

# DESIGNED to DECEIVE

A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

## California State Findings

- ▶ 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).

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

**5:4**



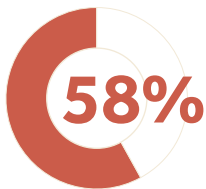
### CPCs in California Get Public Funding

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,<sup>1</sup> a federal program to fund family planning services for low-income people, despite the fact that Obria clinics do not dispense contraception.<sup>2</sup> Obria distributed Title X dollars to 15 CPCs in its California network before withdrawing from the Title X program in April 2021. In addition, nine CPCs in California are documented as billing California's Medicaid system, Medi-Cal, for services provided, and receiving reimbursement through the state.<sup>3</sup>

### 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%).



**"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY OVER 1/2 OF CALIFORNIA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.<sup>4</sup>**

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 CPC 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.”<sup>5</sup> 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.<sup>6</sup>



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  
PRENATALCARE



**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.<sup>7</sup> 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.<sup>8</sup> 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.

1. “HHS Awards Title X Family Planning Service Grants.” U.S. Department of Health and Human Services, Office of Population Affairs, March 29, 2019. <https://opa.hhs.gov/about/news/grant-award-announcements/hhs-awards-title-x-family-planning-service-grants>.
2. Kenneth P. Vogel and Robert Pear, “Trump Administration Gives Family Planning Grant to Anti-Abortion Group.” *New York Times*, March 29, 2019. <https://www.nytimes.com/2019/03/29/us/politics/trump-grant-abortion.html>.
3. For more information contact [info@cwlc.org](mailto:info@cwlc.org).
4. J.S. Abramowicz and S.B. Barnett, “The safe use of non-medical ultrasound.” *Ultrasound in Obstetrics & Gynecology*, April 28, 2009. <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/uog.6390>.
5. “Facts Are Important: Medication Abortion ‘Reversal’ Is Not Supported by Science.” *American College of Obstetricians and Gynecologists*, accessed September 29, 2021. <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>.
6. Daniel Grossman and Kari White, “Abortion ‘Reversal’ — Legislating without Evidence.” *The New England Journal of Medicine* 379, no. 16, October 2018: 1491. <https://www.nejm.org/doi/full/10.1056/nejmp1805927>.
7. “MMR 2018 State Data.” U.S. Department of Health and Human Services, Center for Disease Control and Prevention. <https://www.cdc.gov/nchs/maternal-mortality/MMR-2018-State-Data-508.pdf>
8. “California Health Care Foundation, Maternity Care in California: A Bundle of Data. California Health Care Almanac,” November 2019. <https://www.chcf.org/wp-content/uploads/2019/11/MaternityCareCAAlmanac2019.pdf> (citing The California Pregnancy-Associated Mortality Review: Report from 2002 to 2007 Maternal Death Reviews (PDF). California Department of Public Health, Spring 2018).