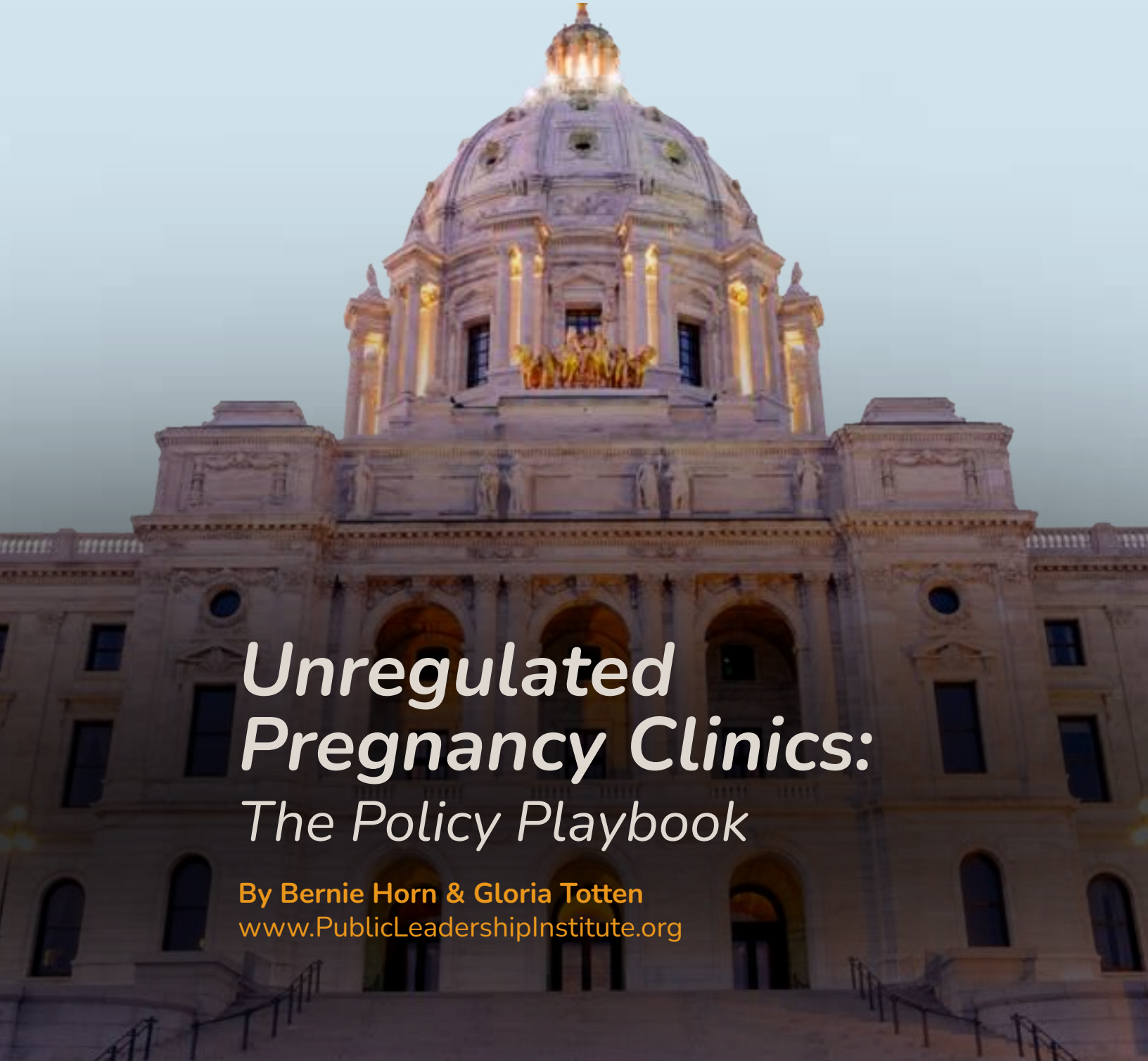
PUBLIC LEADERSHIP INSTITUTE



Unregulated Pregnancy Clinics:

The Policy Playbook

By Bernie Horn & Gloria Totten
www.PublicLeadershipInstitute.org

Copyright © 2025 by Public Leadership Institute

By Bernie Horn and Gloria Totten

The Public Leadership Institute is a nonprofit, nonpartisan policy and leadership center that supports elected officials and advocates working on issues that affect all Americans, including health care, education, reproductive rights, and economic opportunity. Based in Washington, DC, the Public Leadership Institute provides model legislation, strategic messaging guidance, leadership training, and policy playbooks to help state and local policymakers advance proactive, values-driven solutions in their communities. We encourage you to contact our team for strategic guidance and support as you consider the policies outlined in this book.

Public Leadership Institute
www.publicleadershipinstitute.org

Printed in the United States.

A PDF copy of the playbook, through which you can access the hyperlinks throughout, is available to download at https://upcplaybook.org. It is also available on our website.

Library of Congress Cataloging-in-Publication Data
Horn, Bernie, 1956-
Unregulated Pregnancy Clinics: The Policy Playbook / Bernie Horn and Gloria Totten
p. Cm.
ISBN 978-0-9991024-2
1. Pregnancy resource centers—Law and legislation—United States.
2. Reproductive rights—United States.
3. Abortion—Law and legislation—United States.
4. Women's health services—Law and legislation—United States.
I. Totten, Gloria, 1967- II. Title.

Acknowledgments

The Public Leadership Institute produced *Unregulated Pregnancy Clinics: The Policy Playbook* in partnership with Reproductive Health and Freedom Watch. We are grateful for the expertise, collaboration, and contributions of the following individuals, who provided invaluable input on the content and structure of this resource.

Editors
Mika Matsuno, Reproductive Health and Freedom Watch
Jenifer McKenna, Reproductive Health and Freedom Watch
Debra Rosen, Reproductive Health and Freedom Watch
Alcy Stiepock MacKay, Public Leadership Institute

Reviewers and Advisors
Susannah Baruch, JD
Sarah Corning, JD, ACLU of Texas
Michelle Erenberg, MPA, Lift Louisiana
Sue Frietsche, JD, Women's Law Project
Sarah Greenfield, Gender Justice
Iman Hassan, JD, Gender Justice
Raquel Ibarra, ASW, PPS, California Women's Law Center
Elizabeth Kristen, JD, California Women's Law Center
Erin Matson, Reproaction
Tara Murtha, MA, Women's Law Project
Megan Peterson, Gender Justice
Tara Romano, MPH, MS, Pro-Choice North Carolina
Scout Richters, JD
Ana Rodriguez, MSW, Texas Equal Access Fund & Lilith Fund
Laurie Rubiner, JD
Representative Lindsay Sabadosa, DLP, MS, General Court of the Commonwealth of Massachusetts
Carmel Shachar, JD, MPH, Center for Health Law and Policy Innovation Harvard Law School
Andrea Swartzendruber, PhD, MPH, College of Public Health, University of Georgia
Carly Thomsen, PhD, Department of English and the Center for the Study of Women, Gender, and Sexuality, Rice University
Representative Julie von Haefen, JD, North Carolina General Assembly

Design
Marcus Coppola

Note: Inclusion in the acknowledgments does not imply that any individual or entity endorses all the policies in this playbook.

