



**NARAL**  
Pro-Choice America

## **The Truth about Crisis Pregnancy Centers**

*“The patient’s right to self-decision can be effectively exercised only if the patient possesses enough information to enable an informed choice”*

*–American Medical Association<sup>1</sup>*

Anyone seeking health-care services should receive comprehensive, unbiased, medically and factually accurate information. Women facing unintended pregnancy deserve no less. When women are fully informed, they are better able to make the best decision for themselves about their reproductive health. Mindful of this, the anti-choice movement has for years tried to restrict, control, and manipulate the information women facing unplanned pregnancies receive. To do so, they have built a national network of anti-choice organizations, some of them posing as comprehensive health-care clinics – called “crisis pregnancy centers” (CPCs).

### **What are Crisis Pregnancy Centers?**

*“When we look at the overall strategy of ending abortion, not just in Ohio but nationwide, we have to have a strong federal strategy, a very strong state strategy, and then a local strategy to support our pregnancy centers.”*

*–Ohio Right to Life promotional video<sup>2</sup>*

CPCs are storefronts that use false and misleading advertising and the offer of free pregnancy tests or other services to lure women into their offices. Then their goal is to dissuade women from exercising their right to choose.

While some CPCs may provide appropriate support and information to women facing unintended pregnancies, many do not. Many CPCs intentionally misinform and mislead women seeking pregnancy-related information.<sup>3</sup> In fact, some CPCs may force women to watch anti-abortion films, slide shows, photographs, and hear biased lectures.<sup>4</sup> No CPC will refer women to an abortion provider – and in fact, some may refuse even to provide information about or referrals for birth control.<sup>5</sup> These practices block women from making fully informed choices about their reproductive health and may endanger women’s health by delaying access to legitimate health-care services.

Today, there are CPCs in every state and dozens of countries overseas.<sup>6</sup> Many are supported by one of three major umbrella organizations: the National Institute of Family and Life Advocates (NIFLA), Care Net, and Heartbeat International. These three groups provide technical assistance and other support to CPCs including training, legal advice, organizational

development, and financial assistance. Among them, these organizations boast more than 3,500 partner and affiliate CPCs.<sup>7</sup> Although such centers are still largely unlicensed, many have developed in sophistication to such a degree that they now offer certain limited medical services. There are at least 800 CPCs that have converted to medical centers, and nearly two-thirds of the NIFLA-affiliated centers operate as medical clinics or are in the process of acquiring ultrasound equipment.<sup>8</sup> In the CPC setting, however, ultrasound is generally not used as a diagnostic tool, but as another means of shame and coercion.

### **Crisis Pregnancy Centers Rely on Deception**

A CPC's ideal client is a woman facing an unintended pregnancy who is seeking information about all her options but does not have access to a regular doctor or health center. CPCs recognize that if they are up front about the limited nature of their services and their ideological agenda, they will lose this constituency. Instead, to attract women who are undecided or considering abortion, CPCs often present themselves as comprehensive health-care providers. Their misleading practices may include questionable advertising tactics, providing dishonest or evasive answers when women call to inquire about their services or even selecting confusing locations or names that obscure their true agenda. Below are just a few examples of the deceptive practices used by CPCs.

#### ***Misleading Advertising Tactics***

The deception often starts at a woman's first step in her search for information: Internet searches and advertisements.

- Some CPCs list themselves in phone books or online directories under the headings "abortion," "abortion alternatives," "abortion services," "family-planning information centers," or "women's organizations" to appear as though they offer abortion care or counseling, even though the only "abortion service" they provide is anti-abortion coercion.<sup>9</sup>
- One of the most potent tools that CPCs have at their disposal is the Option Line, a joint venture between Care Net and Heartbeat International that operates as a 24-hour call center and web tool that transfers or refers women to the nearest CPC. During its first month in operation, the Option Line received approximately 2,000 calls and since then has added instant messaging and email capabilities to its arsenal. Its operators boast that the service answers more than 600 contacts a day and Option Line claims more than two million contacts since 2003.<sup>10</sup> Further, a web search revealed that many CPCs listed by Option Line advertised under headings that could lead women to believe that they provide the full range of reproductive-health services, including abortion care and contraception.<sup>11</sup>

