

Understanding Unregulated Pregnancy Clinics

Unregulated Pregnancy Clinics (UPCs)—also known as crisis pregnancy centers, anti-abortion centers, fake clinics, pregnancy health centers, or limited-service pregnancy centers—are organizations that frequently pose as health care clinics, but primarily work to deter people from accessing abortion, contraception, and other evidence-based reproductive health care. While many offer pregnancy-related services, such as pregnancy tests and non-diagnostic ultrasounds, the vast majority of UPCs are not classified as medical practices and do not charge for their services, so they are exempt from the regulations, including consumer privacy protections, that govern medical clinics and medical practices.

History and Scope

UPCs emerged as part of a larger anti-abortion strategy in the United States after the *Roe v. Wade* Supreme Court ruling that legalized abortion in 1973.⁷ Since then, their numbers have grown significantly. Today, there are more than 2,600 UPCs across the country,⁸ vastly outnumbering an estimated 765 clinics that provide abortions.⁹ Although UPCs often advertise “all-options” counseling, their primary goal is to obstruct access to abortion.

Tactics and Misrepresentation

UPCs often use misleading tactics to confuse people seeking or considering an abortion.¹⁰ They purchase targeted online ads¹¹ that pop up when people search for terms like “abortion provider” or “where to get an abortion.”¹² UPCs are often set up near clinics that provide abortion care. After the *Dobbs v. Jackson* decision, in states where abortion is banned, UPCs remain near clinics that no longer provide abortion, aiming to intercept people seeking birth control, all-options counseling, and other reproductive health services.¹³ The vast majority of UPCs operate without medical licensure and without medical oversight.¹⁴ In the few states where some of these centers hold Department of Public Health licenses, those licenses may not regulate clinical services. Once someone steps into a UPC, they’re frequently subject to biased counseling and medical disinformation—like the false claim that abortion raises the risk of infertility, breast cancer, or mental health issues.¹⁵

These tactics are not coincidental. A 2021 congressional report revealed that many UPCs are linked with national networks that provide training and communications strategies explicitly aimed at discouraging abortion.¹⁶

Public Funding and Lack of Accountability

Despite their clear ideological mission and provision of unregulated medical services without oversight, UPCs are securing increasing amounts of public funding, especially in states that restrict abortion. As of 2023, 22 states were using taxpayer money—often tens of millions annually—to fund UPCs through state-run “alternatives to abortion” programs.¹⁷ Texas alone allocated more than \$100 million in public funds to UPCs in the 2022-2023 fiscal year.¹⁸ Yet despite receiving public funding in nearly half the states, UPCs consistently resist fiscal transparency, accountability, and efforts to assess the impact of these public investments.¹⁹

Impact on Individuals and Public Health

Questions about the health impact of UPC practices are particularly concerning for young people, low-income communities, and people of color, who are already grappling with systemic barriers to reproductive and maternal health care.^{20,21} When someone searching for abortion seeks help at a UPC, they often experience intentional delays in accessing crucial medical care.²² These delays can push them beyond the legal gestational limit for abortion in their state, effectively cutting off their access to that care.²³

Moreover, while UPC advertising targets people seeking abortion, both the UPC industry and scholarly research show that the majority of people who visit a UPC intend to carry to term and visit the UPC seeking pregnancy care and material support.²⁴ The health consequences of UPC delay and disinformation tactics for pregnant people who visit a UPC before, or instead of, accessing prenatal care are unknown. But the relationship between delayed or denied prenatal care and maternal and infant mortality is well-documented.²⁵

Furthermore, research indicates that those who visit UPCs are less likely to receive medically accurate information about their medical options.²⁶ Instead, they may be subject to coercion, judgment, or misinformation, which UPC staff often use to deter people from accessing abortion or contraception or seeking care from a provider of comprehensive reproductive health services.²⁷ These tactics not only undermine the principle of informed consent but also jeopardize public health standards and infringe on an individual's right to make their own decisions about their reproductive health care.²⁸

Lack of Privacy Protection for Personal Information

In addition to collecting personally-identifiable information, UPCs also frequently collect extensive private health information from clients, such as date of last menstrual period, use of birth control, prescription and other drug use, past pregnancies and outcomes, and what options they are considering for their reproductive care.²⁹ UPCs are not legally obligated to

keep that information private or subject to any regulatory oversight of how they handle or use this data.³⁰ Thus they can share client data for any purpose, including with law enforcement to support pregnancy- and abortion-related prosecutions. An investigation by Privacy International found that Heartbeat International, a major UPC network, is building digital dossiers on UPC visitors.³¹

A Nationwide Unregulated Industry

UPCs are part of a large and widespread industry. They operate in all 50 states, and most affiliate with one or more of three national organizations: Care Net, Heartbeat International, or the National Institute of Family and Life Advocates (NIFLA). Based on the most recently available IRS 990 forms, about 2,100 pregnancy center locations reported more than \$1.9 billion in revenue and \$1.7 billion in expenses in 2023 alone.³²

Cloaked in the guise of legitimacy, UPCs divert public funds, spread false medical claims, exploit people's private health information, and deceptively brand themselves as a network of medical clinics—all in service of an ideological agenda.

UPCs are assuming a growing role in reproductive and maternal health care despite lacking the clinical oversight and accountability of regulated providers. As abortion is increasingly criminalized and maternal health systems suffer devastating cuts, UPCs are positioning themselves to fill critical care gaps that they are not regulated to manage. This reality demands regulatory action and a stronger safety net of trusted reproductive health services grounded in medical ethics and transparency.