

Executive Summary

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.

Context for this Study

We live in the most hostile era for reproductive freedom in decades. The anti-abortion movement's two primary strategies — passing abortion bans¹ and contraception restrictions and expanding crisis pregnancy center networks with taxpayer money² — are simultaneously reaching peak, unprecedented levels. As of this writing, the U.S. Supreme Court has allowed Texas Senate Bill 8 to become law in Texas, effectively undermining *Roe* by establishing a vigilante system wherein private individuals are deputized, and financially incentivized, to enforce the law by suing friends, neighbors, and strangers. This radical law positions Texas CPCs — supported by state funding that has increased twentyfold since 2006³ — to play a central role in the surveillance of pregnant people.

While severe legislative restrictions such as Senate Bill 8 make headlines, the modernized, proliferating, and mostly evangelical CPC industry's critical role in the anti-abortion, anti-LGBTQ+ movement — and effect on the health of pregnant people — is relatively obscured from public view. Modern CPCs are plugged into the global anti-abortion movement's sophisticated digital infrastructure, which facilitates expansion, client surveillance, and systemic, coordinated promotion of anti-abortion disinformation.

Investment of public money in CPCs is escalating, especially in the states, with virtually no government oversight, accountability, or transparency.⁴ Investigations into publicly-funded CPCs by advocates and watchdog groups have found evidence of misuse, waste, and potential skimming of funds in multiple states, including Florida,⁵ Michigan, Minnesota,⁶ North Carolina,⁷ Pennsylvania, and Texas.⁸ Yet CPCs continue to secure state contracts while the nature and quality of their services remains largely unexamined and unregulated by policymakers.

States are also enabling CPCs to siphon public funds from safety-net programs for low-income pregnant people and children. In so doing, CPCs exacerbate the very economic scarcity they use to justify their encroachment into under-resourced neighborhoods and communities of color: the modern CPC industry has revitalized strategies to target Black women,⁹ who are more likely than white women to face barriers to medical care and pregnancy resources.

Today, crisis pregnancy centers outnumber abortion clinics nationwide by an average of 3 to 1.¹⁰ The disparities are higher in states that fund CPCs: In Pennsylvania, the ratio of CPCs to abortion clinics is 9 to 1; in Minnesota, it is 11 to 1.¹¹ The maternal and public health consequences of this seismic shift in the reproductive health care landscape in the states are unknown.

MAJOR STUDY FINDINGS AT A GLANCE

<p>▶ CPCs PROVIDED VIRTUALLY NO MEDICAL CARE.</p>	<p>▶ CPCs ROUTINELY PROMOTED FALSE MEDICAL CLAIMS AND USED DECEPTIVE PRACTICES.</p>
<ul style="list-style-type: none"> ▶ Many CPC websites used language and imagery signifying they were providers of medical services but the services most commonly offered were not medical. ▶ The most common CPC service was a pregnancy test—usually a self-administered urine-stick test. ▶ The second most common CPC offering was “free” goods, which pregnant people typically had to earn. ▶ More than ½ of CPCs offered “non-diagnostic” ultrasound as a tool to signal medical legitimacy and persuade people to carry their pregnancies to term. ▶ Many CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging. ▶ Almost none of the CPCs provided prenatal care. ▶ Only 1 of the 607 CPCs provided contraception care. 	<ul style="list-style-type: none"> ▶ Almost ⅓ of CPCs promoted patently false and/or biased medical claims about pregnancy, abortion, contraception, and reproductive health care providers. ▶ “Abortion Pill Reversal” — an unethical practice and non-scientific claim — is a CPC priority. More than ⅓ of CPCs promoted APR; in some states more than ½ promoted APR. ▶ Fewer than ½ of CPCs indicated they had a licensed medical professional. None indicated whether medical professionals were employed or volunteers, or full- or part-time. ▶ Many CPCs deceptively claimed on their website to have no agenda and to provide full and unbiased information. ▶ CPCs seek to intercept people seeking health care – 10% operated mobile units that can locate near abortion clinics to confuse their patients. Online, CPCs employ digital tactics to intercept people searching for abortion care.
<p>▶ STATE-FUNDED CPCs ARE MORE HARMFUL THAN PRIVATELY FUNDED CENTERS.</p>	<p>▶ CPCs APPEAR TO BE LOCAL BUT ARE PART OF A GLOBAL ANTI-ABORTION NETWORK.</p>

The Alliance Crisis Pregnancy Center Study

Measuring the proliferating CPC industry’s impact on public health must begin with a thorough assessment of the services CPCs offer pregnant people – and the services they do not. In the absence of government oversight, the Alliance conducted this Study to document and evaluate CPC services and practices in nine states in which we operate and partner with allies: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington. We investigated 607 CPCs between March 2020 and February 2021 and collected over 50 categories of publicly available data through systematic review of CPC websites and social media. In addition, we conducted public records investigations and research into CPC operations in six states (AK, CA, MN, NM, PA, and WA) that further informed the Study. Our findings shine renewed light on the modern CPC industry and expose the particular harms of state-funded CPCs.

