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# State Policy Recommendations

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*“Our policy recommendations include mechanisms to hold CPCs accountable for how they treat pregnant people and promote transparency regarding how they spend public money. But we also urgently need policies that promote equitable access to evidence-based reproductive health care and enable economic security. The scarcity of access to legitimate health care, combined with widespread financial insecurity, is the context that makes people vulnerable to CPCs.”*

—**AMAL BASS**, Director of Policy & Advocacy, Women’s Law Project, Pennsylvania

Crisis pregnancy centers both exploit and perpetuate inequities in access to health care and safety-net systems. While the policy recommendations below are not comprehensive, they include ways to hold CPCs accountable for the quality of their services and their use of public funds. We also offer broader policy approaches to increase equitable access to evidence-based reproductive health care. The applicability of these recommendations will vary from state to state and locality to locality, depending on local circumstances, political landscape, existing law, demographics, and specific needs of people of reproductive age in each jurisdiction.

State policymaking will be informed by court rulings, including *NIFLA v. Becerra*,<sup>193</sup> a First Amendment case in which the U.S. Supreme Court struck down a California law requiring facilities that provide pregnancy-related services to publicize certain notices about reproductive health services provided by the state.<sup>194</sup> Since that ruling, local and state jurisdictions have passed laws prohibiting false or misleading advertising by CPCs that are designed to withstand a First Amendment challenge.<sup>195</sup>

▶ *See the following State Pages for specific recommendations for Alliance Study states.*

## Protect Clients & Patients

- Pass state and municipal laws, within constitutional limits, requiring CPCs to disclose which services they do and do not provide.
- Amend state consumer protection laws that apply only to for-profit and/or commercial transactions so they apply to providers of free pregnancy-related services.
- Repeal laws that mandate doctors give medically inaccurate and biased information to patients, including false claims of links between abortion and infertility and breast cancer.
- Encourage state attorneys general to investigate and hold accountable CPCs that use geofencing and other patient-targeting tactics.
- Ensure that state agencies publishing information for people seeking abortion, family planning, and other reproductive health services provide medically accurate information.
- Ensure that public schools do not engage CPCs or other entities that fail to provide comprehensive, age-appropriate, evidence-based information to teach sexuality education, classes, or curricula.
- Prohibit administration of and referral for “abortion pill reversal” (APR), including through:
  - Professional licensing regulations;
  - Enforcement of laws prohibiting the practice of medicine without a license;
  - State laws prohibiting the practice of APR, perhaps modeled on conversion therapy bans;
  - Barring APR provision, referral, or promotion by programs that receive public funds.
- To protect confidential client information, pass laws that:
  - Define what should be held confidential, e.g., name, address, phone, purpose of visit;
  - Extend HIPAA-like protections to people served by nonprofits providing pregnancy-related services;
  - Require providers of pregnancy-related services not covered by HIPAA or other privacy laws to inform clients of their privacy policy, whether and how they aggregate personal information, and how they use personal information.

*CPCs often provide inaccurate health information and attempt to thwart the use of safe, acceptable, desired health care services, particularly contraception and abortion. CPC practices and services do not align with a public health approach and are inconsistent with recommendations of professional medical organizations and medical and ethical standards of care. Government-funded health programs have a responsibility to protect and promote health and provide accurate information. [We] support regulation and action to address CPCs' lack of adherence to medical and ethical practice standards and prevent potential harms caused by CPC services and practices.<sup>197</sup>*

— **JOINT POSITION STATEMENT** from the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology, December 2019



## Promote Transparency, Best Practices Regarding Public Funding

- Do not fund CPCs with taxpayer dollars.
- Prohibit diversion of TANF and other social safety-net funds to CPCs.
- Require any program receiving taxpayer funds earmarked for pregnancy-related services to:
  - Provide or make referrals to providers of comprehensive reproductive health services;
  - Publish an annual public report on the use of public grants and contract funds.
- Institute oversight mechanisms, such as public audits, for publicly funded CPCs.
- Establish a CPC hotline, similar to fraud lines, for reporting:
  - Harassment of patients;
  - Dissemination of private information;
  - Personal experiences at CPCs;
  - Disinformation found on CPC websites;
  - Deceptive advertising about services offered;
  - CPCs that provide “abstinence” education in public schools.

*From a public health standpoint, these centers endanger women by misinterpreting and misrepresenting medical evidence. States implicitly endorse these centers when they provide support for them ... Honest information about the perspective from which they dispense advice and support, in addition to forthright acknowledgement of their limitations, is essential for these centers to provide an ethical service to women. For no other medical procedure would someone who is not a health care professional seek to give detailed counseling on the risks of the procedure ... Until taxpayers can be assured that these centers conform to ethical standards of licensed medical facilities, offer sound medical advice, and do not lead to harm, states should refrain from directly or indirectly funding these centers.<sup>196</sup>*

—AMA Journal of Ethics, March 2018



## Address the Maternal & Reproductive Health Care Gaps Exploited by CPCs

*Pregnancy centers are not isolated aberrations in a well-functioning health care system but expected outcomes of critical absences in reproductive health care and severe economic inequality in the United States. Most clients are low-income and under-insured ... Centers may entrench existing health inequalities by limiting the range of reproductive-health options available to marginalized women. In refusing to refer for contraception or abortion, pregnancy centers may delay clients in accessing desired services, ladening these actions with misinformation, morality, and trauma.<sup>198</sup>*

—KENDRA HUTCHENS, University of Colorado-Boulder, April 2021



- Establish and publicly fund diaper bank and diaper subsidy programs through legislation.
- Eliminate pregnancy test requirements of applicants for Medicaid or other state services.
- Encourage states to offer reliable, free pregnancy tests and pregnancy confirmation letters.
- Pass laws mandating evidence-based, age-appropriate K-12 sexuality education.
- Pass contraceptive equity laws that require insurers to cover all methods of contraception without co-pays.

## Eliminate Obstacles to Health Care for Pregnant & Parenting People

*These centers should not be seen as part of a reliable system of care and support. Health departments and social services programs are more appropriate sources of this care — and many already offer support for low-income pregnant women, through social workers, pregnancy classes, health care worker home visits, and in-patient therapy. [Research] findings, however, suggest that pregnant women’s needs are not being met or, at the least, that some women lack awareness of these resources and how to access them.<sup>199</sup>*

—KATRINA KIMPORT, University of California, San Francisco, February 2020



- Extend postpartum coverage under Medicaid from 60 days to one year.
- Expand insurance coverage for full-spectrum doula services.
- Allow birth centers to offer abortion care.
- Expand insurance coverage for pregnant and postpartum people with substance use disorders.
- Make health insurance enrollment and coverage more accessible and comprehensible; eliminate burdensome requirements.
- Measure maternal mortality and morbidity and racial disparities, enact state-specific recommendations to improve maternal health outcomes, and measure progress in a comprehensive, systematic fashion that can be measured across state lines.
- Incentivize medical and nursing schools to provide anti-racism and cultural competency training; provide Continuing Medical Education and Continuing Nursing Education credits for this training.
- Pass comprehensive health care reform or public option health insurance laws at the state level.