- Heartbeat International’s website promotes its Extend Web Services program by promising CPCs that “this effective web presence allows centers to *compete online with abortion providers*.”<sup>12</sup> One result of this strategy was that a Google search of “abortion clinic” resulted 79 percent of the time in ads funded by CPCs.<sup>13</sup> (In response to this discovery, in 2014 NARAL Pro-Choice America worked with Google and Yahoo to remove the ads to ensure truth in advertising on these search engines.<sup>14</sup>)

### *Evasive Answers on the Phone*

Misled by CPC ads, some women call crisis pregnancy centers to inquire about available reproductive-health services and prices. When presented with such inquiries, the staff at CPCs often evade the question or lie outright in order to convince woman to come to their center. CPC advocates have been very explicit that the goal of these phone conversations is not to answer questions but rather to lure women into their centers.

- The *Option Line Handbook* stresses to volunteers that “while [they] are on the phone, [their] objective is to schedule an appointment” so that women will come to the center. While the guidelines advise volunteers to give clients only factual information, the handbook also pressures them to keep the client interested and provide responses, whether or not the volunteer is qualified to do so, by reminding them that “callers are looking for fast answers and may turn elsewhere if they do not get them.”<sup>15</sup>
- At a CPC conference, the trainer advised attendees, mostly CPC operators, to tell callers asking about abortion care that, although the center does not offer abortion services, it does provide *free ultrasounds* that the woman will need to have before she can get abortion care.<sup>16</sup>
- Worse, CPCs have a new strategy to bolster this telephone sales pitch. More and more states are passing laws forcing women to submit to an ultrasound before getting abortion care,<sup>17</sup> and national umbrella organizations openly state that an ancillary purpose of these proposals is to give CPCs a new tool of persuasion—they allow staff on the phone to tell a woman truthfully that by law she will *have* to have an ultrasound. While they may insinuate that their facility will help her comply, in reality there are no guidelines to ensure a CPC’s ultrasound meets these laws’ requirements. CPCs even are free to refuse to release a print-out of the image for a woman to take to her provider, should she indicate that she is seriously considering abortion.
- In a documentary about crisis pregnancy centers called *12th & Delaware*, a CPC director trains volunteers in the telephone script she uses to divert questions from potential clients and lure them into the center:

If you don’t hook her right away, she hangs up on you. When she calls and she says “Do you do abortions?” I say “Are you calling for yourself or are you

calling for your friend?" ...and we engage in conversation. Because if she calls and says "Do you do abortions?" and I say "No," click. [The CPC director pantomimes hanging up the phone]. I'm trying to get her in the door. Take control of the conversation...I don't mind the criticisms of taking control. "That doesn't sound fair." Well too bad!<sup>18</sup>

### *Confusing Names and Locations*

CPCs also may choose names similar to those of legitimate reproductive-health clinics that provide abortion services and locate themselves near those clinics to confuse women and lure them into their center.

- In Minnesota, Robbinsdale Women's Center, a CPC that counsels women against abortion is located across the street from the Robbinsdale Clinic, P.A., which offers a range of medical care from licensed medical providers, including abortion services. According to the *St. Paul Pioneer Press*, several women who accidentally went to the center instead of the clinic reported that the center tried to deceive them. One woman even filed a complaint with the Minnesota attorney general: "In trying to find the Robbinsdale Clinic, I mistakenly went into the women's clinic across the street. When I told them my name and appointment, they had me take a seat and had a counselor talk to me about anti-abortion. At which time I learned I didn't have an appointment there at all. They then said they did not know of [the facility that provided abortions]."<sup>19</sup>
- In *12th & Delaware*, a CPC director conducts a volunteer training in which she highlights the benefits of locating near a reproductive-health clinic. She tells volunteers: "Clearly our competition is the abortion clinic. We are actually on opposite sides of the street...They're not always sure who they're calling anyway. They don't know if they're calling us or the abortion clinic."<sup>20</sup>

### **Intimidation, Anti-Choice Propaganda, and Misinformation**

Once women are enticed into crisis pregnancy centers, they may be subjected to a variety of coercive and offensive tactics intended to prevent them from exercising their right to choose.

