this data include: 1) abortions can lead to "increased promiscuity" and other psychological issues; 2) "abortion has been associated with preterm birth, emotional and psychological impact, and spiritual consequences"; 3) abortion increases the risk of breast cancer and infertility; 4) the abortion pill is only approved during a 49-day window (it is approved during a 70-day window); 5) some doctors illegally provide medication abortion beyond 10 weeks; 6) "abortion clinics have provided clients with incorrect information in order to obtain their abortion fee," 7) people suffer from post-abortion syndrome (this is not a clinically recognized condition).

** We defined biased claims as those that, while not necessarily false, were presented in loaded or gratuitous language and/or promoted anti-abortion rhetoric. Examples of biased claims captured in this data include: 1) referring to abortion as "killing"; 2) using the word "baby" when referencing a fetus; 3) unnecessarily detailed description of fetal development; 4) use of grotesque language to describe abortion.

*** These CPCs promote the false claim that a medication abortion can be reversed but did not promote other false or biased claims.

Abortion pill reversal (APR) promotion, referral, & provision by crisis pregnancy centers

Status	TOTAL n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Promotes APR*	212 (34.9)	70 (39.1)	50 (32.0)	22 (24.4)	28 (50.9)	12 (27.3)	9 (29.0)	12 (57.1)	8 (40.0)	1 (9.1)
Provides and Refers	4 (0.7)	2 (1.1)	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.8)	0 (0.0)	0 (0.0)
Provides Only**	30 (4.9)	13 (7.3)	1 (0.6)	3 (3.3)	7 (12.7)	1 (2.3)	2 (6.5)	2 (9.5)	1 (5.0)	0 (0.0)
Refers Only***	163 (26.9)	53 (29.6)	41 (26.3)	15 (16.7)	20 (36.4)	11 (25.0)	7 (22.6)	10 (47.6)	5 (25.0)	1 (9.1)
Advertises Only****	30 (4.9)	7 (3.9)	8 (5.1)	7 (7.8)	3 (5.5)	1 (2.3)	0 (0.0)	1 (4.8)	3 (15.0)	0 (0.0)
Does not mention APR	395 (65.1)	109 (60.9)	106 (68.0)	68 (75.6)	27 (49.1)	32 (72.7)	22 (71.0)	9 (42.9)	12 (60.0)	10 (90.9)
Unclear	15 (2.5)	7 (3.9)	4 (2.6)	1 (1.1)	0 (0.0)	1 (2.3)	2 (6.5)	0 (0.0)	0 (0.0)	0 (0.0)
None	380 (62.6)	102 (57.0)	102 (65.4)	67 (74.4)	27 (49.1)	31 (70.5)	20 (64.5)	9 (42.9)	12 (60.0)	10 (90.9)

* CPCs can fall into more than one category, and thus the total of those providing, referring, and promoting/advertising may add to more than the total of CPCs that mention APR.

** CPCs fell under "provides" if they advertise that their clinic has a nurse or other medical professional that administers APR treatment.

*** CPCs fell under "refers" if they include links to a website or phone number that provides APR. All CPCs in this study referred to the Abortion Pill Rescue website and accompanying 24/7 hotline. Most of the language used for APR reversal included "it's not too late" phrasing and encouraged women to not take the second dose of medication as normally required for a medical abortion and instead to call the hotline. Many websites also provided statistics about medical abortions being ineffective and causing harm to "babies" that remain viable.

**** CPCs fell under "advertises only" if they provide information about APR, but do not direct visitors to a hotline or website that provides APR.

Presence of licensed medical professionals among crisis pregnancy center staff & board, among all CPCs*

