



Crisis Pregnancy Centers (CPCs): Issues for Public Health Practice and Policy

WHAT ARE CRISIS PREGNANCY CENTERS?

Crisis Pregnancy Centers (CPCs) – also called “anti-abortion centers,” “fake clinics,” and “pregnancy resource centers,” – are non-profit faith-based centers that primarily aim to divert people from seeking abortions. Secondary aims include promoting sexual-abstinence-before-marriage-only, promoting marriage, and evangelical outreach.

Most CPCs in the United States (US) are affiliated with umbrella organizations that have policies against promoting and referring for contraception. All CPCs offer pregnancy tests and information in line with their anti-abortion, anti-contraception goals, and often offer other limited services, such as non-diagnostic ultrasounds and testing for sexually transmitted infections (STIs), and resources. Many CPCs also teach sexual-abstinence-before-marriage-only programs in public schools. The centers particularly target young people, people of color, and people with low incomes and are largely unregulated. There were 2,633 CPCs operating in the US in 2024, with centers operating in every state.

IN WHAT WAYS DO CPCs POSE RISK?

CPCs fail to adhere to medical and ethical practice standards, including:

Failing to promote informed consent

Advertising their services in misleading ways

Providing inaccurate and misleading health information

Providing and promoting unproven, sham medical services

Prioritizing their own anti-abortion, anti-contraception goals over national guidelines and client needs



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CPCs fail to adhere to medical and ethical practice standards, including:

Failing to promote informed consent.

- CPCs' misleading information and deceptive tactics violate respect for persons, the principle of beneficence, and undermine clients' autonomy.
- The centers frequently advertise that they adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations. In fact, though, they are not subject to HIPAA or compliance oversight and security of CPC clients' private information is generally unknown.

Advertising their services in misleading ways.

- Although they are not medical facilities and are not regulated as such, CPCs frequently mimic health clinics. Over recent years, they have often renamed their centers, adopting words such as "medical," "clinic," and "healthcare."
- CPCs often give the appearance of providing and supporting services they actually oppose, such as abortion and contraception, and commonly fail to provide notice that they do not provide or refer for these services on their websites.
- CPCs often advertise their services online using terms such as "abortion near me."
- The vast majority of people who staff CPCs are lay volunteers with no formal medical training. However, CPCs frequently use pictures of people dressed in white coats and scrubs and wearing stethoscopes in pictures on their websites.
- CPCs inaccurately report that 25-30% of early pregnancies end in miscarriage (the accurate estimate is 10%) and therefore people who do not want to be pregnant might not need an abortion. They also claim that their ultrasounds can predict miscarriage. In fact, ultrasounds cannot predict miscarriage.
- CPCs frequently advertise that they offer superior pregnancy tests by describing them as "laboratory-certified" and "medical-grade." However, the centers typically offer regular home pregnancy tests.
- CPCs often fail to disclose their religious affiliations in their advertising.

[1] American Medical Association. Truth and Transparency in Pregnancy Counseling Centers H-420.954. <https://policysearch.ama-assn.org/policyfinder/detail/truth?uri=%2FAMADoc%2FHOD.xml-0-5697.xml>. Accessed 10 July 2024.

[2] American Public Health Association. Regulating Disclosure of Services and Sponsorship of Crisis Pregnancy Centers. www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/08/35/regulating-disclosure-of-services-and-sponsorship-of-crisis-pregnancy-centers. Published November 2011.

[3] Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology. Crisis Pregnancy Centers in the U.S.: Lack of Adherence to Medical and Ethical Practice Standards. *Journal of Adolescent Health*, vol. 65, no. 6, Dec. 2019, pp. 821-824. <https://doi.org/10.1016/j.jadohealth.2019.08.008>.

[4] The American College of Obstetricians and Gynecologists. Crisis Pregnancy Centers Issue Brief. <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers>.



IN WHAT WAYS DO CPCs POSE RISK?

CPCs fail to adhere to medical and ethical practice standards, including:

Providing inaccurate and misleading health information.

- Although contraception is safe and effective, CPCs frequently portray modern contraceptive methods (e.g., birth control pills, intrauterine devices (IUDs), implants, the shot) as dangerous and harmful.
- Abortion is safe. Regardless, CPCs provide inaccurate and misleading information about the risks of abortion.

Providing and promoting unproven, sham medical services.

- Purporting that abortion leads to post-traumatic stress syndrome (PTSD) and other negative outcomes, CPCs offer unproven “post-abortion recovery” services. Actually, evidence shows: 1) the risk of mental health problems is not different between individuals who have an abortion and who give birth and 2) worse long-term mental health issues among people who were denied vs. obtained a wanted abortion.
- CPCs commonly promote “abortion reversal,” an “unproven and unethical” practice according to the American College of Obstetricians and Gynecologists (ACOG).