Table of Contents

Introduction 1
Understanding Unregulated Pregnancy Clinics 2
Model Bills: Health and Safety Standards 5
1. Ultrasound Quality Assurance and Safety Act 6
2. Clinic Accountability and Standards Enforcement Act 11
3. Professional Responsibility in Health Care Act 16
4. Qualified Oversight in Reproductive Care Act 21
5. Reproductive Care Access and Information Act 25
Model Bills: Transparency and Accountability 29
6. Public Health Assessment of Pregnancy Services Act 30
7. Financial Transparency Act 36
8. Responsible Use of Public Health Dollars Act 40
9. Public Right to Know (Model FOIA or Public Records Letter) 43
Model Bills: Privacy Protections 46
10. Reproductive Health Client Data Privacy Act 47
11. Right to Dignified Care Act 53
12. Religious Freedom in Reproductive Health Act 59
Model Bills: Deceptive Practices 62
13. Preventing False Advertising in Reproductive Services Act 63
14. False Advertising in Health Care Act 68
15. Public Health Integrity Act 72
16. Resolution Against Deceptive Practices 77
Messaging and Communications 81
Additional Resources 93
Endnotes 103

Introduction

Across the United States, a vast network of Unregulated Pregnancy Clinics (UPCs), commonly referred to as crisis pregnancy centers, many of which present themselves as full-service reproductive health centers, are part of a broader movement to control and limit access to evidence-based reproductive care. While their mission is to prevent abortion, they also block access to contraception, promote fringe and medically inaccurate claims, and erode trust in the health care system. Despite their clinical appearance, and even in states where some are licensed, UPCs operate without medical oversight or accountability.

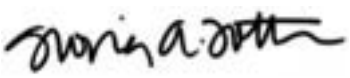
UPCs typically operate without financial transparency, despite receiving millions in taxpayer funding and investigations revealing misuse of taxpayer dollars by UPCs in multiple states.[1] UPCs routinely violate fundamental ethical standards[2] and vigorously resist requirements that they operate under established standards of transparency and care.[3] UPCs collect private health information and claim to protect client confidentiality, but are not subject to the professional and legal obligations to protect individual privacy that govern regulated medical offices.[4, 5] UPC clients are thus led to believe their private health information is protected, while being exposed to privacy breaches and possible criminal prosecution. Many UPCs promote misleading medical claims without adhering to established standards of care[6] and face little accountability for their operations or outcomes.

This is a policy playbook for addressing these systemic failures. It offers sensible legislative solutions and strategic tools to address UPC's core failings: lack of health and safety standards, scant financial transparency and accountability, absence of data privacy protections, and deceptive practices. Grounded in research and developed with expert input, the playbook includes model bills, talking points, and messaging strategies that you can tailor to various state and local policy, political, and legal contexts. The models in this book can also be tailored to different policy opportunities, such as stand-alone legislation, amendments, resolutions, executive actions, community petitions, and more.

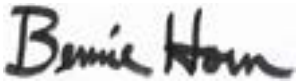
Whether you are working to ensure responsible oversight or to strengthen longstanding safeguards, this playbook offers tools to help you ensure transparency, fairness, and safety for all individuals seeking evidence-based health care in your community.

We welcome your partnership. If you have any questions about the model bills, need support tailoring policy to your state or locality, or want help shaping your strategy, please contact us at info@upcplaybook.org. We value your leadership and are always excited to support your efforts.

With appreciation,



Gloria A. Totten
Founder and President



Bernie Horn
Senior Director for Policy and Communications

Copyright © 2025 by Public Leadership Institute

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 ads[11] 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]

Copyright © 2025 by Public Leadership Institute

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

Copyright © 2025 by Public Leadership Institute

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.

Copyright © 2025 by Public Leadership Institute

Model Bills: Health and Safety Standards

Copyright © 2025 by Public Leadership Institute

1. Ultrasound Quality Assurance and Safety Act

Issue Overview

Unregulated Pregnancy Clinics (UPCs) often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[33] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[34,35] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for extensive private health information.[36]

According to recent studies, around three-quarters of UPCs offer ultrasounds. [37,38] These are not diagnostic tests. UPCs offer ultrasound to emotionally influence clients to continue their pregnancy and to telegraph medical legitimacy.[39,40] In states where ultrasound is required before abortion care, many UPCs falsely claim their services fulfill that legal requirement.[41]

The American Institute of Ultrasound in Medicine (AIUM) condemns using ultrasounds for any non-medical purpose. AIUM states, “The use of ultrasound without a medical indication to view the fetus, obtain images of the fetus, or identify the fetal external genitalia is inappropriate and contrary to responsible medical practice.”[42]

Moreover, the operators of ultrasound machines at many UPCs do not meet the American Institute of Ultrasound in Medicine (AIUM) training guidelines. According to AIUM, proper diagnostic ultrasound exams must be conducted by, or under the direct supervision of, a physician, physician assistant, or nurse practitioner who has received specialized training.[43]

Even Care Net, one of the largest UPC umbrella organizations in the U.S., acknowledges that performing ultrasounds outside of medical practice is unethical. Responding to, "Can we just do ultrasounds without becoming a medical clinic?” Care Net’s answer is unequivocal: “Absolutely not. The use of ultrasound energy in any form is considered the practice of medicine.”[44]

Copyright © 2025 by Public Leadership Institute

Some states take ultrasound regulation more seriously for animals than for humans. For example, some states, including Georgia,[45] Minnesota,[46] Pennsylvania,[47] and Texas[48] prohibit unlicensed operators from conducting ultrasounds on livestock, defining it as the practice of veterinary medicine. Ironically, those same states currently allow unlicensed individuals to perform ultrasounds on pregnant people.

In addition to UPCs, for-profit "keepsake" photo businesses also perform non-medical ultrasounds to create souvenir images or videos. Unlike UPCs, these businesses are transparent and make no claim to offer medical services. Still, some states, including California and Washington, ban these companies due to health and safety concerns.

Copyright © 2025 by Public Leadership Institute

Ultrasound Quality Assurance and Safety Act

Summary: The Ultrasound Quality Assurance and Safety Act requires that an ultrasound device can only be used if it is operated or supervised by a licensed medical professional operating within their scope of practice.

Based on WA SB 6151 (2024)

SECTION 1. SHORT TITLE

This Act shall be called the "Ultrasound Quality Assurance and Safety Act."

SECTION 2. FINDINGS

The legislature finds that:

1. An ultrasound machine is a medical device that uses high-frequency sound waves to create images of the inside of the body.

2. The U.S. Food and Drug Administration, which is responsible for approving all prescription drugs and medical devices for human use, considers the use of ultrasound energy on humans to be the practice of medicine and must be done for clear medical indications and be performed by trained and licensed medical providers. The FDA opposes the use of ultrasound machines by anyone other than appropriately trained and licensed medical professionals, under the supervision and authority of a licensed physician.[49]

3. The American Institute of Ultrasound in Medicine (AIUM) official statements[50] on the use and safety of ultrasound in pregnancy strongly discourage the use of ultrasounds for any non-medical purpose, advise that diagnostic ultrasound in pregnancy should only be performed when there is a valid medical indication, and recommend that all fetal ultrasound examinations be performed by appropriately trained and credentialed medical professionals who have received specialized training in fetal imaging and meet the AIUM training guidelines.[51] The AIUM also emphasizes that all pregnancy ultrasound imaging requires proper documentation and a final report for the patient's medical record signed by a physician or an advanced clinical provider legally responsible for interpretation.[52]

4. Nevertheless, ultrasound machines are being operated by untrained staff and volunteers in a number of circumstances. These include: "elective" standalone ultrasound "centers," which may or may not have appropriately trained and supervised staff;[53] "keepsake" ultrasound photo studios to take pictures for framing;[54] and Unregulated Pregnancy Clinics (UPCs) [or use another name if it's common for your state] that often offer "non-diagnostic" ultrasound imaging.