- Women may be forced to watch shocking films, slide shows, or pictures, designed to scare vulnerable women into carrying pregnancies to term.
  - One volunteer at a CPC states that to shake the complacency of women seeking abortion care, she pulls out a big, color photo of a fetus with closed eyes and a smile. She then flips to another full-page color picture: fetuses in a trash bin. Sometimes she takes [the pregnant women] into a tiny chapel to pray before a marble altar.<sup>21</sup>

- An Arizona man whose 16-year-old daughter had been raped took her to a CPC, not realizing that it was an anti-choice fake clinic. After being shown “brutal footage” including pictures of dismembered fetuses, the man claimed that, “they just emotionally raped her. . . . They are advocates for the unborn, and to hell with the troubled person. They had an ax to grind, and just terrorized her.”<sup>22</sup>
- In Milwaukee, a woman went to a “pregnancy help center” to talk about her options. Instead, she was told that she “had the devil inside her” and was then “bombarded with graphic images of disfigured babies and aborted fetuses.”<sup>23</sup>
- In an effort to scare women away from considering abortion care, some CPCs provide false propaganda about the “consequences” of abortion—including false claims that abortion causes breast cancer, sterility, and psychological damage.<sup>24</sup>
  - In a *New York Times* op-ed, one woman described of her experience at a CPC in Cedar Rapids, Iowa: “the ‘counseling’ that I received included the following: I was cautioned that abortions caused breast cancer...I was warned that I would inevitably suffer from post-abortion stress syndrome... I was told that I would not hear this information from doctors, because doctors make money performing abortions and would lie about the procedure’s risks.”<sup>25</sup>

### **Investigations Consistently Confirm CPCs’ Deceptive Practices Persist**

While CPCs may claim they exist simply to empower women in carrying their pregnancies to term, in reality, an overwhelming body of research indicates these centers fail to provide accurate, comprehensive, or unbiased information about reproductive health.

- In 2006, Rep. Henry Waxman (D-CA) released a study which found that crisis pregnancy centers often mislead and misinform teenagers about the medical risks of abortion. Investigators posing as pregnant 17-year olds seeking medical counseling called more than two dozen CPCs that were receiving federal funding. The report found that 87 percent of these CPCs provided either false or misleading information about the health effects of abortion. Specifically, several center employees told the women that abortion increases the risk of breast cancer. Callers were incorrectly told that abortion could cause “permanent damage” that would affect their future ability to bear children. And many centers continued to advance the myth of “post-abortion syndrome.” Each of these claims is false.<sup>26</sup>
- Investigations in California, Maryland, Massachusetts, Minnesota, Missouri, New York, North Carolina, Texas, and Virginia<sup>27</sup> all have documented CPCs’ intentionally misleading practices. Many of those investigated gave women inaccurate information, including that birth control and abortion increase the risk of infertility and breast cancer, that condoms are ineffective in reducing pregnancy and the transmission of certain

STDs, and that abortion causes mental illness.

### **CPCs' Deceptive Tactics Can Jeopardize Women's Health and Safety**

From misleading advertising to disseminating inaccurate information, CPCs' systematic use of manipulation is a clear attempt to push an ideological agenda even at the cost of women's health. In an article about the ethical and health risks CPCs pose to society, Joanne Rosen, a scholar at the Johns Hopkins Bloomberg School of Public Health, concluded that, "collectively, [CPCs'] practices jeopardize the health of women and their children, and a public health response is warranted."<sup>28</sup>

#### ***False Promises of Miscarriage***

Many CPCs offer free ultrasounds as a way to lure women in their doors. The proliferation of forced-ultrasound laws is one point of leverage CPCs use to persuade women that they will benefit by coming in. In addition, many CPC websites promise women they need an ultrasound because they may naturally miscarry. One site advises women: "You should realize you may not need an abortion! About 1 in 4 pregnancies ends *naturally*, in what is called a miscarriage or spontaneous abortion."<sup>29</sup> (In fact, the actual number is nearly half that, with about 10 percent of pregnancies ending in miscarriage.<sup>30</sup>) The website goes on to encourage visitors to "come in today to see if you are a candidate for natural pregnancy termination."<sup>31</sup>