Licensed Medical Professional	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Licensed professional on staff**	216 (35.6)	77(42.5)	36(23.8)	34(37.8)	20(36.4)	23(52.3)	6(19.4)	8(38.1)	11(55.0)	3(27.3)
<i>Registered nurse</i>	157(25.9)	58(32.4)	22(14.8)	18(20.0)	18(32.7)	22(50.0)	2(6.5)	5(23.8)	10(50.0)	2(18.2)
<i>Physician</i>	99(16.3)	45(25.1)	17(11.5)	8(8.9)	5(9.1)	14(31.8)	1(3.2)	3(14.3)	6(30.0)	3(27.3)
<i>Nurse practitioner</i>	29(4.8)	19(10.6)	3(2.0)	1(1.1)	2(3.6)	1(2.3)	0(0.0)	2(9.5)	1(5.0)	0(0.0)
<i>Social worker</i>	23(3.8)	5(2.8)	8(5.3)	6(6.7)	2(3.6)	2(4.5)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<i>Physician assistant</i>	15(2.5)	9(5.0)	0(0.0)	2(2.2)	1(1.8)	1(2.3)	1(3.2)	0(0.0)	0(0.0)	1(9.1)
<i>Volunteer physician</i>	7(1.2)	2(1.1)	3(2.0)	0(0.0)	1(1.8)	0(0.0)	0(0.0)	1(4.8)	0(0.0)	0(0.0)
<i>Volunteer RN</i>	2(0.3)	1(0.6)	1(0.7)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	1(4.8)	0(0.0)	0(0.0)
<i>Volunteer NP</i>	1(0.2)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	1(4.8)	0(0.0)	0(0.0)
Licensed board member	48(7.9)	16(8.9)	17(11.3)	3(3.3)	3(5.5)	1(2.3)	2(6.5)	2(9.5)	3(15.0)	1(9.1)

Presence of licensed medical professionals among crisis pregnancy center staff & board, among CPCs providing staff &/or board information on their website

Licensed Medical Professional	N (%) n=286	CA n=89	PA n=43	MN n=44	WA n=45	OR n=26	NM n=12	ID n=11	MT n=13	AK n=3
Licensed professional on staff	216(75.5)	77(86.5)	36(83.7)	34(77.3)	20(44.4)	23(88.5)	6(50.0)	8(72.7)	11(84.6)	3(100.0)
<i>Registered nurse</i>	157(54.9)	58(65.2)	22(51.2)	18(40.9)	18(40.0)	22(84.6)	2(16.7)	5(45.5)	10(76.9)	2(66.7)
<i>Physician</i>	99(34.6)	45(50.6)	17(39.5)	8(18.2)	5(11.1)	14(53.8)	1(8.3)	3(27.3)	6(46.2)	3(100.0)
<i>Nurse practitioner</i>	29(10.1)	19(21.3)	3(7.0)	1(2.3)	2(4.4)	1(3.8)	0(0.0)	2(18.2)	1(7.7)	0(0.0)
<i>Social worker</i>	23(8.0)	5(5.6)	8(18.6)	6(13.6)	2(4.4)	2(7.7)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<i>Physician assistant</i>	15(5.2)	9(10.1)	0(0.0)	2(4.5)	1(2.2)	1(3.8)	1(8.3)	0(0.0)	0(0.0)	1(33.3)
<i>Volunteer physician</i>	7(2.4)	2(2.2)	3(7.0)	0(0.0)	1(2.2)	0(0.0)	0(0.0)	1(9.1)	0(0.0)	0(0.0)
<i>Volunteer RN</i>	2(0.7)	1(1.1)	1(2.3)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	1(9.1)	0(0.0)	0(0.0)
<i>Volunteer NP</i>	1(0.3)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	1(9.1)	0(0.0)	0(0.0)
Licensed board member	48(16.8)	16(18.0)	17(39.5)	3(6.8)	3(6.7)	1(3.8)	2(16.7)	2(18.2)	3(23.1)	1(33.3)

* Since many CPCs do not provide staff and board information on their websites, we decided to present findings on the presence of licensed medical professionals in the context of all CPCs in our data pool (Table 6a), which likely underestimates presence of licensed staff at CPCs, as well as in the context of only those CPCs with information available (Table 6b), which likely underestimates presence of licensed staff.

** We were not able to determine the status of these licensed medical professionals at CPCs. Anecdotal information indicates that many CPCs engage licensed medical professionals on a very part-time or volunteer basis, which is backed-up by the limited public reporting available. (Among CA CPCs licensed as "community clinics" that must report what clinical staff they employ, many list a physician and/or nurse, often working on a volunteer basis, at considerably less than .50 FTE.

