

# Introduction

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**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.

The first CPCs were established in the late 1960s. In recent years, a more powerful, thoroughly modernized, and proliferating CPC industry serves a pivotal role in the anti-abortion movement, itself part of broader evangelical, Catholic,<sup>30 31</sup> and Christian nationalist activism.<sup>32 33 34</sup> The contemporary CPC industry is plugged into those global movements and their sophisticated digital infrastructure through an affiliation model that facilitates CPC expansion, client surveillance, and coordinated dissemination of anti-abortion disinformation.

The contemporary CPC industry is also increasingly reliant on government support and public funds, though its dual missions of stopping people from accessing abortion and contraception and converting people to evangelical Christianity<sup>35</sup> have not changed.

Attracting and intercepting low-income pregnant people before they access medical care is still the primary CPC strategy.

While CPCs historically opened near reproductive health clinics and mimicked their names and signage, contemporary CPCs often claim to be medical clinics themselves, despite their clear ideological mission. Medical experts publishing in the *AMA Journal of Ethics* call CPCs “legal but unethical” because, despite “giv[ing] the impression that they are clinical centers, offering legitimate medical services and advice,” CPCs are generally not subject to regulatory oversight that applies to health care facilities.<sup>36</sup>

In fact, CPCs are not subject to much oversight at all — even when relying on public funds.

CPCs currently operate with taxpayer funding in 29 states; 14 of those states fund CPCs with direct contracts.<sup>37</sup> Additionally, CPCs in at least 10 states siphon safety-net funds meant for low-income pregnant people and children, helping to manufacture the very economic scarcity the CPC movement uses to justify its encroachment into under-resourced neighborhoods and communities of color.<sup>38</sup> The CPC industry, led by white evangelicals, promotes programs and marketing techniques to specifically target Black women,<sup>39</sup> who are more likely than white women to face barriers to medical care and pregnancy resources.

Research affirms that being denied abortion care exposes both the pregnant person and their family to a range of potential harms.<sup>40</sup> People seeking abortion care, as well as abortion providers, report anecdotal experiences of CPC tactics delaying access to medical care. But, without systemic analysis, the number of people whose access to abortion health care is delayed or prevented by visiting a CPC is unknown.

Although the CPC industry is designed to target and intercept people seeking abortion care, the surprising reality is that most people who visit a CPC — about 80%, according to CPC industry data — intend to carry their pregnancies to term.<sup>41</sup> Scholarly research finds the percentage to be even higher (96%).<sup>42</sup> Research also shows that most pregnant people who visit a CPC are searching for free maternity and infant goods.<sup>43</sup>

This revelation — that most people who go to a crisis pregnancy center are not considering abortion but seeking material pregnancy and parenting support — reveals that CPCs are generally failing at their purported mission to reach and dissuade “abortion-minded” people. Yet government has significantly increased investment in CPCs, despite their failure at their mission.<sup>44</sup>

This revelation also leads to a significant question: What are the health consequences for people intending to carry their pregnancy to term who visit a CPC before, or instead of, accessing medical care? The impacts of CPC practices and expansion on people intending to carry to term are also unknown.

Yet, policymakers who purport to care about maternal and infant health have diverted funds to CPCs while failing to assess their impact on public health, or to hold them accountable for how they spend public money, even in the wake of advocate-led CPC investigations that found misuse, waste, and potential skimming of funds, including in Florida,<sup>45</sup> Michigan,<sup>46</sup> Minnesota,<sup>47</sup> Pennsylvania,<sup>48</sup> and Texas.<sup>49 50</sup>

To date, Michigan is the only state to defund its state-contracted CPC network<sup>51</sup> in response to allegations of “inefficiency and self-enrichment.”<sup>52</sup> By contrast, Texas increased CPC funding in 2019 with an award of \$100 million — a twentyfold funding increase since 2006. When questioned about how the CPCs spent those funds, a Texas policymaker suggested the CPC subcontracting process was “a secret.”<sup>53</sup>

This conspicuous lack of oversight of an industry purporting to provide medical services to pregnant people is of grave concern in light of the U.S. maternal mortality and morbidity crisis, an emergency defined by severe racial disparities causing Black, Latinx, and Indigenous people to suffer disproportionate harm and death. This lack of CPC oversight is of particular concern as the COVID-19 pandemic continues, exacerbating racial disparities in maternal morbidity and mortality, especially worsening Black maternal health and economic insecurity among women of color.<sup>54 55 56</sup>

Nonetheless, anti-abortion policymakers and bureaucrats remain focused on advancing an aggressive agenda that undermines maternal health and specifically harms Black people. The anti-abortion movement’s two primary strategies — passing legislative abortion and contraception restrictions and expanding crisis pregnancy center networks with taxpayer money — are simultaneously reaching peak, unprecedented levels.<sup>57</sup> Harassment and violence against abortion providers and patients is also at an all-time high.<sup>58 59</sup>

In September 2021, the U.S. Supreme Court allowed the most extreme abortion ban ever passed in the United States, Texas Senate Bill 8, to become law. Texas Senate Bill 8 effectively bans nearly all abortion and deputizes and financially incentivizes private individuals to enforce the ban via civil litigation. CPCs are positioned to play a central role in surveillance of pregnant people in such a vigilante system. They exist, after all, to reach people experiencing unintended pregnancies, and collect extensive digital data on their clients and their reproductive histories.<sup>60</sup>

On December 1, the U.S. Supreme Court will hear oral argument in *Dobbs v. Jackson Women’s Health Organization*, a case anti-abortion advocates hope will overturn *Roe v. Wade*.