This bizarre and shocking advice takes advantage of the likely anxiety that comes with facing an unintended pregnancy, casually downplays an otherwise urgent situation, and even suggests that a woman would do well to ignore the need for pregnancy-related care by leaving it up to nature. It can hardly go unnoticed that its result—and likely intent—is to divert women from legitimate providers who will be honest about all of their health-care options.

In contrast, no legitimate health-care provider would encourage a woman to disregard a pregnancy. The consequences could include not only a lost opportunity to make important decisions about the pregnancy as early as possible, but also to access prenatal care in the crucial early months of pregnancy.<sup>32</sup>

#### ***Lies about Gestational Age***

Many CPCs try to delay women from getting legitimate counseling or medical care until it is too late to consider abortion as an option. In addition to delaying women considering abortion by suggesting they wait to see if they miscarry, some CPCs simply tell women that they are less far along in the pregnancy. By lying about the gestational age, CPCs can cause women seeking abortion care to miss the window of opportunity when it is available.

- Upon visiting the legitimate reproductive-health provider across the street from the CPC in *12th & Delaware*, a woman learns that she is several weeks further along in her

pregnancy than the ultrasound operator at the CPC had told her. The director of the health clinic states that it is not a rare practice that the CPC misinforms women of the dates of their pregnancies in an effort to cause clients to delay seeking care until it is too late to obtain an abortion.<sup>33</sup>

### ***Propaganda to Scare Women Away From Considering Abortion***

The principle of informed consent dictates that in order for a patient to make safe and healthy decisions about medical care, he or she first must receive information about all the procedure's risks, benefits, and alternatives. CPC counselors do just the opposite when they selectively edit or outright lie about health-care information to further an ideology. Many CPCs tell women that abortion is dangerous to their health; in reality, legal abortion is extremely safe.<sup>34</sup>

- In *12th & Delaware*, a counselor details the alleged "risks" of abortion to a young woman named Widline. Frightened by the counselor's claims, Widline decides against abortion; however, over the course of her pregnancy, she "tries everything in [her] powers" to self-induce abortion, from drinking vinegar to lifting heavy objects. While thankfully these measures are not as extreme or as dangerous as some to which she might have resorted, it is clear that Widline has been driven away from safe medical care because of the lies and coercive tactics of the volunteers at the crisis pregnancy center. We last see her at seven months pregnant as she is regretfully preparing for motherhood.<sup>35</sup>

### ***Prioritizing an Anti-Choice Agenda Over Women's Safety***

In a singular quest to convince women not to choose abortion, anti-choice advocates at crisis pregnancy centers go to extreme lengths and may even advise women to take measures that are dangerous to their health and safety.

- In *12th & Delaware* a young mother of two tells a CPC counselor that she is considering abortion because her boyfriend is abusive and she needs to do what is best for her children. The counselor protests, arguing "for all you know, the baby changes him."<sup>36</sup> Suggesting a woman remain in an abusive relationship reveals that, to this counselor, women's health and safety are hardly even afterthoughts. This further demonstrates the need for women to receive care at legitimate health centers.

### **Crisis Pregnancy Centers Target Low-Income Women and Women of Color**

Care Net, which touts itself as "one of the largest network of pregnancy centers in North America," has begun expanding its reach even further.<sup>37</sup> The organization claims that abortion providers prey on low-income communities and communities of color, so its solution is to open CPCs in "urban communities." In 2003, Care Net launched a campaign it dubbed the Urban Initiative and established 15 new centers in 13 cities.<sup>38</sup> In 2009, the initiative was renamed the

Underserved Outreach Initiative. Regardless of the name of the campaign, the goal is clear: to target African-American and Hispanic women.<sup>39</sup>