Public contracts held by crisis pregnancy centers*

Public contract*	N (%) n=613***	CA n=185	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Positive Alternatives (MN)	29 (4.7)	0 (0.0)	0 (0.0)	29 (32.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Real Alternatives (PA)	27 (4.4)	0 (0.0)	27 (17.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
MediCal (CA)	9 (1.5)	9 (4.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Title X**	15 (2.4)	15 (8.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
None	538 (87.8)	166 (89.7)	129 (82.7)	61 (67.8)	55 (100.0)	44 (100.0)	31 (100.0)	21 (100.0)	20 (100.0)	11 (100.0)

* CPCs can hold more than one public contract, and thus this may sum to more than 100%

** The Obria CPC network was receiving Title X funding when the Alliance collected these data in early 2021. In April 2021, in response to the Biden Administration proposal to revoke Trump Administration changes to the Title X program under which Obria had received funding in 2019, Obria left the Title X program.

*** n=613 and n=185 because 6 additional CPCs in California were added after all other data had been collected

Social media presence of crisis pregnancy centers

Platform	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Any social media	554 (91.3)	168 (93.9)	133 (85.2)	89 (98.9)	51 (92.7)	35 (79.5)	28 (90.3)	20 (98.4)	20 (100.0)	10 (90.9)
Facebook	553 (91.1)	168 (93.9)	133 (85.2)	88 (97.8)	51 (92.7)	35 (79.5)	28 (90.3)	20 (98.4)	20 (100.0)	10 (90.9)
Instagram	209 (34.4)	57 (31.8)	63 (40.3)	24 (26.7)	25 (45.5)	13 (29.5)	9 (29.0)	10 (47.6)	5 (25.0)	3 (27.3)
Twitter	157 (25.9)	35 (19.6)	63 (40.3)	25 (27.8)	19 (34.5)	7 (15.9)	1 (3.2)	4 (19.0)	2 (10.0)	1 (9.1)

Services provided & false/biased medical claims made by CPCs funded by Positive Alternatives in MN & Real Alternatives in PA

Services/Claims	N (%) n=607	MN: Total n=90	MN: Positive Alternatives Funded n=29	PA: Total n=156	PA: Real Alternatives Funded n=27
Any pregnancy testing	537(88.5)	80(88.9)	25(86.2)	138(88.5)	27(100.0)
<i>Urine pregnancy test</i>	177(29.2)	21(23.3)	7(24.1)	38(24.4)	4(14.8)
<i>Blood pregnancy test</i>	7(1.2)	0(0.0)	0(0.0)	4(2.6)	0(0.0)
Free/"earned" goods	535(88.1)	86(95.6)	27(93.1)	144(92.3)	26(96.3)
Support/counseling	477(78.6)	81(90.0)	25(86.2)	128(82.1)	26(96.3)
Non-diagnostic ultrasounds	340(56.0)	44(48.9)	11(37.9)	81(51.9)	11(40.7)
STI-related services					
<i>Testing/treatment</i>	172(28.4)	28(31.1)	9(31.0)	45(29.0)	10(38.5)
<i>Referral only</i>	43(7.1)	13(14.4)	4(13.8)	13(8.4)	0(0.0)
<i>None</i>	389(64.4)	49(54.4)	17(58.6)	100(64.5)	17(63.0)
Sex education	101(16.6)	8(8.9)	5(17.2)	44(28.2)	6(23.1)
Student-specific services	90(14.8)	9(10.0)	3(10.3)	28(17.9)	6(23.1)
<i>Keyword—"campus"</i>	22(3.6)	0(0.0)	0(0.0)	3(1.9)	1(3.7)
Mobile health unit	61(10.0)	1(1.1)	0(0.0)	2(1.3)	0(0.0)
Prenatal care					
<i>Provides</i>	31(5.1)	4(4.4)	2(6.9)	2(1.3)	0(0.0)
<i>Refers</i>	244(40.2)	41(45.6)	12(41.4)	45(28.8)	13(48.1)
Well-person care					
<i>Provides</i>	29(4.8)	2(2.2)	1(3.4)	1(0.6)	0(0.0)
<i>Refers</i>	181(29.8)	36(40.0)	11(37.9)	20(12.8)	2(7.4)
Contraceptives					
<i>Provides all options/Plan B</i>	1(0.2)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<i>Hormonal contraceptives</i>	1(0.2)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<i>Provides fertility awareness</i>	18(3.0)	2(2.2)	1(3.4)	4(2.6)	0(0.0)
<i>Provides abstinence counseling</i>	47(7.7)	2(2.2)	1(3.4)	19(12.2)	1(3.7)
<i>None</i>	542(89.3)	86(95.6)	27(93.1)	133(85.3)	26(96.3)
Makes false/biased claims	385(63.4)	57(63.3)	14(48.3)	101(64.7)	17(63.0)
<i>False claims</i>	193(31.8)	51(56.7)	13(44.8)	21(13.5)	2(7.4)
<i>Biased claims</i>	137(22.6)	2(2.2)	1(3.4)	68(43.6)	12(44.4)
<i>Mentions APR only</i>	55(9.1)	4(4.4)	0(0.0)	12(7.7)	3(11.1)
Mentions abortion pill reversal	212(34.9)	22(24.4)	9(31.0)	50(32.0)	11(40.7)
<i>Provides</i>	30(4.9)	3(3.3)	0(0.0)	1(0.6)	0(0.0)
<i>Refers</i>	163(26.9)	15(16.7)	6(20.7)	41(26.3)	11(40.7)
<i>Advertises/promotes</i>	30(4.9)	7(7.8)	3(10.3)	0(0.0)	0(0.0)

