

## **Public Health Assessment of Pregnancy Services Act**

*Summary: There is a lack of public information about the widespread industry of Unregulated Pregnancy Clinics (UPCs). The Public Health Assessment of Pregnancy Services Act commissions a thorough study by the state Department of Health.*

Based on [NY AB 5499 \(2022\)](#)

[BILL DRAFTING NOTE: States have different regulatory schemes and may have a different name for UPCs, so please work with local advocates to decide the best way to name and define them in your state legislation.]

### **SECTION 1. SHORT TITLE**

This Act shall be called the “Public Health Assessment of Pregnancy Services Act.”

### **SECTION 2. FINDINGS**

The legislature finds that:

1. Unregulated Pregnancy Clinics (UPCs), also known as “crisis pregnancy centers” or “pregnancy health centers” operate in all 50 states, the vast majority of which are affiliated with one of three national advocacy organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).
2. The UPC industry is large and widespread. Nationally, there are more than 2,600 UPCs<sup>127</sup> and, between 2019 and 2022 alone, the UPC industry received over \$5.6 billion in revenue, spent over \$4.9 billion in expenses, and held \$2.3 billion in assets.<sup>128</sup>
3. There is a dearth of public information on UPC industry operations and impact, including: its revenues and expenses; staffing and credentials of personnel – including volunteers – providing physical and mental health services; unique number of clients served; type and scope of services and material support provided; cost analyses compared to care and provision of material support provided outside the UPC industry; impact of UPC care on maternal and infant health outcomes; policies and practices to protect client health and safety; policies and practices to keep clients’ personal information confidential and secure; use of ultrasound machines; content of curriculum used in educational programming required for clients to receive support; medical accuracy of counseling, classes and materials; or impact on client access to prenatal care, birth outcomes, or other measures of health and wellness.

4. It is essential to conduct an independent assessment of the operation and impact of the UPC industry in [State] to determine whether their clients require additional protections.

### **SECTION 3. STUDY OF UNREGULATED PREGNANCY CLINICS**

After section XXX, the following new section XXX shall be inserted:

**(A) DEFINITION**—In this section:

“Unregulated Pregnancy Clinic” means a health facility primarily offering determination of pregnancy, pregnancy counseling, and material support for parents that does not have one or more physicians licensed under [cite code], physician assistants under [cite code], or advanced practice nurses under [cite code], on staff or under contract who provide or directly supervise, in person, the provision of all of the services provided at the facility. [NOTE: Many states have laws or regulations that define “direct supervision.” Ask your in-state advocates and bill drafters to ensure that the legislation uses language that fits your state.]

**(B) AUTHORIZATION AND STUDY SCOPE**

1. The Secretary of Health (hereinafter “the Secretary”) is hereby authorized and directed to conduct a study and issue a report detailing how the UPC industry operates, including: its revenues and expenses; staffing and credentials of personnel – including volunteers – providing physical or mental health services; unique number of clients served; types and amounts of services and material support provided; policies and practices to keep clients’ personal information confidential and secure; the operation and use of its ultrasound machines; and the medical accuracy of counseling, classes and materials provided.
2. The Secretary shall request, and may subpoena, [or may request the Attorney General or the House or Senate Health Committee to subpoena] data and information from Unregulated Pregnancy Clinics, their umbrella organizations or their contractors to meet the purposes of the study.
3. The information to be obtained about Unregulated Pregnancy Clinics shall include but is not limited to:
  - (a) What state and/or federal funds or tax or other subsidies, if any, are directly or indirectly allocated to such facilities in the state and the names and locations of such organizations receiving government funding;

- (b) Whether such facilities in the state are part of larger umbrella organizations that operate Unregulated Pregnancy Clinics across the country or across [State], and if so, whether those umbrella organizations receive state and/or federal funding;
- (c) Organizational revenue budgets for the most recently completed fiscal year of the center's sources of funding, specifying contributions for each of the following sources: governments, foundations, corporations, and individuals.
- (d) Organizational expense budgets for the most recently completed fiscal year listing the center's expenses in the same categories listed on the IRS 990 form.
- (e) The numbers of full-time paid staff, part-time paid staff, and volunteers and, for each, how many are licensed medical professionals, indicating the relevant and current licensing information for each, and which practice on-site and how frequently they are present on-site.
- (f) The numbers of unique clients served during the most recently completed fiscal year, and a breakdown of clients for pregnancy tests, ultrasounds, STD/STI tests, pregnancy counseling, student sexual risk education, parenting education, and material support.
- (g) The amount of material support provided, including the numbers of diapers, packs of baby wipes, baby clothing outfits, car seats, strollers, cribs, and containers of baby formula, and the numbers of clients provided with each.
- (h) Whether Unregulated Pregnancy Clinics market themselves as medical providers verbally or through written communication in print or online.
- (i) The medical accuracy of information given to clients or potential clients both orally and in writing.
- (j) Whether such facilities collect sensitive personal information from clients, how or whether they protect the confidentiality of clients' individually identifiable health information, and whether they claim to be covered by HIPAA. [If state privacy laws apply, add "whether they comply with (cite state law)."]
- (k) Whether such facilities use ultrasound machines and whether or not they are operated by licensed medical professionals or technicians directly supervised by licensed medical professionals whose scope of practice includes performing and interpreting obstetric ultrasounds.
- (l) Whether such facilities target vulnerable populations in their marketing materials.

### **(C) STUDY TIMELINE AND STRUCTURE**

1. The study will commence no later than three months following the effective date of this act and be completed no more than nine months later.
2. [The NY law creates a task force of nine members to support the Department of Health in the development of the study, the review of the findings and the establishment of specific recommendations for solutions to address any service gaps or negative impact in the state identified through the study. If you can delegate this directly to the Department of Health without a task force, it will likely speed things up.]
3. The Secretary shall issue a report to the governor and the legislature, and publish the report on its public website, containing the findings and policy recommendations. The report may include de-identified client information in the aggregate but shall not include personally identifiable information.

### **SECTION 4. EFFECTIVE DATE**

This law shall become effective on July 1, 20XX.