Copyright © 2025 by Public Leadership Institute

5. It is therefore necessary and appropriate for state law to specify under what conditions an ultrasound can be performed.

SECTION 3. QUALITY ASSURANCE FOR ULTRASOUND

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

(A) OPERATION OF ULTRASOUND LIMITED TO LICENSED PROFESSIONALS

1. An ultrasound or a similar medical imaging device or procedure shall only be used on a person by:

(a) A health care provider holding an active license under [cite code sections which license a physician, nurse practitioner or other advanced practice clinician] and acting within their scope of practice; or

(b) A person acting under the direct supervision of a health care provider holding an active license under [cite same code sections as above], where all actions performed are within the supervising health care provider's scope of practice.

2. This section does not apply to the practice of a licensed midwife providing care pursuant to (cite code) or the practice of a certified nurse-midwife providing care pursuant to (cite code). [If other medical exemptions should apply based on the licensing system in your state, they would go here.]

3. [*OPTIONAL PROVISION*, but note that the CA and WA laws have no exceptions for non-medical uses.] This section does not apply if the ultrasound is performed for the sole purpose of creating keepsake photos or videos.

(B) ENFORCEMENT

1. Whenever the Attorney General or a district attorney [if applicable: a city attorney, a county counsel] has reasonable cause to believe that a facility has violated this section, the Attorney General may issue a civil investigative demand pursuant to [cite code].

2. The Attorney General may commence an action in any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of this section, and for civil penalties for violations.

Copyright © 2025 by Public Leadership Institute

3. Prior to commencing an action in court, the Attorney General shall give written notice to the facility to cure such violations not later than 10 business days after receipt of the written notice.

4. Upon a finding by the court that a facility has violated this section, the state shall be entitled to recover:

(a) civil penalties of up to three thousand dollars for a first violation;

(b) civil penalties of up to ten thousand dollars for a second or subsequent violation; and

(c) reasonable attorneys' fees and costs.

5. In determining the overall amount of civil penalties to assess against a facility, the court shall include, but not be limited to the following in its consideration:

(a) the nature and severity of the violation;

(b) the size, scope, and type of the offending organization; and

(c) the good faith cooperation of the offending facility with any investigations conducted by the Attorney General pursuant to this section.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

2. Clinic Accountability and Standards Enforcement Act

Issue Overview

There are nonprofit free medical clinics in every state, dedicated to providing quality health care to people who can't afford it. Across the country, about 1,500 such clinics, often called "free clinics," "charitable clinics," or something else, deliver care at little or no cost.[55] These clinics are primarily staffed by licensed medical professionals, including physicians, who volunteer their time to serve their communities.

Unlike nonprofit free medical clinics, many Unregulated Pregnancy Centers (UPCs) present themselves as providers of free reproductive and maternal health care in order to advance an ideological agenda and mislead clients seeking information about abortion.[56] While these organizations have every right to oppose abortion, their advertising, signage, and websites are designed to resemble those of licensed medical clinics, even those of abortion providers.[57] Inside, staff wear lab coats and scrubs, and use intake forms to collect private health information,[58] and rooms are set up to mimic doctors' offices. Most UPCs offer free pregnancy tests[59] readily available at any pharmacy. Between one-quarter[60] and one-half[61] advertise free STD/STI tests, and approximately three-quarters advertise free ultrasounds, [62] typically performed by someone presenting as a medical professional.

UPCs operate without meaningful oversight of the medical claims they make or the services they provide. While some UPCs in a few states can obtain limited licensure, these credentials create a false sense of legitimacy. Most UPCs do not comply with the professional standards, confidentiality protections (such as HIPAA), or regulatory requirements that govern medical clinics.[63,64] Moreover, while some UPCs list off-site doctors as "medical directors" or have RNs or LPNs onsite, they do not diagnose, prescribe, or refer people for treatment.

If a facility presents itself as a free medical clinic, it should follow the rules that apply to free medical clinics. The American Medical Association "urges the development of effective oversight for entities offering pregnancy-related health services and counseling."[65] The American College of Obstetricians and Gynecologists says that policymakers should hold UPCs "accountable for deceptive practices by, for example, enforcing and strengthening consumer protection laws against false and misleading advertising, investigating the pervasiveness and impact of deceptive practices on patients, and partnering across the public and private sectors to ensure transparency."[66] Those recommendations are not just good medicine; they are sound public policy.

Copyright © 2025 by Public Leadership Institute

Clinic Accountability and Standards Enforcement Act

Summary: The Clinic Accountability and Standards Enforcement Act provides that if a facility holds itself out as if it were a regulated free medical clinic, then that facility must comply with the rules that apply to a free medical clinic.

[NOTE: The substance of the bill doesn't mention UPCs. As written, it would apply to any facility. This makes it more likely to stand up in court, but please consider whether there are any facilities in the State that need explicit exemptions.]

SECTION 1. SHORT TITLE

This Act shall be called the "Clinic Accountability and Standards Enforcement Act."

SECTION 2. FINDINGS

The legislature finds that:

1. The State of [State] has a number of [or say how many] free medical clinics [if the state has a different name for free medical clinics, substitute it throughout this bill], which provide medical care mostly to residents who cannot afford health care services because they lack health insurance or are underinsured. These free medical clinics are staffed by licensed health care providers who treat patients within their scope of practice, often with administrative assistance from laypeople. Free medical clinics are licensed under [cite code section] and their health care providers are licensed under [cite code sections].

2. Free medical clinics must comply with standard health care regulations, such as those guaranteeing the privacy and security of clients' sensitive information; limits on who can diagnose, order and interpret diagnostic tests or initiate and manage treatments; credential requirements for those who operate specific types of medical equipment and those who provide mental health treatment or counseling; and basic rules of sanitation and safety.

3. The State of [State] has a number of [or say how many] Unregulated Pregnancy Clinics (UPCs) [or use another name if it's common for your state], also known as "crisis pregnancy centers," which are organizations that primarily counsel clients against having an abortion. While individuals and organizations certainly have the right to free speech, many UPCs intentionally advertise as if they were free medical clinics in order to entice potential clients inside. Further, many UPCs are made to look like medical clinics, with waiting rooms, examination rooms, medical equipment, and staff – including nonmedical volunteers – dressed like doctors and nurses. [BILL DRAFTING NOTE: Paragraph 3 should probably be omitted in a state that funds UPCs.]

Copyright © 2025 by Public Leadership Institute

4. If a facility holds itself out to be a free medical clinic, then it should be subject to the requirements and accountability protocols of a free medical clinic.

SECTION 3. COMPLIANCE WITH RULES OF A FREE MEDICAL CLINIC

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

(A) REQUIREMENTS

1. A facility that holds itself out to clients as a free medical clinic shall be subject to the state regulations that apply to a free medical clinic, including but not limited to [add applicable citations to state law]: protecting the privacy and security of clients' sensitive information; limits on who can diagnose, who can order and interpret diagnostic tests, and who can initiate and manage treatments; credential requirements for those who provide mental health treatment or counseling; the use of specific types of medical equipment such as ultrasound; and basic rules of sanitation and safety.

2. The determination of whether a facility holds itself out as a free medical clinic shall be based on the totality of the circumstances, with the following taken into consideration. If a facility:

(a) Advertises itself, including on the Internet, as if it provides free medical services.

(b) Has signage that would make a potential client believe that the facility provides free medical services.

(c) Is made to look like a medical office, with medical examination tables or equipment not generally found in a nonmedical counseling center.