Affiliations of crisis pregnancy centers

Affiliation*	TOTAL n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Organizational affiliation										
<i>Any national/regional org**</i>	278 (45.8)	37 (20.7)	32 (20.5)	34 (37.8)	43 (78.2)	34 (77.3)	27 (87.1)	14 (66.7)	12 (60.0)	6 (54.5)
<i>Care Net</i>	117 (19.3)	11 (6.1)	24 (15.4)	7 (7.8)	25 (45.5)	21 (47.7)	12 (38.7)	5 (23.8)	7 (35.0)	5 (45.5)
<i>Heartbeat International</i>	65 (10.7)	9 (5.0)	6 (3.8)	7 (6.8)	11 (20.0)	9 (20.5)	12 (38.7)	6 (28.6)	4 (20.0)	1 (9.1)
<i>Birthright</i>	35 (5.8)	7 (3.9)	3 (1.9)	10 (11.1)	4 (7.3)	3 (6.8)	4 (12.9)	3 (14.3)	1 (5.0)	0 (0.0)
<i>Real Alternatives</i>	27 (4.4)	0 (0.0)	27 (17.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Obria</i>	15 (2.5)	9 (5.0)	0 (0.0)	0 (0.0)	4 (7.3)	2 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Elevate Life</i>	13 (2.1)	0 (0.0)	0 (0.0)	13 (14.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Church</i>	10 (1.6)	2 (1.1)	3 (1.9)	3 (3.3)	0 (0.0)	0 (0.0)	2 (6.5)	0 (0.0)	0 (0.0)	0 (0.0)
<i>NIFLA</i>	4 (0.7)	0 (0.0)	0 (0.0)	2 (2.2)	2 (3.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Culture of Life Family Services</i>	2 (0.3)	2 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Other</i>	58 (9.6)	33 (18.4)	0 (0.0)	18 (20.0)	5 (9.1)	0 (0.0)	2 (6.5)	0 (0.0)	0 (0.0)	0 (0.0)
<i>None Specified</i>	280 (46.1)	110 (61.5)	94 (60.3)	37 (41.1)	7 (12.7)	10 (22.7)	2 (6.5)	7 (33.3)	8 (40.0)	5 (45.5)

* Some CPCs have more than one affiliation, thus the number of affiliations exceeds the number of CPCs and the percentages

** Includes all organizations listed except church and other.

Prenatal care offered by most common crisis pregnancy center affiliates

Prenatal Care Provision	Total n=607	Care Net* n=117	Heartbeat* n=65	Birthright n=35	Real Alternatives n=27	None n=279	Other** n=90
Provides	31 (5.1)	3 (2.6)	0 (0.0)	1 (2.9)	0 (0.0)	13 (4.7)	14 (15.6)
Refers	244 (40.2)	48 (41.0)	16 (24.6)	32 (91.4)	13 (48.1)	109 (39.1)	26 (28.9)
No prenatal care	275 (45.3)	58 (49.6)	32 (49.2)	2 (5.7)	13 (48.1)	135 (48.4)	39 (43.3)
Unclear	57 (9.4)	8 (6.8)	15 (23.1)	0 (0.0)	1 (3.7)	22 (7.9)	11 (12.2)

* Five CPCs are affiliated with both Care Net and Heartbeat and are shown in both columns.