Heartbeat International, too, launched a campaign to target women of color. In 2007, having identified Miami as a city with the “neediest neighborhoods,” it rolled out a project to pursue women of color purposefully and aggressively. Heartbeat Miami’s website stated that “the pregnancy center movement must become a true urban movement. And to do that, it must be mainstreamed into Black and Latino churches in the cities.” Describing its CPC operators as “virtue capitalists,” the website, complete with a demographic map with neighborhoods with high concentrations of Latinas, outlined the campaign—to “to develop a life-support network of ultrasound-equipped pregnancy centers strategically located in high abortion-marketed neighborhoods, staffed and supported by the Greater Miami Christian community.” It boasted, “this highly aggressive, heavily funded approach to starting multiple centers has never been done before.”<sup>40</sup> In the past year, Heartbeat Miami apparently learned that its targeted language was inflammatory and removed it from its website.

Through a combination of targeted marketing campaigns, training, and community partnerships, both organizations are making significant inroads in the inner cities and to women of color.

- In a Heartbeat International video, a CPC activist described its “mobile center,” a vehicle that allows anti-choice volunteers to position themselves directly outside abortion providers in the city. She says, “We’re going straight to the ‘hood, straight into urban areas...to reach more abortion-minded and -vulnerable clients.”<sup>41</sup>
- The executive director of the pro-CPC and misleadingly named Women’s Choice Network in Pittsburgh discusses what she calls the “Third Wave,” an initiative to partner with churches and other institutions in communities of color: “By placing the centers right in those neighborhoods, we were strategically addressing the issue of abortion... what we wanted to see was those leaders emerge and basically take the reins of that ministry so that it wasn’t our team that was leading but it was a team *indigenous* to that area that was leading the way.”<sup>42</sup> (emphasis added)
- In a promotional video from the Vitae Foundation, which provides advertising advice to CPCs, its president explains how to reach an audience reliant on public transportation. While she does not mention explicitly that the goal is to target women of color, the video features testimonials from an African-American woman and the intent is clear: “we picked the subway ads because we first and foremost listened to people in the inner city of New York, they were saying we have to figure out a way to connect with this woman, and she spends a lot of time on the subway.”<sup>43</sup>

This focus is of particular concern when one considers that the rate of unplanned pregnancy among African-American women, particularly among teens, far outpaces that of other groups—



51 percent of African-American teen girls will become pregnant at least once before they turn 20. (In comparison, 19 percent of non-Latina white teen girls will become pregnant before that same age.<sup>44</sup>) Further, African-American women are more than twice as likely to get late or no prenatal care as non-Latina white women, and are three times more likely to die from pregnancy-related complications.<sup>45</sup> These daunting statistics speak to the need for more reproductive-health information and resources in these communities, not a proliferation of fake clinics and anti-choice propaganda.

### **Anti-Choice Lawmakers' Support for Crisis Pregnancy Centers**

Politically savvy anti-choice groups have pursued the patronage of anti-choice lawmakers at all levels of government. They have sought – and often received – government support for crisis pregnancy centers.<sup>46</sup> These laws enable the national network of CPCs to grow and block still more women from getting honest, medically accurate health information. Below are just a few examples of government support for CPCs.

#### ***Federal Support for CPCs***

The crisis pregnancy center movement has strong support from anti-choice lawmakers in Congress. CPC proponents have sought federal support in the form of direct funding, the donation of special equipment, or even through federal “abstinence-only” programs. Ironically, some of the staunchest defenders of CPCs in Congress also have been some of the most outspoken proponents of gutting funding for programs that support prenatal services and a range of other health-care for low-income women and their families.