(d) Has staff providing medical services or health care counseling who are not licensed medical providers but wearing medical scrubs or uniforms.

(e) Has staff who claim to be certified for particular medical tasks but that certification is not recognized by the State of [State].

(f) Claims to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

(g) Claims that clients are able to file complaints against the facility with a particular federal or state health agency, if those agencies do not accept complaints for the type of facility being run.

Copyright © 2025 by Public Leadership Institute

(h) Lists in advertising or on-site, a medical director who is not licensed under [cite code section for a physician, and if appropriate, for a physician assistant or nurse practitioner] or lists a medical director who is licensed but does not directly supervise, in person, the provision of all medical 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.]

(i) Requires clients to fill out an intake form before receiving services which asks for private health information, such as a listing of prescriptions the client is taking or a listing of medical conditions that are unrelated to establishing a client's pregnancy.

3. The Attorney General may promulgate regulations on the determination of whether a facility holds itself out as a free medical clinic of some kind.

(B) ENFORCEMENT

1. Whenever the Attorney General or a district attorney [if applicable: a city attorney, a county counsel] has reasonable cause to believe that a facility has violated this section, the Attorney General may issue a civil investigative demand pursuant to [cite code].

2. The Attorney General may commence an action in any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of this section, and for civil penalties for violations.

3. Prior to commencing an action in court, the Attorney General shall give written notice to the facility to cure such violations not later than 10 business days after receipt of the written notice.

4. Upon a finding by the court that a facility has violated this section, the state shall be entitled to recover:

(a) civil penalties of up to three thousand dollars for a first violation;

(b) civil penalties of up to ten thousand dollars for a second or subsequent violation; and

(c) reasonable attorneys' fees and costs.

5. In determining the overall amount of civil penalties to assess against a facility, the court shall include, but not be limited to the following in its consideration:

(a) the nature and severity of the violation;

Copyright © 2025 by Public Leadership Institute

(b) the size, scope, and type of the offending organization; and

(c) the good faith cooperation of the offending organization with any investigations conducted by the Attorney General pursuant to this section.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

3. Professional Responsibility in Health Care Act

Issue Overview

Licensed medical providers must follow a professional code of conduct, which state licensing agencies enforce through established disciplinary procedures.

Many licensed medical providers volunteer at free medical clinics that offer free or low-cost medical care. [Your state may call them "free clinics," "charitable clinics," or another term.] These clinics follow standard health care regulations, including requirements for protecting clients' private health information, restricting who can diagnose and treat people, ensuring proper credentials for mental health providers, regulating who can operate medical equipment, and following basic sanitation and safety rules.

Unregulated Pregnancy Clinics (UPCs) often present themselves as free medical clinics, even though they are not. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[67] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[68] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for extensive private health information.[69]

Between 72[70] and 77[71] percent of UPCs use ultrasound machines for non-medical purposes. These are not diagnostic tests from which medical conclusions can be drawn. UPCs advertise "limited" ultrasounds,[72] which they perform to show clients pictures of the uterus they hope will emotionally influence those considering abortion to continue the pregnancy. UPCs are using this medical equipment unethically;[73] even one of the three major UPC umbrella groups, Care Net, acknowledges this when it truthfully addresses the question "Can we just do ultrasounds without becoming a medical clinic?" with the answer, "Absolutely not. The use of ultrasound energy in any form is considered the practice of medicine."[74]

UPC intake forms are often invasive. Even though they are not medical providers, many UPCs ask for prescription drug lists, past and current illnesses, and medical conditions unrelated to their services. Some ask inappropriate questions like the name or age of the person who impregnated the client, whether the client is living with someone they aren't married to, when they first had sex, or whether they have multiple partners or same-sex partners. Collecting such information is unnecessary and likely unethical, given that most UPCs only provide over-the-counter pregnancy tests, STD/STI tests without treatment, lay

Copyright © 2025 by Public Leadership Institute

counseling, and material resources like diapers and wipes. Further, even though they don't bill insurance, UPCs often ask for clients' government identification documents, insurance information, income, employer, or eligibility for public assistance.[75]

Because the vast majority of UPCs are not medical offices, they are not required to protect clients' personal identifying data and private health information. Unlike standard medical clinics, UPCs are not governed by HIPAA or state privacy laws.[76] National UPC organizations admit this.[77] Yet many UPCs falsely claim to be "HIPAA compliant," giving clients a false sense of security.

Many UPCs do not meet basic medical standards. Most states don't require UPCs to follow any health or safety regulations, not even basic sanitation rules.

Many UPCs have been documented giving clients false or misleading information. For example, clients may be given false information as part of their ultrasound, or gestational age may be willfully miscalculated to delay or deter clients from seeking an abortion.[78]

The state has a responsibility to protect people from misleading or unethical practices. The Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology jointly stated support for this policy position: "[We] urge all governmental, regulatory (e.g., medical and nursing boards), and accrediting bodies with responsibility for enforcing medical and ethical practice standards to ensure that health care professionals providing services at CPCs and services delivered at CPCs adhere to established standards of care."[79] Similarly, the American Medical Association "urges the development of effective oversight for entities offering pregnancy-related health services and counseling."[80]

Copyright © 2025 by Public Leadership Institute

Professional Responsibility in Health Care Act

Summary: The Professional Responsibility in Health Care Act lists specific circumstances which constitute unprofessional conduct by a licensed health care provider in order to ensure that all clients are treated with appropriate care.

Based on VT SB 37 (2023)

[NOTE: The substance of the bill doesn't mention UPCs. As written, it would apply to a health care provider at any facility. This makes it more likely to win a challenge in court, but please consider whether there are any facilities in the State that need explicit exemptions.]

SECTION 1. SHORT TITLE

This Act shall be called the "Professional Responsibility in Health Care Act."

SECTION 2. FINDINGS

The legislature finds that:

1. All licensed health care providers in [State] are subject to a code of conduct, which is a set of principles and guidelines that set the ethical and professional standards for those providers.

2. Many licensed health care providers volunteer to staff free medical clinics, which provide medical care mostly to residents who cannot afford health care services because they lack health insurance or are underinsured. At such clinics, licensed health care providers must comply with standard health care regulations, such as those concerning the privacy and security of clients' sensitive information; requirements about who can order and interpret diagnostic tests; credentialing regulations for those who operate specific types of medical equipment; and basic rules of sanitation and safety. Licensed providers volunteering at free medical clinics is laudable and should be encouraged.

3. Some licensed health care providers volunteer to staff unregulated centers where medical care is secondary to another primary mission. While organizations and individuals have the right to free expression, licensed medical professionals must comply with ethical and professional standards whenever they present themselves as if they were acting in their capacities as licensed providers.

4. It is essential for the State to make explicit the ethical and professional standards that apply to licensed providers volunteering at unregulated free clinics.

Copyright © 2025 by Public Leadership Institute

SECTION 3. PROFESSIONAL RESPONSIBILITY

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

[THESE ARE ADDED TO THE EXISTING CODE ABOUT UNPROFESSIONAL CONDUCT]

In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any of the following items or any combination of items, whether the conduct at issue was committed within or outside the State, shall constitute unprofessional conduct:

(1) Willfully representing, or working alongside, unlicensed health care providers in a manner that misrepresents them to clients as if they were licensed.

(2) Willfully representing to clients, or knowing it is being represented, that the facility where the licensee is working is a medical facility that both diagnoses and treats clients' medical conditions when, in fact, it does not.

(3) Willfully representing to clients, or knowing it is being represented, that an examination or test, such as an ultrasound examination or STD/STI test, is being conducted or interpreted as if it were a diagnostic examination or test like one at a hospital when, in fact, it is not.