▶ **CPCs PROVIDED VIRTUALLY NO MEDICAL CARE.**

The three most common CPC services were pregnancy tests (88.5%), “free” material goods (88.1%), and “counseling” (78.6%). The fourth most common service was “non-diagnostic” ultrasound. While approximately one-quarter (28.4%) offered STI testing, most did not provide or refer for STI treatment and none offered barrier-method contraception, a standard of care for STI prevention. Only one CPC offered contraception.

The most common CPC service was a pregnancy test.

Of the CPCs specifying type of test, 96% offered a urine test, the self-administered stick tests available at drugstores. Some CPCs claimed to provide “lab-quality” urine tests.

Almost none of the CPCs in the Study provided prenatal care.

While most CPCs offered pregnancy tests, the majority (95%) offered no prenatal care and fewer than half made prenatal care referrals. CPCs affiliated with big anti-abortion networks (almost half of the CPCs in this Study) provided prenatal care less often than unaffiliated centers. Significantly, state-funded CPCs were less likely to offer or refer for prenatal care than CPCs without state funding.

The second most common CPC offering was “free” goods, which pregnant people actually had to earn.

Most CPCs (88.1%) advertised free material goods, including maternity and baby supplies, but noted that provision of these goods was contingent on the pregnant person’s participation in “earn while you learn” classes or counseling, Bible studies, abstinence seminars, video screenings, or other ideological CPC programming. While CPCs target people considering abortion, research shows most pregnant people who seek out a CPC do so because they cannot afford diapers and other infant and maternity goods CPCs claim to offer for free.^{12 13}

More than half of CPCs offered “non-diagnostic” ultrasound.

The fourth most common CPC service, offered by 56% of CPCs, was “non-diagnostic” ultrasound, which cannot study placenta or amniotic fluid, or detect fetal abnormality or fetal distress. Anti-abortion organizations steering the CPC movement promote the use of ultrasound technology as a tool to persuade clients to carry their pregnancies to term and falsely signal medical legitimacy.^{14 15} The American Institute of Ultrasound in Medicine condemns the use of ultrasounds for any non-medical purpose: “The use of ultrasound without a medical indication to view the fetus, obtain images of the fetus, or identify the fetal external genitalia is inappropriate and contrary to responsible medical practice.”¹⁶

CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging.

Almost 17% of CPCs claimed to offer sexuality-related programming, which typically focused on abstinence and also featured religious and shame-based messages and harmful stereotypes about LGBTQ+ youth and non-traditional families. Approximately 8% of CPCs overall indicated that they offer these services off-site, including in public schools; a full 20% of CPCs in Washington offered these programs off-site.

► CPCs ROUTINELY PROMOTED FALSE MEDICAL CLAIMS AND USED DECEPTIVE PRACTICES.

Almost two-thirds (63%) of CPCs promoted patently false and/or biased medical claims, mostly centered on pregnancy, contraception, and abortion, especially medication abortion.

False claims typically included patently untrue information about reproductive health care and providers, false and misleading information regarding risks of abortion and contraception, and deceptive citing to make it seem such claims were supported by legitimate medical sources when they are not. Many CPC sites claimed people who have had abortions suffer from “post-abortion syndrome,” a non-existent diagnosis that has been debunked by medical professionals.^{17 18}

While many CPCs claimed to be medical clinics, fewer than half (47%) indicated whether they had a licensed medical professional on staff. Only 16% indicated a physician and 25% indicated a registered nurse was affiliated with their staff; none indicated whether licensed medical professionals were employees or volunteers, nor whether they were engaged full- or part-time. Many CPCs falsely claimed to have no agenda and to provide full and unbiased information to support a pregnant person’s choice. Many disguised the fact that they do not provide or refer for abortion. Among CPCs in this Study, 10% operated mobile units that can locate near abortion clinics to confuse and intercept their patients.

“Abortion Pill Reversal” — an unethical practice and non-scientific claim — is a CPC priority.

“Abortion pill reversal” (APR) is an anti-abortion marketing term that refers to the experimental administration of high doses of progesterone to pregnant people who have taken the first, but not the second, of two medicines for a medication abortion. Anti-abortion advertising claims this can “reverse”

an abortion, but medical experts say such claims “are not based on science and do not meet clinical standards.”¹⁹ Its health effects are unknown; the only credible clinical study was stopped after one-quarter of the participants went to the hospital with severe bleeding.²⁰

More than one-third (35%) of CPCs in the Study promoted APR, with significant variation across states: More than half the CPCs in Idaho (57.1%) and Washington (50.9%) promoted APR. Overall, some 5% of CPCs said they provided APR, but none indicated who administered it, whether it was administered vaginally, orally, or by injection, or whether follow-up care was provided.