- In 2009, then-Rep. Michele Bachmann (R-MN) introduced the Positive Alternatives Act (H.R.636), which would amend the Social Security Act to permit federal funds to be used for “alternatives-to-abortion” services, a code phrase for CPCs.<sup>47</sup>
- In 2009, then-Sen. John Ensign (R-NV) offered an amendment to the National Service bill (H.R.1388) that would have made CPCs explicitly eligible for federal funding under a new program, the Nonprofit Capacity Building Program. The amendment failed, 41-56.<sup>48</sup>
- In 2009, Rep. Cliff Stearns (R-FL) introduced legislation called the Informed Choice Act (H.R.195) and in 2011, he introduced similar legislation (H.R.165), both of which would create a grant program for CPCs to purchase ultrasound equipment at taxpayers’ expense.<sup>49</sup>

#### ***State Support for CPCs***

Crisis pregnancy centers also have strong support in the state legislatures. Anti-choice lawmakers are passing a wide range of legislation to direct both women and money to CPCs,

including funding CPCs directly with taxpayer dollars, referring women seeking abortion care to CPCs – or even forcing women to go to a CPC before they can obtain abortion services – and establishing “Choose Life” license-plate programs which funnel money to CPCs.

- **Directly funding CPCs.** Many anti-choice politicians have successfully introduced and passed bills that fund CPCs directly with taxpayer dollars, either by allocating state funds or by redirecting federal funds for the state to CPCs, and/or through favorable tax benefits for CPCs. By directly funding CPCs, not only is the state complicit in the deception of its own citizens, but it also bestows a level of legitimacy on these anti-choice clinics that creates the false impression that CPCs are part of the mainstream medical community. At least 14 states fund CPCs directly – Georgia, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Texas, and Wisconsin.<sup>50</sup>
- **Forcing women to go to CPCs.** In an especially alarming example of CPCs making inroads with anti-choice lawmakers, in March 2011, South Dakota’s anti-choice Gov. Dennis Daugaard (R) signed into law a first-of-its-kind mandate that a woman seeking abortion care first submit to an in-person lecture at a CPC.<sup>51</sup> In addition to requiring “counseling,” the law also includes a 72-hour waiting period before care, forcing women to make a total of three separate trips, which in a rural state like South Dakota can be nearly impossible. Thankfully, the law has been challenged and is not in force,<sup>52</sup> but this aggressive new tactic is another indicator that CPC activists are on offense.
- **Referring women to CPCs.** In addition to pushing forced-ultrasound laws to give CPCs a more convincing argument to get women into their doors, anti-choice politicians are requiring legitimate health-care providers to refer women to CPCs. Provisions in many forced-ultrasound and biased-counseling laws require that states create and maintain registries of CPCs and compel providers to present or offer such lists to women seeking abortion care. These laws clearly are designed as another way to direct women to a CPC without their knowledge of its ideologically driven agenda. Twenty-one states have passed laws that force providers to refer women to CPCs.<sup>53</sup>
- **“Choose Life” license-plate programs.** State legislatures also lend support to CPCs by enacting legislation to fund them through the sale of anti-choice license plates. Some states funnel money from the sale of “Choose Life” license plates to CPCs through specific anti-choice organizations, such as Right to Life Arkansas or Choose Life Inc. Georgia. Other states ensure CPCs receive the money by allocating it to organizations that provide pregnancy services but prohibiting the funds from going to organizations that provide, refer, or even counsel about abortion care. There are 14 states with anti-choice license-plate programs whose proceeds fund CPCs.<sup>54</sup>

## Pro-Choice Lawmakers and the Courts Take Action

Thankfully, pro-choice lawmakers are taking proactive steps to ensure that women seeking medical care or counseling receive comprehensive and accurate information, rather than lies and manipulation. In some cases, CPCs' deceitful or misleading practices have been so outrageous that courts have also taken action to intervene on the public's behalf. These proactive measures have included preventing CPCs from receiving taxpayer funding, prohibiting CPCs from advertising falsely that they offer abortion services or medical care, and requiring CPCs to disclose the limited nature of their services. Below are a few examples of pro-choice actions.