** Includes CPCs affiliated with national/regional CPC umbrella groups other than Care Net, Heartbeat, Birthright, or Real Alternatives. CPCs with a Care Net, Heartbeat, Birthright, or Real Alternatives and some other affiliation are not included in this column.

Operating status of crisis pregnancy centers during COVID-19 closure of non-essential services April 15–June 5, 2020*

Platform	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	ID n=21	MT n=20	AK n=11
Open—in-person	318 (59.2)	96 (64.4)	68 (53.1)	56 (53.3)	39 (70.9)	26 (55.3)	15 (65.2)	14 (73.7)	4 (36.4)
Open—remote	44 (8.0)	5 (3.4)	14 (10.9)	16 (15.2)	2 (3.6)	4 (8.5)	1 (4.3)	1 (5.3)	1 (9.1)
Closed	21 (3.9)	7 (4.7)	4 (3.1)	2 (1.9)	0 (0.0)	1 (2.1)	2 (8.7)	4 (21.1)	1 (9.1)
Unclear	154 (28.7)	41 (27.5)	42 (32.8)	31 (29.5)	14 (25.5)	16 (34.0)	5 (21.7)	0 (0.0)	5 (45.5)

* Size of study sample differs from the remaining data (537 vs 607 CPCs) because this study was conducted in advance of other data collection (before which we updated the database of CPCs in all states) and because we excluded New Mexico CPC findings when their shutdown was lifted early in our data collection.

Services offered by crisis pregnancy centers studied during COVID-19 ordered closures April 15–June 5, 2020

Service	All n=537*	Open n=318	Remote Only n=43	Closed n=18	Unclear n=158
Pregnancy testing	426 (79.3)	278 (87.4)	31 (72.1)	15 (83.3)	102 (64.6)
Pregnancy counseling/support	419 (78.0)	257 (87.7)	36 (90.0)	18 (83.3)	108 (83.7)
Ultrasounds	248 (46.2)	192 (66.0)	13 (30.2)	4 (22.2)	39 (24.7)
Prenatal care					
Provides	9 (1.7)	5 (1.7)	0 (0.0)	0 (0.0)	4 (2.8)
Refers	215 (40.0)	133 (45.9)	15 (35.7)	4 (22.2)	63 (43.8)
Well-person care					
Provides	11 (2.0)	9 (3.1)	0 (0.0)	0 (0.0)	2 (1.4)
Refers	159 (29.6)	92 (31.5)	9 (21.4)	9 (50.0)	49 (33.8)
Highly-effective contraception	2 (0.4)	2 (0.6)	0 (0.0)	0 (0.0)	0 (0.0)

Alliance Study Methods

The crisis pregnancy centers included in the Alliance Study data pool were identified by staff and interns in the five organizations participating in the Alliance CPC project (California Women’s Law Center, Gender Justice, Legal Voice, Southwest Women’s Law Center, and Women’s Law Project) through online research and comparative analyses of CPC databases and reports from the field. Staff compiled databases of CPCs operating in each of the nine project states – Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington State – in 2019 and reviewed and updated those lists in 2020.

In preparation for fact collection, project staff verified and updated each state’s list of CPCs using various methods including: 1) Google searches of existing entries to verify current operation and document any online presence; 2) Google searches by state and county using standard keywords such as “pregnancy center in (state/county)” and “abortion in (state/county)” to identify new and missing CPCs; 3) review of the websites of regional, national, and international organizations that support CPCs, including Birthright International, Care Net, Culture of Life Family Services, Elevate Life, Heartbeat International, National Institute of Family Life Advocates, Obria, Pennsylvania Pro-Life Federation, and Real Alternatives to identify affiliates in each state; 4) cross-referencing of Alliance project CPC lists against national CPC databases hosted by Reproaction (The Fake Clinic Database¹) and the University of Georgia project led by Drs. Andrea Swartzendruber and Danielle Lambert (Crisis Pregnancy Center Map²); and 5) review of CPC websites for a map feature locating affiliated centers and mobile clinics in our nine project states.