► STATE-FUNDED CPCs ARE MORE HARMFUL THAN PRIVATELY FUNDED CENTERS.

The Alliance Study found that taxpayers are unknowingly funding the most problematic practices of the CPC industry. State-funded CPCs promoted abortion pill reversal at significantly higher rates and offered prenatal care and referral less often than CPCs without state funding.

► CPCs APPEAR TO BE LOCAL BUT ARE PART OF A GLOBAL ANTI-ABORTION NETWORK.

Almost half (45.8%) of the CPCs in this Study were affiliated with one or more of the international, national, and regional right-wing organizations that steer the CPC industry, including Heartbeat International, Care Net, and National Institute of Family and Life Advocates. These groups provide digital strategy, infrastructure, and marketing tactics to help CPCs intercept people searching online for abortion care, signal that they are trusted sources of health care, and secure public funding. At least one of these groups collects and stores sensitive client data such as sexual history in “digital dossiers.”²¹

Conclusions

While CPCs misleadingly present themselves as medical facilities^{22 23} to draw low-income people experiencing an unplanned pregnancy, the four services most often provided by CPCs served no medical purpose. Most CPCs disseminate medical disinformation focused on stigmatizing abortion and contraception and promote made-up, abortion-related mental health conditions not recognized by medical experts. The promotion of “abortion pill reversal,” an unethical, non-scientific practice based on a fraudulent claim, is currently a top CPC priority.

While people considering abortion are main targets of CPC marketing efforts,²⁴ research shows that, in fact, the majority of people who go to CPCs intend to carry their pregnancies to term and are primarily seeking the pregnancy tests and infant supplies, especially diapers, CPCs claim to offer for free.^{25 26 27}

In short, it is widespread financial insecurity and inadequate support for pregnant people that makes people vulnerable to CPCs. CPCs use deceptive and misleading practices to exploit economic insecurity and gaps in access to health care to advance their anti-abortion, anti-contraception agenda. Robust research documents that being denied abortion care exposes both the pregnant person and their family to a range of potential harms. But we do not know the health consequences visiting a CPC has on the typical CPC client: a pregnant person needing prenatal care and parenting resources.

With CPCs outnumbering abortion clinics in almost every state, this unregulated network of ideological, deceptive, and manipulative providers of mostly non-medical services is increasingly more likely to be the most logistically accessible facility in the landscape of services for pregnant people with limited resources. The disparities detected in services between state-funded and other CPCs within the same state underscores the need for a coherent analysis of state-funded CPCs, and the consequences of government investment in CPCs on maternal and public health.

Call to Action: Hold CPCs Accountable to Protect Reproductive & Maternal Health

The Alliance Study findings make clear that a thorough data-driven assessment of CPC services, funding streams, and accountability measures is needed in states across the country.

It is our hope that this Study spurs stakeholders to assess how CPCs are targeting and treating low-income pregnant people and how the seismic shift in the reproductive landscape — wherein CPCs have proliferated as access to evidence-based reproductive healthcare and abortion has diminished — affects maternal and public health. We already know delaying access to abortion care poses a range of potential harm to pregnant people; we call for future research to specifically investigate the impact of visiting a CPC on maternal health and birth outcomes.

The United States is in the throes of a maternal mortality and morbidity crisis marked by severe racial disparities, with Black, Latinx and Indigenous people and infants suffering disproportionate harms. And we are still in the midst of the COVID-19 pandemic, an unprecedented public health crisis that is exacerbating pregnancy-related mortality and racial disparities, especially worsening Black maternal health.²⁸ And, despite these interrelated public health crises, anti-abortion policymakers and bureaucrats are aggressively advancing an ideological agenda that further undermines maternal health and specifically targets Black women.²⁹

In this context, we urgently call on state lawmakers to stop funding CPCs and to dramatically increase investment in equitable access to evidence-based reproductive health care, especially in under-resourced communities.

We call on state policymakers nationwide to act on the detailed and state-specific policy recommendations in this report to: protect CPC clients and pregnant people seeking health care; promote transparency and best practices in publicly funded programs; address significant and deepening gaps in maternal and reproductive health care; and eliminate mounting obstacles to health care experienced by low-income pregnant and parenting people.

These findings reaffirm that the Alliance mission as state-based advocates is more pressing than ever: The fight for reproductive freedom is in the states.