- In 2006, Rep. Carolyn Maloney (D-NY) first introduced the Stop Deceptive Advertising for Women's Services Act to grant the Federal Trade Commission (FTC) the authority to sanction CPCs that use deceptive advertising practices to mislead women into believing they offer comprehensive reproductive-health care. This bill was most recently introduced in the 114th Congress by Rep. Maloney (H.R.3378).<sup>55</sup>
- In 2009, the Baltimore City Council passed the first-of-its-kind ordinance requiring CPCs to disclose that they don't provide or refer for birth control or abortion services. This truth-in-advertising law was challenged not only by a Baltimore CPC but also by the archbishop of Baltimore. In October 2016, a federal court permanently enjoined the ordinance from being enforced against the CPC; the city has appealed and litigation is ongoing.<sup>56</sup>
- In 2010, the Austin City Council passed an ordinance that would require CPCs to post signs disclosing that they do not provide or refer for birth control or abortion services. CPCs challenged the law, and in June 2014, it was struck down.<sup>57</sup>
- In 2010, the Montgomery (Maryland) City Council approved a regulation to ensure that women in the county are told about the limited nature of the services offered by crisis pregnancy centers. Unsurprisingly, the law was quickly challenged by a CPC and unfortunately, the law was struck down by the Fourth Circuit Court of Appeals.<sup>58</sup>
- In 2011, the San Francisco Board of Supervisors passed an ordinance to ensure women seeking reproductive-health services are not lured into CPCs by deceptive advertising. Mirroring the federal Maloney bill, the Pregnancy Information Disclosure and Protection Ordinance gives the city attorney increased authority to hold CPCs accountable for false or misleading advertising about the pregnancy-related services they offer.<sup>59</sup> The ordinance passed after the city attorney noted that a San Francisco CPC, First Resort, was "misrepresenting itself as an abortion provider for the purpose of luring women with unwanted pregnancies to its office." He called First Resort's advertising "an insidious practice that victimizes women who are, in some instances, already victims. It's especially problematic because the delays these centers can cause interfere with

women's time-sensitive, constitutionally protected right to reproductive choice.”<sup>60</sup> First Resort immediately challenged the law claiming the ordinance violated its free-speech rights. Fortunately, in February 2015, a federal judge dismissed the claim and upheld the law, ruling that the ordinance “only restricts false and misleading commercial speech, which is not protected by the First Amendment.”<sup>61</sup> As a result, women seeking pregnancy-related counseling in San Francisco can find health-care clinics that provide factual, unbiased, and medically accurate information.

- In 2011, the city council in New York City also passed a law to rein in CPCs’ deceptive practices.<sup>62</sup> Although anti-choice organizations challenged it, the Second Circuit Court of Appeals upheld a key provision of the law that requires CPCs to disclose whether or not there is a licensed medical provider on staff. The Supreme Court rejected an appeal from the CPCs to block the provision.<sup>63</sup>
- In 2013, the Dane County Board of Supervisors in Wisconsin took action to prevent CPCs from receiving taxpayer funding by passing a first-of-its-kind ordinance that bars the county from contracting with groups that do not offer or refer for comprehensive, unbiased, and medically accurate information about reproductive-health care.<sup>64</sup>
- In 2015, California Gov. Jerry Brown (D) signed into law the Reproductive Freedom, Accountability, Comprehensive Care and Transparency (FACT) Act. This law requires licensed reproductive-health clinics to inform women about the state programs available to help them get affordable family planning, abortion services, and prenatal care. It also requires unlicensed facilities that provide pregnancy-related services to disclose that they are not licensed medical facilities. The law stops anti-choice CPCs from deceiving women by posing as legitimate, comprehensive reproductive-health clinics and ensures that women know all their options when seeking reproductive-health services.<sup>65</sup> CPCs have filed multiple law suits challenging the law,<sup>66</sup> which have failed in federal district courts.<sup>67</sup> In October 2016, the U.S. Court of Appeals for the Ninth Circuit upheld one of these decisions, ruling that “[t]he district court properly found that [CPCs] cannot demonstrate a likelihood of success on their First Amendment free speech or free exercise claims.”<sup>68</sup>
- In July 2016, Oakland was the second city in the country to pass a law prohibiting CPCs from using false and deceptive advertising. This was modeled on the ordinance passed by San Francisco in 2011.<sup>69</sup>

## **Conclusion**

Crisis pregnancy centers continue their campaign to misinform and mislead women about abortion and to dissuade women from exercising their right to choose. While there are centers that do not deceive women or attempt to coerce them into making choices against their will, many CPCs continue to use deceptive and intimidating practices in order to prevent women

from accessing the full range of reproductive-health options. Women are entitled to accurate, comprehensive and unbiased medical information with which they can make their own decisions.