The Alliance also engaged Dr. Laura Dodge, a Boston-based reproductive epidemiologist and CPC researcher, to provide expert support for this project. Dr. Dodge compiled the nine state lists in a central database, provided training and technical assistance to project staff to ensure collection of CPC data would meet rigorous research standards, and oversight and technical assistance for data aggregation and reporting.

Data collection was conducted between April 2020 and February 2021 to document CPC services offered; educational offerings off-site; promotion of false and biased medical claims and abortion pill reversal; presence of licensed medical professionals on staff and board; public contracts held; services offered and rate of false and biased claims and APR promotion by state-funded CPCs; affiliations of CPCs with regional, national, and/or international CPC networks and rate of prenatal care provision and referral by affiliates; mobile units; social media presence; and operating status during COVID-related closure of non-essential services in spring 2020.

Please see notes on the tables above for methods that informed collection of data in each category, including definitions used to guide data collection and coding.

Operating status during COVID-related closure of non-essential services: notes on methods

In March 2020, as The Alliance commenced systematic fact collection for this project, the coronavirus pandemic took force. By April 2020, elected officials were ordering non-essential businesses and services to close, and The Alliance decided to document the operating status of CPCs in each project state.

We collected data on the operating status and services offered by the 569 CPCs that were in the Alliance database between April 15 and June 5, 2020, from information posted on CPC websites and social media. CPCs were considered “open” if they offered in-clinic appointments and considered “open remotely” if they offered only online classes, remote consultations, or material pick-up. CPCs were considered “closed” if they noted they were closed and “unclear” if they did not indicate whether in-center services were available. We considered specific services to be unavailable if they were not mentioned.

Data for California, Minnesota, Oregon, Pennsylvania, and Washington (90.1%) were collected prior to the reopening of essential services; we began data collection for Alaska, Idaho, and Montana (9.1%) while non-essential services were closed and concluded data collection within 18 days of reopening. We excluded data from our ninth project state, New Mexico, because the shut-down in New Mexico was lifted early in our data collection; however, an informal Southwest Women’s Law Center survey of New Mexico CPCs during the April shut-down identified nearly all to be open for in-person visits, consistent with findings in the other states.

In early 2021, we prepared a supplementary index documenting the closure orders in each study state as companion and context for this study’s findings, using the Boston University COVID-19 U.S. State Policy (CUSP) Database³ and research by each CPC project organization into state and local closure orders and implementation (e.g., what was ordered closed and any data on what was actually closed).

Once COVID-closure related data collection was complete, a team of California Women’s Law Center (CWLC) staff attorneys and interns systematically updated the database of CPCs in all nine project states, in June and July 2020, and resumed data collection on the 607 CPCs in the database as of July 2020.

“Abortion Pill Reversal” (APR): Notes on Methods

Between July and August 2020, CPC project staff reviewed the online presence of CPCs in the project states to identify and document CPCs that were promoting abortion pill reversal. Data were collected by review of CPC websites and social media, primarily Facebook pages, to identify whether CPCs were promoting APR in one or more of three ways: offering APR services, referring people for APR, and/or advertising APR in some way. Some CPCs listed the APR service or referral on their homepage; some nested APR information within tabs such as “abortion education” or other options; some shared or linked to APR articles, testimonials, or information from another organization.

CPCs fell under “provides” if they advertise that their clinic had a nurse or other medical professional that administered the APR process. CPCs fell under “refers” if they included links to a website or phone number that provides APR. All of these referrals were to the same Abortion Pill Rescue website and accompanying 24/7 hotline. CPCs fell under “promotes/advertises only” if they provided information about APR, but did not direct visitors to a hotline or website that provides APR. CPCs fell under “unclear” if there was no longer a website or Facebook page to review or the website was unavailable, e.g., it would not load, or the domain had changed ownership. CPCs fell under “no” if there was no mention of APR on their website or social media.