(4) Willfully representing to clients, or knowing it is being represented, that a facility needs a list of the client's medications, or a thorough medical history, or other sensitive private health information when a reasonable licensee would know that a such information is not needed for the services offered at that facility.

(5) Willfully representing, or knowing it is being represented, that clients' sensitive private health information is protected by the Health Insurance Portability and Accountability Act (HIPAA) or protected by binding rules that provide privacy and security guarantees, when, in fact, HIPAA or other privacy and security guarantees are not provided.

(6) Willfully representing, or knowing it is being represented, that a facility operates under the sanitation and safety standards of a licensed medical facility when, in fact, it does not.

(7) Willfully providing inaccurate health or medical information to a client, or knowing it is being provided, including misrepresentation of a client's medical condition.

Copyright © 2025 by Public Leadership Institute

(8) Willfully representing, or knowing it is being represented, that the licensed medical professional is the Medical Director or medical supervisor of a facility or procedure when that professional does not, in fact, personally supervise the medical care and compliance with regulations and healthcare standards at that facility.

[NOTE: THE EXISTING CODE IN WHICH THIS IS PLACED ALREADY HAS ENFORCEMENT MECHANISMS BUILT IN.]

Copyright © 2025 by Public Leadership Institute

4. Qualified Oversight in Reproductive Care Act

Issue Overview

Unregulated Pregnancy Clinics (UPCs) often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[81] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[82,83] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment, and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for private health information.[84]

The vast majority of UPCs advertise medical or quasi-medical services. Nearly all offer free pregnancy tests[85] readily available at any pharmacy. Between one-quarter[86] and one-half[87] advertise free STD/STI tests, and approximately three-quarters advertise free ultrasounds,[88] typically performed by someone presenting as a medical professional.

Some UPCs have off-site doctors listed as medical directors or employ on-site RNs or LPNs, but they do not diagnose medical conditions, write prescriptions, or refer people for treatment. Because most of these centers are not regulated as conventional medical clinics, they are not required to follow standard rules on client confidentiality, medical accuracy, or even basic sanitation.[89]

The state has a responsibility to protect people from misleading or unethical practices. The Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology jointly stated support for this policy position: "[We] urge all governmental, regulatory (e.g., medical and nursing boards), and accrediting bodies with responsibility for enforcing medical and ethical practice standards to ensure that health care professionals providing services at CPCs and services delivered at CPCs adhere to established standards of care."[90] Similarly, the American Medical Association "urges the development of effective oversight for entities offering pregnancy-related health services and counseling."[91]

Copyright © 2025 by Public Leadership Institute

Qualified Oversight in Reproductive Care Act

Summary: The Qualified Oversight in Reproductive Care Act requires a facility that provides obstetric ultrasound examinations to identify its medical director to the Department of Health and to clients.

SECTION 1. SHORT TITLE

This Act shall be called the "Qualified Oversight in Reproductive Care Act."

SECTION 2. FINDINGS

The legislature finds that:

1. Most Unregulated Pregnancy Clinics (UPCs) do not have a physician, physician assistant or nurse practitioner who supervises, in person, medical services provided at the facility.

2. However, many UPCs without an on-site medical supervisor nevertheless represent to clients that the facility has a medical director without naming that medical professional. The claim that such a facility has a medical director gives clients a false sense of security.

3. It is vital for clients to access early and reliable medical care to confirm pregnancy, gestational age, identify ectopic pregnancy, fetal anomaly, issues with the placenta or amniotic fluid, and any factors that could make the pregnancy high risk or dangerous. Such medical care may also be important for the health of the fetus.

4. If a pregnancy clinic asserts that it has a medical director, then that individual should be named. Clients receiving physical or mental health services require and deserve this information.

SECTION 3. MEDICAL DIRECTOR RESPONSIBILITY

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

(A) DEFINITIONS—In this section:

Copyright © 2025 by Public Leadership Institute

1. “Qualified medical provider” means a physician licensed under [cite state law], a nurse practitioner licensed under [cite state law], or a physician assistant licensed under [cite state law], acting within their scope of practice.

2. “Unregulated clinic” means a facility, including a mobile facility, that provides obstetric ultrasound examinations but is not a “covered entity” under the federal Health Insurance Portability and Accountability Act (HIPAA).

(B) DISCLOSURE—An unregulated clinic shall be required to:

1. Have a qualified medical provider who provides or supervises, and takes responsibility for, the provision of medical care at the facility;

2. Notify the [Department of Health], in accordance with rules promulgated by the [Department], of the name and contact information for its qualified medical providers.

3. Disclose to a client, upon request, the name and contact information for any qualified medical provider who provides or supervises medical care to that client.

(C) ENFORCEMENT

1. Any person who believes that a violation of this section has occurred may file a complaint with the [Department]. Within thirty [30] days of receiving such complaint, the [Department] shall investigate such complaint and determine whether a violation has occurred.

2. Any unregulated clinic violating the provisions of this section shall be subject to a civil fine of not less than five hundred dollars and not more than one thousand dollars on the first violation and not less than one thousand dollars and not more than five thousand dollars on the second and all subsequent violations. [Adjust the civil penalty amounts to what is conventional in your own state.]

3. The Attorney General may commence an action in any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of this section, and for civil penalties for violations.

4. Prior to commencing an action in court, the Attorney General shall give written notice to the unregulated clinic to cure such violations not later than 10 business days after receipt of the written notice.

Copyright © 2025 by Public Leadership Institute

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

5. Reproductive Care Access and Information Act

Issue Overview

The Unregulated Pregnancy Clinic (UPC) industry is large and widespread. More than 2,600 pregnancy centers operate in all 50 states,[92] most of which affiliate with one or more of three national organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA). Between 2019 and 2022 alone, the UPC industry reported over $5.6 billion in revenue, more than $4.9 billion in expenses, and $2.3 billion in assets.[93]

UPCs often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[94] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[95,96] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment, and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for private health information.[97]

UPC clients have reported that they believed they were at an actual medical clinic,[98,99] where staff made false claims about reproductive health care under the guise of medical authority. UPCs often target people who are young, have lower incomes, and may not be familiar with the difference between a traditional medical clinic and a UPC. These clients are vulnerable; many may be afraid. This vulnerability is exploited when someone who may or may not be an appropriately licensed medical professional makes alarming medical claims to someone in a state of stress. That's routinely the UPC strategy: use medical impersonation to push falsehoods about the safety of standard reproductive health care.[100]

Residents of [State] are being inundated with ads for UPCs. Online ads, billboards, and signs frequently make UPCs appear to be standard medical clinics staffed by licensed medical practitioners, when, overwhelmingly, they are not.

The best way to diminish the negative impact of UPCs is to promote fact-based reproductive health care. Between 2021 and 2024, state legislatures allocated over half a billion in taxpayer dollars ($513 million) to the UPC industry.[101] It is time to counterprogram against the UPCs' ubiquitous "Pregnant? Need Help?" style ads.

We also need to promote more accessible, trustworthy resources. UPCs operate and advertise several centralized hotlines and online directories to direct clients their way, such as Heartbeat International's Option Line[102] and Directory of Pregnancy Health Centers,[103]

Copyright © 2025 by Public Leadership Institute

Care Net's National Hotline[104] and directory of UPCs,[105] the Pregnancy Decision Line,[106] and the "Pregnant, Need Help" Hotline.[107] While similar resources exist for all-options clinics, they must be easier to use, more widely promoted, and better known.