The government should support legitimate, comprehensive reproductive-health clinics, rather than centers whose goals are to prevent women from exercising their constitutionally protected right to choose.

January 1, 2017

### Notes:

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<sup>1</sup> Council on Ethical and Judicial Affairs, American Medical Association (AMA), Informed Consent, Ethical Opinion E-8.08, CODE OF MEDICAL ETHICS, at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion808.shtml> (last visited Oct. 1, 2015).

<sup>2</sup> Ohio Right to Life, *Life Talk: From Overturning Roe to Ending Abortion Permanently* (2012), at [https://www.youtube.com/watch?v=T-WX\\_YS2YF8](https://www.youtube.com/watch?v=T-WX_YS2YF8) (last visited Oct. 1, 2015).

<sup>3</sup> United States House of Representatives Committee On Government Reform, *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers* (2006), at <http://www.chsourcebook.com/articles/waxman2.pdf> (last visited Dec. 9, 2015).

<sup>4</sup> 12TH & DELAWARE (Home Box Office 2010).

<sup>5</sup> Planned Parenthood of America, Inc. (PPFA), *Anti-Abortion Counseling Centers: A Consumer's Alert to Deception, Harassment, and Medical Malpractice* (2002).

<sup>6</sup> Family Research Council, *A Passion to Serve, A Vision for Life: Pregnancy Resource Center Service Report 2009*, Family Research Council (2009).

<sup>7</sup> National Institute of Family and Life Advocates at <http://www.nifla.org/>; Care Net, *Care Net Affiliation* at <http://www.care-net.org/care-net-pregnancy-center-affiliation>; Heartbeat International, *Worldwide Directory of Pregnancy Help*, search "United States" at <http://www.heartbeatinternational.org/worldwide-directory> (last visited Dec. 9, 2015).

<sup>8</sup> Thomas Glessner, Editorial, *Ultrasound: Double Bonus for Life, Knowledge*, FREE LANCE-STAR, March 22, 2012 at A7.

<sup>9</sup> Planned Parenthood of America, Inc. (PPFA), *Anti-Abortion Counseling Centers: A Consumer's Alert to Deception, Harassment, and Medical Malpractice* (2002); Press Release, NARAL Pro-Choice America, *66,608 Americans Call on Yellowpages.com and Superpages.com to Stop Allowing Deceptive Anti-Abortion Ads*, (July 6, 2010) at [http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010\\_cpc-sp-yp.html](http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010_cpc-sp-yp.html) (last visited Dec. 9, 2015).

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<sup>32</sup> Rosen, *The Public Health Risks of Crisis Pregnancy Centers, 2012*, PERSP. ON SEXUAL AND REPRO. HEALTH, Sept. 2010, 40(3):201–4.

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<sup>34</sup> Of women less than 13 weeks pregnant who obtain surgical abortions, 97 percent report no complications; 2.5% have minor complications that can be handled at the medical office or abortion facility; and less than .5 percent have more serious complications that require some additional surgical procedure and/or hospitalization. National Abortion Federation, *Safety of Abortion*, (2006), at <http://prochoice.org/education-and-advocacy/about-abortion/abortion-facts/> (last visited Oct. 1, 2015).

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<sup>36</sup> 12TH & DELAWARE (Home Box Office 2010).

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<sup>39</sup> Care Net, *Care Net Initiatives* (on file). “While there are many areas lacking pregnancy centers, we are first seeking to serve the community with the highest abortion rate – African Americans. The successes and lessons learned in engaging the African American community (albeit a different culture) will be beneficial as we expand our efforts to reach another underserved community – Hispanic women.”

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<sup>41</sup> *Taking it to the streets of St. Louis* (2011) at

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<http://www.youtube.com/watch?v=u91pXXlzn2c> (emphasis added) (last visited Dec. 8, 2015).

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<sup>48</sup> H.R. 1388, 111<sup>th</sup> Cong., (2009)

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