In August 2020, CWLC project staff cross-referenced our APR findings with Reproaction’s online Fake Clinic Database, which was updated mid-2020 to include results of Reproaction’s outreach to identify which CPCs in their national database “advertise APR”. Some of the Alliance data conflicted with Reproaction’s findings of which CPCs in Alliance states advertise APR, which may be due to differing data collection methods (e.g., the Alliance data was collected entirely from information available online and tracked brick and mortar CPCs and CPCs that were mobile units only and did not include mobile clinics that were adjunct to a brick-and-mortar CPC as individual records). Discrepancies may also be due to the different time frames of our data collection: the Alliance Study’s first set of APR data was collected mid-2020, while Reproaction’s data was collected months earlier. Alliance data is also more refined than Reproaction’s; the Alliance collected data in three categories (provides, refers, promotes only) while Reproaction’s data is in one category (advertises).

As of August 2020, the Alliance had found 31.1% of the CPCs in our nine states to be promoting APR in some way, as compared to Reproaction’s finding that 21.1% of CPCs in their national database were “advertising” APR. CWLC staff generated a comparative spreadsheet of Alliance vs. Reproaction findings regarding CPCs promoting APR in the nine Alliance states and shared that with our allies at Reproaction in September 2020 and will collaborate to consider the discrepancies upon release of this report.

As data collection in other categories proceeded into the fall and winter of 2020, Alliance project staff observed that some CPCs had added references to APR that had not been present during summer 2020 data collection. As a result, we conducted a second review of the entire database to update the records regarding APR between December 2020 and February 2021.

Upon second review, we found the proportion of CPCs promoting APR had increased significantly: from 31.1% to 34.9%. While it is possible that researchers missed some CPCs promoting APR during the summer review, we believe this increase is too significant to be attributed to researcher error, and shows an increase in the rate of APR promotion by CPCs in the Study states in the six-month interval between APR data collection rounds.

Public Contracts: Notes on Methods

In order to code the state-funded CPCs in Minnesota and Pennsylvania to assess how they performed in the various data categories compared to those not receiving state funding, Gender Justice staff obtained the list of Minnesota programs getting Positive Alternatives Act (PAA) funding and Women’s Law Project staff obtained the list of Pennsylvania programs funded by the Real Alternatives (RA) program. Both lists included some maternity homes and youth programs that are not CPCs. Project staff isolated the CPCs on both lists through internet research; review of the funded program websites to identify those that were/were not CPCs (using the Alliance definition of CPCs cited in this report); and comparison the PAA and RA lists against CPC records in the Alliance database.

Data on Title X-funded CPCs were collected January – February 2021. Researchers identified which CPCs were receiving Title X funding through Obria using the list of all Title X grantees and subgrantees published by Office of Population Affairs (OPA) of the Department of Health and Human Services updated as of January 2021. We also reviewed the OPA archive page, which lists Title X clinics by month⁵. As of January 2021, Alliance researchers identified six new Obria-affiliated CPCs in California that were not present in summer 2020 when we did our review and update of the database. We added those six CPC to the California and public contracts data only, noting on the findings table above that they were added after all other data had been collected and so have a different denominator. (In April 2021, in response to the Biden administration proposal to revoke Trump administration changes to the Title X program under which Obria had received funding in 2019, the Obria Group left the Title X program.)

Data on California CPCs billing for Medi-Cal were collected by reviewing the California Office of Statewide Health Planning and Development⁶ (OSHPD) which subject CPCs licensed as “community clinics” to reporting requirements. California Women’s Law Center staff reviewed the California CPCs in the database to identify any licensed as community clinics, then searched the OSHPD site by clinic and reviewed each clinic’s annual utilization report on health services provided, status of clinical staff/volunteers providing services, and whether/how much they billed the state Medi-Cal and/or Medi-Cal Managed Care program.

Study Limitations

Data on crisis pregnancy centers are not static. The Alliance data represent our best understanding about how many CPCs were operational in our nine project states as of early 2021 (and as of April–June 2020 during the COVID-related closure study) and how they were operating in the fact categories in which we collected data. Since individual CPCs open, close, move, and change names on a regular basis, some of the information in this Study will likely have changed as of publication of this report.

1. <https://reproaction.org/fakeclinicdatabase/>
2. <https://crisispregnancycentermap.com/>
3. <https://www.evidenceforaction.org/grant/covid-19-us-state-policy-cusp-database>
4. <https://opa.hhs.gov/sites/default/files/2021-02/title-x-family-planning-directory-january2021.pdf>
5. <https://opa.hhs.gov/grant-programs/archive/title-x-directory-archive>
6. <https://lflis.oshpd.ca.gov/>