The onslaught of legislative attacks has significantly reduced access to safe, legal abortion care in the United States, especially for people with limited resources. Fewer than 800 abortion clinics now serve patients in this country<sup>61</sup> (95% of abortions take place in clinics);<sup>62</sup> that number will diminish dramatically if the Texas ban and copycat laws in other states are permitted to stand.

Meanwhile, according to the most reliable estimate, more than 2,500 crisis pregnancy centers are currently operating in the United States. Some anti-abortion groups claim the number to be much higher, approaching 4,000.<sup>63</sup>

Today, CPCs outnumber abortion clinics nationwide by an average of more than 3 to 1. In many states that directly fund CPCs, the disparity is exponentially higher: in Pennsylvania, CPCs outnumber abortion clinics by 9 to 1; in Minnesota, by 11 to 1.<sup>64</sup>



1. Guttmacher spreadsheet of Abortion Providers in Select States 1973-2017
2. ANSIRH Map of Abortion Facilities per State, spring 2017; Guttmacher: Abortion Incidence and Service Availability in the United States, 2017: <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>
3. Crisis Pregnancy Center Map: A web-Based Geolocated Directory of Crisis Pregnancy Centers (CPCs) in the United States, March 2020
4. Alliance database, December 2020

In this new landscape, CPCs may be more accessible than legitimate health care. Yet policymakers have not conducted a nationwide assessment of services CPCs offer to pregnant people since 2006, when the U.S. House Oversight and Reform Committee, under former U.S. Rep. Henry Waxman, investigated false and misleading health information provided by federally funded CPCs.<sup>65</sup>

In the absence of policymaker oversight, the Alliance conducted this nine-state Study to:

- Document the primary services and the services least commonly offered by CPCs
- Survey the prevalence and nature of false and biased medical claims promoted on CPC websites
- Assess the anti-abortion movement's claims that CPCs offer medical services
- Analyze the connections between local CPC storefronts and the national and international anti-abortion organizations supporting them and collecting client data

Our findings shine a renewed light on the modernized CPC industry and call for a thorough data-driven assessment of CPC services, funding streams, and accountability measures in states across the country.

Understanding and addressing CPC practices and their effect on maternal and infant health is a matter of public health, racial equity, and gender justice. It is our hope that this Alliance investigation spurs state policymakers nationwide to assess the quality and nature of CPC services, how CPCs are targeting and treating low-income pregnant people, and the consequences of government investment in the CPC industry for maternal and public health, especially among Black, Latinx, and Indigenous people and infants suffering disproportionate and enduring harm.

# The Alliance Crisis Pregnancy Center Study

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In 2019, the Alliance launched a coordinated investigation to document CPC services and practices across nine states in which the Alliance law centers are based and partner with allies on CPC advocacy: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington.

Alliance project staff collected over 50 categories of publicly available information on 607 CPCs operating in the nine Study states. The data discussed in this report were collected between March 2020 and February 2021 by systematic review of CPC websites and social media. We engaged a reproductive epidemiologist to advise this Study, guide its methodology, and provide technical support to build a central database and aggregate and analyze the data. Alliance staff worked with CPC research partner California Women's Law Center to maintain the database throughout the Study.

Alliance project organizations also conducted public records investigations and research into CPC operations in six states (Alaska, California, Minnesota, New Mexico, Pennsylvania, and Washington) between 2019 and 2021 that provided further data that informed the Study.

A note about defining crisis pregnancy centers: CPCs are largely unregulated; therefore, there is no governing body or certification to designate an entity that seeks to reach vulnerable pregnant people as a CPC. Further complicating the effort to define CPCs is the fact that the anti-abortion movement has rebranded crisis pregnancy centers as "pregnancy resource" or "pregnancy help" centers.

For the purposes of this study, the Alliance classified an organization as a CPC if it met two or more of the following criteria:

- Used keywords such as pregnancy "resource," "aid," "care," "alternatives," "options," or "support" in its name
- Affiliated with one or more national or regional anti-abortion umbrella organizations that identify as operating and/or providing services or technical support for crisis pregnancy centers (e.g., Care Net, Heartbeat International, Birthright International, Obria)
- Did not provide or refer for abortion and/or dispensed medically misleading or biased information about abortion
- Accepted funding conditioned on advancing an anti-abortion mission, promoting childbirth instead of abortion, and/or agreement to not promote or refer for abortion and contraception

Data on crisis pregnancy centers are not static. Since individual CPCs open, close, relocate, and change names on a regular basis, some of the information in this Study will likely have changed as of publication of this report.

*Detailed Study methods are available at [alliancestateadvocates.org/publications](https://alliancestateadvocates.org/publications)*