Prioritizing their own anti-abortion, anti-contraception goals over national guidelines and client needs

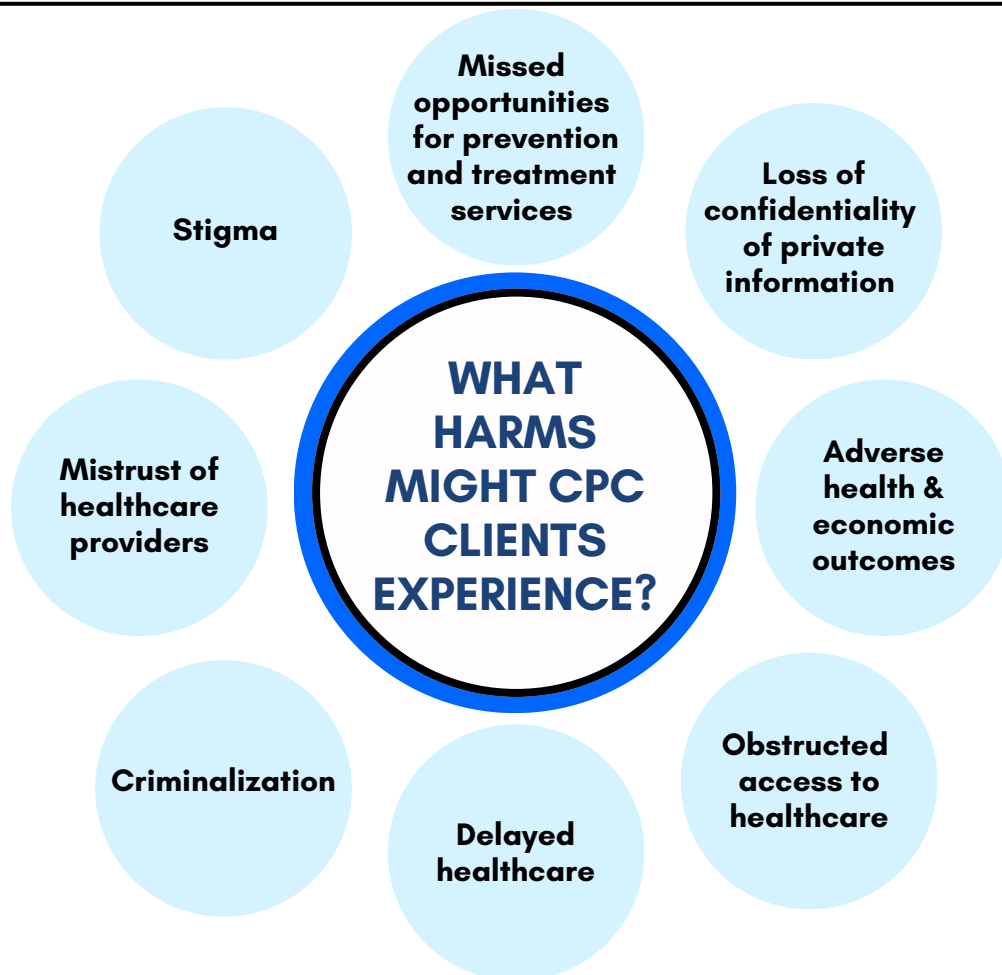
- National medical guidelines advise unbiased pregnancy options counseling. In contrast, CPCs provide information and “counseling” designed to influence clients’ pregnancy decisions toward childbirth.
- CPCs commonly offer STI testing but do not offer comprehensive testing, treatment, or referrals for treatment.
- Condom use is a core public health prevention strategy to prevent STIs and HIV. CPCs, however, frequently discourage condom use and undermine its efficacy. Instead, they counsel clients to abstain from sexual activity.

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PUBLIC HEALTH AND MEDICINE RECOMMENDATIONS FOR POLICYMAKERS

Major national and international public health and medicine organizations, including the American Medical Association (AMA),^[1] the American Public Health Association (APHA),^[2] Society for Adolescent Health and Medicine (SAHM),^[3] North American Society for Pediatric and Adolescent Gynecology (NASPAG),^[3] and American College of Obstetricians and Gynecologists (ACOG),^[4] have issued positions on CPCs. Their overall recommendations for policymakers are summarized below.

1

Ensure governments only support programs that provide medically accurate, comprehensive health information.

2

Encourage search engines and other digital platforms to disallow CPCs' deceptive advertising practices.

3

Ensure CPCs adhere to medical and ethical practice standards, including standards of truthfulness, transparency, and confidentiality.

4

Ensure that CPCs and all entities providing health services are truthful about their services, in advertising and before services are provided to any individual clients, and transparent about their affiliations and funding relationships.

Based on these recommendations, examples of policy proposals to address CPC risks could include:

- De-funding state CPC programs
- Repealing laws that provide tax breaks or exempt CPCs from state sales tax
- Removing CPCs from federal and state healthcare referral directories
- Regulating CPC advertising
- Increasing access to programs and services that provide evidence-based sexual, reproductive, and maternal and child healthcare and medically accurate information

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EXAMPLES OF POLICIES AND ACTIONS ADDRESSING CPC RISKS

Connecticut passed a law to disallow CPCs from using false, misleading, or deceptive language about their services and advertising services they do not offer



2021



2020

Michigan defunded its publicly funded CPC grant program

Illinois agreed not to enforce a law that would have barred CPCs from using deception or misinformation to divert clients from abortion care after a federal judge upheld CPCs' free speech rights. However, the state still maintains a process for CPC clients to file complaints



2023



2022

Somerville, Massachusetts, passed a local ordinance that bars pregnancy-related service providers from engaging in deceptive practices

As of June 2024, five Attorneys General have issued consumer alerts warning residents about CPC practices and risks

2023



2023

Colorado banned "abortion reversal." In October 2023, a federal judge blocked the law while it was being challenged

Pennsylvania de-funded the state's "Real Alternatives Program," which diverted Temporary Assistance For Needy Families (TANF) funds designed for families living in poverty and care of foster children, to CPCs



2023

2023



2023

Minnesota also defunded its publicly funded CPC grant program

2024

Identical Congressional legislation was introduced in both the House and Senate, the Stop Anti-Abortion Disinformation (SAD) Act, to regulate CPC advertising