Copyright © 2025 by Public Leadership Institute

Reproductive Care Access and Information Act

Summary: The Reproductive Care Access and Information Act directs the state Department of Health to spend $X,000,000 creating and promoting an 800 number and a website to provide contact information for nearby medical clinics that provide a full range of pregnancy services, including birth control, emergency contraception and abortion.

[NOTE: Unregulated Pregnancy Clinics (UPCs) often posture as abortion clinics and reproductive health care providers, ambiguously advertising themselves as such. Massachusetts created a program which, in part, sought to inform people that UPCs are not medical clinics. This measure addresses the same problem from the opposite direction, helping to advertise regulated reproductive health care clinics. Conservative states have spent $1 billion to promote UPCs and much of that goes into advertising. It is time for more progressive states to step up and counterprogram against the UPCs' ubiquitous "Pregnant? Need Help?" style ads. This measure is particularly timely because it is anticipated that the current federal Administration and U.S. Congress will direct hundreds of millions of dollars in new federal funding to directly support UPCs.]

[BILL DRAFTING NOTE: This might be a bill or a budget amendment.]

SECTION 1. SHORT TITLE

This Act shall be called the "The Reproductive Care Access and Information Act."

SECTION 2. FINDINGS
The legislature finds that:

1. Unregulated Pregnancy Clinics (UPCs) [local advocates may want to use another name, so consult with them] are facilities that purport to offer unbiased reproductive health care information, goods and services, but instead they are primarily intended to prevent clients from seeking reproductive health care.

2. Nationwide, UPCs spend hundreds of millions of dollars each year promoting their facilities as if they were regulated medical clinics.

3. Residents of [State] are being inundated with billboards and online advertising that frequently make UPCs seem like medical clinics staffed by licensed medical practitioners, when, overwhelmingly, they are not.

4. The state should provide or support telephone and Internet directories for unbiased reproductive medical services, and those directories must be advertised.

Copyright © 2025 by Public Leadership Institute

SECTION 3. PROMOTION OF REPRODUCTIVE HEALTH CARE

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

(A) PROGRAM TO PROMOTE REPRODUCTIVE HEALTH CLINICS

1. The Department of Health is directed to create or support telephone and online directories of reproductive health facilities which direct users to medical clinics that provide a full range of pregnancy services, including birth control, emergency contraception and abortion, and to social service agencies providing infant care supplies.

2. The telephone resource must be a toll-free number staffed by live operators 24 hours per day, seven days per week, and the website must be highly user-friendly, ensuring accessibility for users with limited internet skills.

3. Both the toll-free number and the website must allow callers and users to:

(a) Identify a selection of the nearest medical clinics that provide a full range of pregnancy services, including birth control, emergency contraception and abortion; and

(b) Contact those clinics by providing street addresses, web addresses and phone numbers.

4. The Department may create a new toll-free number and website for this program, or it may partner with other states or with one or more nonprofit organizations using existing or newly-created resources.

5. Once the toll-free number and website are created, the Department shall promote these resources through existing government means of communications as well as through paid advertising.

(B) APPROPRIATION

For the [fiscal year] Fiscal Year: $5,000,000 [or appropriate amount] is appropriated to the [Department of Health] to create and advertise toll-free telephone and website directories of medical clinics that provide a full range of pregnancy services.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

Model Bills: Transparency and Accountability

Copyright © 2025 by Public Leadership Institute

6. Public Health Assessment of Pregnancy Services Act

Issue Overview

Unregulated Pregnancy Clinics (UPCs) often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[108] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even at times as abortion providers.[109,110] Inside, they often resemble medical offices, with waiting rooms, exam rooms outfitted with medical equipment, and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for private health information.[111]

The vast majority of UPCs advertise medical or quasi-medical services. Nearly all offer free pregnancy tests[112] readily available at any pharmacy. Between one-quarter[113] and one-half[114] advertise free STD/STI tests, and approximately three-quarters advertise free ultrasounds, typically performed by someone presenting as a medical professional.[115]

UPCs typically operate without medical oversight or standards of care, exposing people to risk. Some list off-site doctors as medical directors, and some have on-site RNs or LPNs, but they don't diagnose medical conditions, write prescriptions, or refer people for care. Because most UPCs are not regulated as conventional medical clinics, they are not required to follow rules around client confidentiality, medical accuracy, or sanitation.[116]

UPC clients have reported that they believed they were at an actual medical clinic,[117,118] where staff made false claims about reproductive health care under the guise of medical authority. UPCs often target people who are young, have lower incomes, and may not be familiar with the difference between a traditional medical clinic and a UPC. These clients are vulnerable; many may be afraid. This vulnerability is exploited when someone who may or may not be an appropriately licensed medical professional makes alarming medical claims to someone in a state of stress. That's routinely the UPC strategy: use medical impersonation to push falsehoods about the safety of standard reproductive health care.[119]

UPCs' use of ultrasound machines is unethical. UPCs do not perform diagnostic ultrasounds that address medical issues. Instead, they offer so-called "limited" or "non-diagnostic" ultrasounds, intended to show pictures of the uterus they hope will dissuade clients from seeking an abortion. This is a misuse of medical equipment;[120] even one of the three major UPC umbrella groups, Care Net, admits as much when it truthfully addresses the question "Can we just do ultrasounds without becoming a medical clinic?" with the

Copyright © 2025 by Public Leadership Institute

answer, “Absolutely not. The use of ultrasound energy in any form is considered the practice of medicine.”[121]

Because the vast majority of UPCs are not medical offices, they can and do violate clients’ privacy. Traditional medical clinics must follow the privacy, confidentiality, and records security requirements of the Health Insurance Portability and Accountability Act (HIPAA). UPCs are not subject to HIPAA and, therefore, are not required to protect clients’ private health information.[122] On the contrary, many UPCs maintain client records in online databases accessible by third parties outside the UPC.[123] The national UPC industry employs these records to amass “digital dossiers” on clients, their doctors, and their loved ones that could be used in pregnancy-related prosecutions.[124]

We must regulate these pregnancy centers. The American Medical Association “urges the development of effective oversight for entities offering pregnancy-related health services and counseling.”[125] The American College of Obstetricians and Gynecologists says that policymakers should hold UPCs “accountable for deceptive practices by, for example, enforcing and strengthening consumer protection laws against false and misleading advertising, investigating the pervasiveness and impact of deceptive practices on patients, and partnering across the public and private sectors to ensure transparency.”[126]

Copyright © 2025 by Public Leadership Institute

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[127] 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.[128]

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.

Copyright © 2025 by Public Leadership Institute

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;

Copyright © 2025 by Public Leadership Institute

(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.

Copyright © 2025 by Public Leadership Institute

(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.

Copyright © 2025 by Public Leadership Institute

7. Financial Transparency Act

Issue Overview

The Unregulated Pregnancy Clinic (UPC) industry is large and widespread. More than 2,600 pregnancy centers operate in all 50 states,[129] most of which affiliate with one or more of three national organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).

Over the past three years, [State] has granted $XXXX to pregnancy centers. XX pregnancy centers operate in [State], and XX has received funding from the state. However, there is little transparency in the grant process. It is not clear: (a) how much money has been granted from year to year; (b) who receives it and how much is passed along to other groups or individuals; (c) how many unique clients are served in a year; (d) what measurable quantity of products and services each of those clients receive; (e) whether grantees are appropriately audited; and (f) whether audits are reviewed to ensure that state funds are spent in accordance with grant guidelines and protocols.

