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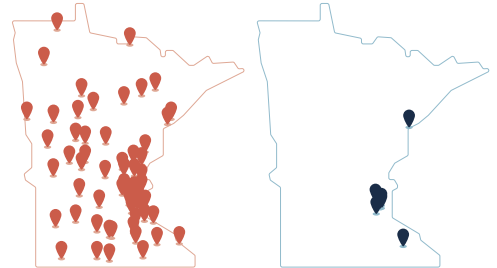
A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

Minnesota State Findings

- ▶ The Alliance Study identified **90 crisis pregnancy centers** in Minnesota.
- ▶ There are currently **8 abortion care clinics left in the state**. Five of the abortion clinics are in the Twin Cities metro; one mobile clinic serves most rural regions of the state.

IN MINNESOTA, CPCs
OUTNUMBER ABORTION
CARE CLINICS BY

11:1



Minnesota Taxpayers are Funding Questionable Practices & Wasteful Spending by CPCs

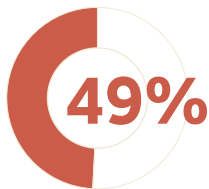
The Minnesota Positive Abortion Alternatives (PAA) statute was passed in 2005. It claims to promote healthy pregnancy outcomes but expressly requires grantees to encourage women to carry their pregnancies to term. Grantees, many of which are CPCs, must not refer to, discuss, or offer abortion services. As of 2021, this state program awards \$3,357 million per year to anti-abortion groups.¹

A Gender Justice investigation of the PAA program found egregious examples of over-funding some CPCs, inefficient expenditure of public funds, an unclear selection process for grant distribution, and questionable utilization of public funds by some grantees. One approved applicant for a \$75,000 grant allocated only 7% of its budget to services for pregnant people and 93% for "salary, utilities, expenses, and office supplies."²

Gender Justice found that Choices Pregnancy Center in Redwood Falls serves fewer than 20 clients per year and receives approximately \$65,000 per year under its state grant. The group's primary service is parenting classes, which are also offered by the local hospital. At a minimum cost to the taxpayer of \$3250 per client, why is such a large grant necessary for this CPC to offer parenting classes already available in the community?

Most Common Services Offered by CPCs in Minnesota

The most common CPC services are free/earned maternity or baby goods (96%), support or counseling (90%), pregnancy testing (89%), and "non-diagnostic" ultrasounds (49%).



"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY ALMOST 1/2 OF MINNESOTA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.³

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 Minnesota Promote False & Biased Medical Claims

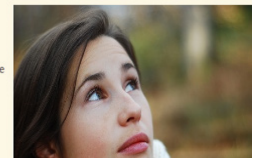
Over 63% of the CPCs in Minnesota make false and biased claims, and blatantly false statements about abortion at almost **double** the rate of CPCs in other states in the Alliance Study. The Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. Nearly **57%** of the Minnesota CPCs make false statements about abortion; 13 receive **taxpayer funding** through the PAA statute. **Minnesota CPCs also make deceptive and misleading claims**, including that they have no agenda because their services are free.

Options

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If your pregnancy test is positive, your advocate will take time to talk with you about your personal situation and provide information which will help you make a plan for your pregnancy and afterwards.

Whether you are considering abortion, parenting or making an adoption plan, you need accurate information, time to think things through, and someone to support you along the way. You will have the opportunity to explore the pros and cons of all your options, to ask whatever questions you have, and to learn about the network of community resources and referrals available to you.



- ▶ Screenshot from Choices Pregnancy Center, Redwood Falls, Minnesota: <https://www.choicespregnancycenter.com/options/>

Many Minnesota CPCs deceptively claim to provide full and unbiased information to support a pregnant person's choice. Such false claims are typical of the CPC industry's messaging, in which they appropriate the language of choice, claim to be unbiased because their services are free, and vilify abortion providers as profit-driven exploiters of pregnant people. The state-funded CPC on the bottom of the page one uses website language that is doubly misleading; their state Positive Alternatives funding expressly prohibits this CPC from using grant funds "to encourage or affirmatively counsel a woman to have an abortion."

► PAA statute

CPCs in Minnesota Promote "Abortion Pill Reversal"

Twenty-two CPCs in Minnesota (29%) promote "abortion pill reversal" (APR). APR is the unrecognized practice of injecting or prescribing high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science."⁴ 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.⁵

Nine of the CPCs promoting this rogue high progesterone "abortion pill reversal" intervention receive state funding through the Minnesota PAA. Eight of these CPCs have a social media presence and disseminate this disinformation well beyond their physical location.

"Pregnant people deserve real choices and access to real medical care. It is disappointing that Minnesota focuses its resources on patronizing and coercive options when we should be investing in families and working to address maternal mortality and rural health care crises instead."

—CHRISTY HALL, Senior Staff Attorney, Gender Justice



Most CPCs in Minnesota Do Not Provide Medical Services

None of the CPCs in Minnesota offer contraception. Most provide no STI-related services (54.4%), no well-person care (97.8%) or referrals (60.0%), and no prenatal care (95.6%) or prenatal care referrals (54.4%). State-funded CPCs offer prenatal or wellness care referrals at an even lower rate: 57% provide no prenatal care referrals; 62% provide no wellness care referrals.

CPCs in Minnesota Lack Licensed Medical Professionals

While many CPCs present as medical offices, only 9% of Minnesota CPCs claim to have a physician and only 20% indicate they have a registered nurse on staff. Research and reporting on licensed medical professionals at CPCs indicate that most are engaged part-time and/or as volunteers and are licensed, in some cases, in unrelated specialties. At least one Minnesota CPC's medical professional on staff is an optometrist.⁶

CPCs & the Maternal Mortality Crisis in Minnesota

Preliminary data on maternal mortality in Minnesota (2011-2017) shows that non-Hispanic Black women suffer maternal mortality at a rate 2.3 times higher than white mothers, and that the rate among Native Americans is approximately four times higher than that for white residents.⁷ The correlation between lack of prenatal care and maternal mortality is well documented,⁸ so the failure of Minnesota CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern, especially amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs.

Recommendations

Minnesota policymakers should repeal the PAA statute and redistribute taxpayer-funded grant money to health care and direct service providers offering evidence-based health care and non-judgmental support for low-income pregnant people; repeal "informed consent" legislation that mandates doctors tell patients inaccurate medical claims linking abortion to infertility and breast cancer; and eliminate the 2-parent notification requirement for minors seeking abortion care.

1. Positive Alternatives Overview, Minnesota Department of Health, <https://www.health.state.mn.us/people/womeninfants/positivealt/overview.html>.

2. For more information contact Gender Justice at info@genderjustice.us.

3. 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>.

4. "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>.

5. 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>.

6. Report from Erin Maye Quade, Advocacy Director, Gender Justice.

7. "Maternal Mortality," Minnesota Department of Health, Maternal Mortality (state.mn.us).

8. Michelle Osterman and Joyce Martin, "Timing and Adequacy of Prenatal Care in the United States, 2016," U.S. Department of Health and Human Services, Center for Disease Control and Prevention, 67 National Vital Statistics Report No. 3, National Vital Statistics Reports Volume 67, Number 3, May 2018 (cdc.gov).