It's unclear whether state funding of pregnancy centers is needed since most have excess revenues. 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.[130] The current Administration and U.S. Congress are seeking to allocate hundreds of millions of new dollars into these facilities.

The level of state funding does not reasonably match the services provided. Based on IRS 990 forms, the average pregnancy center reports revenue of $905,000 a year.[131] And since nationally, 2,633 facilities[132] report seeing about 975,000 new clients annually,[133] the average pregnancy center serves about 1.4 new clients per business day, only seven in a 5-day week. How many staff are reasonably needed to accomplish that?

The average pregnancy center holds more than $1 million in assets. Approximately 2,100 pregnancy center locations reported on IRS 990 forms that they have $2.5 billion in assets, which averages almost $1.2 million in assets per facility.[134]

The state does not know how its grant dollars are being spent. We should all agree that tax dollars should not be spent when they're not needed, nor should they be allocated without clear fiscal transparency and impact analysis requirements. The American Medical Association urges "any entity offering crisis pregnancy services…be transparent with respect to their funding and sponsorship relationships."[135] That's not too much to ask.

Copyright © 2025 by Public Leadership Institute

Financial Transparency Act

Summary: The Financial Transparency Act requires that, in order to receive grants from the state, a [Insert what the state calls an Unregulated Pregnancy Clinic] must provide information to prove it is capable of spending the grant in accordance with its stated purposes and subsequently report on how taxpayer dollars were actually spent.

SECTION 1. SHORT TITLE

This Act shall be called the "Financial Transparency Act."

SECTION 2. FINDINGS

The legislature finds that:

1. [Insert what the state calls UPCs], also known as "crisis pregnancy centers," operate in all 50 states, the vast majority of which are affiliated with one or more of three national organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).

2. Nationally, there are an estimated 2,600 of these facilities[136] and, between 2019 and 2022 alone, that industry received over $5.6 billion in revenue, spent over $4.9 billion in expenses, and held $2.3 billion in assets.[137]

3. Over the past [XX] years, [State] has granted more than [$ Amount] to [insert what the state calls UPCs]. However, there is little transparency in this grant process. It is not clear: (a) how much money has actually been granted from year to year; (b) who receives it and how much is passed along to other groups or individuals; (c) how many unique clients are served in a year; (d) what measurable quantity of products and services each of those clients receive; (e) whether the nonprofits are appropriately audited; and (f) whether audits are reviewed to ensure that state funds are spent in accordance with grant guidelines and protocols.

4. Tax dollars should not be wasted or allocated without clear requirements for fiscal transparency and impact analysis. The legislature and the state administration have an obligation to ensure that funds granted to any nonprofit are spent efficiently and effectively.

SECTION 3. TRANSPARENCY OF FUNDING FOR [Insert what the state calls UPCs]

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

Copyright © 2025 by Public Leadership Institute

(A) FINANCIAL TRANSPARENCY REQUIRED

1. A [insert what the state calls UPCs] shall not qualify for a state grant under any program unless the applicant provides to the granting agency:

(a) An organizational revenue budget for the most recently completed fiscal year of the nonprofit's sources of funding, specifying each government grant and the total contributions for each of the following sources: governments, foundations, corporations, and individuals.

(b) An organizational expense budget for the most recently completed fiscal year listing the nonprofit's expenses in the same categories listed on the IRS 990 form.

(c) A program expense budget listing the amount of state funds that would be used in each expense category.

(d) 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.

(e) 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.

(f) 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.

2. At the completion of a grant to a [insert what the state calls CPCs], the grantee shall provide to the granting agency the following:

(a) An organizational revenue budget for the most recently completed fiscal year of the nonprofit's sources of funding, specifying each government grant and the total contributions for each of the following sources: governments, foundations, corporations, and individuals.

(b) An organizational expense budget for the most recently completed fiscal year listing the nonprofit's expenses in the same categories listed on the IRS 990 form.

(c) The numbers of full-time paid staff, part-time paid staff, and volunteers actually employed during the period of the grant and, for each, how many were licensed medical professionals and detailing what medical license each medical professional staff member and volunteer holds, and whether they are certified to practice in the State of [State].

Copyright © 2025 by Public Leadership Institute

(d) The numbers of unique clients served during the period of the grant, and a breakdown of clients for pregnancy tests, ultrasounds, STD/STI tests, pregnancy counseling, student sexual risk education, parenting education, and material support.

(e) 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.

(f) An independent financial audit for each facility, or an audit of multiple affiliated facilities if the data is presented for each individual location.

(B) PARTIAL PUBLIC DISCLOSURE

(1) Within 10 business days of a request, a [insert what the state calls CPCs] shall provide to a client, without charge, a copy of that client's records possessed by the facility.

(2) Within 20 business days of a request, a granting agency shall provide to a member of the public a copy of any document listed in this section, with any individually identifiable health information redacted.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

8. Responsible Use of Public Health Dollars Act

Issue Overview

The Unregulated Pregnancy Clinic (UPC) industry is large and widespread. More than 2,600 pregnancy centers operate in all 50 states,[138] most of which affiliate with one or more of three national organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).

Over the past three years, [State] has granted $XXXX to pregnancy centers. XX pregnancy centers operate in [State], and XX has received funding from the state. However, there is little transparency in the grant reporting or accounting process.

National data suggest that pregnancy centers have considerable income outside of state funding. Based on IRS 990 forms, approximately 2,100 pregnancy center locations had more than $1.9 billion in revenues, meaning that the average pregnancy center has revenues from all sources of about $905,000 a year.[139]

National data suggest that pregnancy centers hold considerable assets. About 2,100 pregnancy center locations reported on IRS 990 forms that they have $2.5 billion in assets, an average of almost $1.2 million per facility.[140]

It is routine for state grantees of all types to submit reports and evaluations. Such a requirement is also almost universally required for state grants relating to education, health care, and social services. Nevertheless, some [insert what your state calls UPCs] fail to meet these reporting requirements. [Give examples if you can; unfortunately, it seems common for UPCs to fail their reporting requirements.]

It is routine for state grantees of all types to account for the use of funds honestly and straightforwardly. Nevertheless, some [insert what your state calls UPCs] charge the state far more for products used and services administered – such as pregnancy tests, ultrasounds, STD/STI tests, diapers, packs of baby wipes, baby clothing outfits, car seats, strollers, cribs, and containers of baby formula – than they paid. These mark-ups may exceed 50 or 100 percent of the product's actual price.

Taxpayer dollars should not be wasted or misallocated. The legislature and the state administration have an obligation to ensure that funds granted to any nonprofit are spent efficiently and effectively. The American Medical Association urges “any entity offering crisis pregnancy services…be transparent with respect to their funding and sponsorship relationships.”[141] That’s not too much to ask.

Copyright © 2025 by Public Leadership Institute

Responsible Use of Public Health Dollars Act

Summary: The Responsible Use of Public Health Dollars Act requires that, in order to receive grants from the state, a [Insert what the state calls an Unregulated Pregnancy Clinic] must file all reports and documentation due for prior grants [and/or] cannot excessively mark up the prices for products provided to clients.

[BILL DRAFTING NOTE: This might be a bill or a budget amendment. Sections 3(A) and 3(B) might be offered together or separately, depending on the reporting and accounting problems in your state.]

SECTION 1. SHORT TITLE

This Act shall be called the "Responsible Use of Public Health Dollars Act."

SECTION 2. FINDINGS

1. Over the past XXX years, the State of [State] has granted more than [$ Amount] to [insert what the state calls UPCs], including [$ Amount] over the past three years.

2. As part of the grant process, a [insert what the state calls UPCs] agrees to submit reports and evaluations [within 60 days after the grant period ends]. Such a requirement is also almost universally mandated for state grants relating to education, health care and social services.

3. Nevertheless, some grantees are failing to meet these reporting requirements. [Give examples if you can. Unfortunately, it seems common for UPCs to fail to report or provide inadequate reports.]

4. As part of the grant process, [insert what the state calls UPCs] list prices that they are charging the state for products such as pregnancy tests, ultrasounds, STD/STI tests, diapers, packs of baby wipes, baby clothing outfits, car seats, strollers, cribs, and containers of baby formula.

5. However, some [insert what the state calls UPCs] excessively mark up these prices, a kind of handling charge, when billing the state. These mark-ups may exceed 50 or 100 percent of the actual price of the product. It is an unreasonable use of state funds to pay for excessive mark-ups.

6. Tax dollars should not be wasted or misallocated. The legislature and the state administration have an obligation to ensure that funds granted to any nonprofit are spent efficiently and effectively.

Copyright © 2025 by Public Leadership Institute

SECTION 3. REPORTING AND ACCOUNTING REQUIRED

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

(A) PROPER REPORTING

1. A [insert what the state calls UPCs] shall not qualify for a state grant under any program if the grant applicant has failed to file any report or meet any statutory, regulatory or contract requirement of any prior state grant.

2. Any funds due or owed to a [insert what the state calls a UPC] that has failed to file a required report will be held and not released until all required reports are received and reviewed.

3. Any [insert what the state calls a UPC] that fails to comply with reporting requirements will be prohibited from applying for any further funding for a six-month period beginning the day after any report was overdue.

(B) PROPER ACCOUNTING

1. A [insert what the state calls UPCs] shall not qualify for a state grant under any program if the facility lists a price for a product provided to clients that exceeds [ten percent] more than the actual price the facility paid for that product.

2. Any [insert what the state calls a UPC] that fails to comply with the accounting requirement in this subsection shall be prohibited from applying for any further funding for a six-month period beginning the day after it has been established that the state was charged in excess of [ten percent] more than the actual price the facility paid.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

9. Public Right to Know (Model FOIA or Public Records Letter)

Issue Overview

Legislators and the public know little about the state's interactions with Unregulated Pregnancy Clinics (UPCs). In states that grant funding to UPCs, it is not clear: (a) how much money has been granted from year to year; (b) who receives those funds and how much is passed along to other groups or individuals; (c) how many unique clients are served in a year; (d) what measurable quantity of products and services each of those clients receive; (e) whether the nonprofits are appropriately audited; and (f) whether audits are reviewed to ensure that state funds are spent in accordance with grant guidelines and protocols. In states that do not fund UPCs, it is unclear whether complaints have been filed against them, what complaints allege, what investigations state agencies have initiated, and whether state actions were taken.

The Freedom of Information Act (FOIA) or Public Records Act (PRA) can provide answers. State law allows members of the public to obtain most government-held documents, including electronic files of all kinds. In about 40 states, there are nonprofit organizations that will help individuals and organizations navigate the FOIA or PRA system.[142]

To make requests more successful, be specific. In the case of UPCs, your request should name all the individual UPCs that you are aware of. Both electronic and hard-copy documents are most easily found by searching for a specific name.

To make requests more successful, limit the dates. You need to limit the request to a specific period of time, for example, the past three calendar years. If you ask for too much, you may be overwhelmed by the volume of documents and the fees for producing them.

Legislators and advocacy groups need information to create rational state policy. The UPC industry is opaque. The American Medical Association urges: "the development of effective oversight for entities offering pregnancy-related health services and counseling." The first step is transparency. That's not too much to ask.

Copyright © 2025 by Public Leadership Institute

Public Right to Know (Model FOIA or Public Records Letter)

Summary: The Public Right to Know Model FOIA or Public Records Letter is a model for demanding information about UPCs under existing state law.

NOTE: Please understand that most state FOIA or public records laws only allow you to obtain copies of existing documents, including electronic files of all kinds. The law does not require an agency to create any new document. Also remember, you do not have to ask for all possible documents at once. You can see how the process goes and make another request later.

In states that never funded UPCs, a public records request may turn up valuable documents like complaints, investigations and enforcement actions involving UPCs.

In states that currently fund UPCs, a request should probably be limited to a three-year period in order to increase compliance and lower costs.

In states that previously funded UPCs but no longer do (e.g., AZ, MI, MN, PA), a request should probably seek financial information for the last three years of grant funding.

Body of letter

Agency Head [or Freedom of Information Act/Public Records Act Officer]
Name of Agency
Address of Agency
City, State, Zip Code

Re: Freedom of Information Act/Public Records Request

Dear _____:

This is a request for copies of records pursuant to the (cite state law).
For purposes of this records request, “documents” include any written matter such as correspondence, reports, contracts, memos, invoices, meeting minutes, legal documents, articles, and any other form of recorded words or numbers that convey information, including spreadsheets, databases, and audio and video files. Documents can be handwritten, typed, printed, digital files, or a combination of these formats.

Copyright © 2025 by Public Leadership Institute

For purposes of this request, "correspondence" means any form of communication including, without limitation, emails, letters, texts, audio or video messages, regardless of whether the correspondence was sent or received by your agency.

For purposes of this request, “UPC” [or use another name if it's common for your state] means any of the following organizations [list all the UPCs in your state].

This request is limited to documents received, created, edited or altered between January 1, 20XX and December 31, 20XX.

Request Description: Please provide all documents that are:

1. Proposals for funding from a [UPC], including any budgets or other attachments to a proposal.
2. Reports of activities by a [UPC], including any final report required by statute, regulations or terms of a funding agreement.
3. Correspondence between your agency and a [UPC].
4. Documents relating to communications or meetings with any employees, representatives or agents of a [UPC].
5. Documents relating to communications within your agency about a [UPC].
6. Documents relating to complaints from anyone about a [UPC].
7. Documents relating to investigations undertaken as a result of any complaints about a [UPC].
8. Documents relating to enforcement or corrective actions taken as a result of any complaints about a [UPC].

This request is made in the public interest. It is essential for the public and for legislators to know this information. Given this public interest motivation, I request the waiver of any fees.

Records may be produced in electronic format and emailed to me. Please contact me if we need to arrange an alternative method of delivery.

Name
Address
Phone
Email

Copyright © 2025 by Public Leadership Institute

Model Bills: Privacy Protections

Copyright © 2025 by Public Leadership Institute

10. Reproductive Health Client Data Privacy Act

Issue Overview

Unregulated Pregnancy Clinics (UPCs) often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[143] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[144,145] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment, and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for private health information.[146]

Presenting themselves as conventional medical providers, many UPCs solicit and document a great deal of sensitive personal data and private health information. UPCs collect and retain client information in various ways, including on appointment request forms and intake forms completed on premises, reports of interviews before and after testing, written results of STI/STD tests or ultrasound examinations, write-ups from counseling sessions, and via centralized chat services and online client data management platforms.[147,148]

UPC intake forms are often invasive. Even though they are not medical providers, many UPCs ask clients for prescription drug lists, past or current illnesses, and medical conditions unrelated to their services. Some ask inappropriate questions like the name or age of the person who impregnated the client, whether the client is living with someone they aren't married to, when they first had sex, or whether they have multiple partners or same-sex partners. Collecting such information is unnecessary and unethical, given that most UPCs only provide over-the-counter pregnancy tests, STD/STI tests without treatment, lay counseling, and material resources like diapers and wipes. Further, even though they don't bill insurance, UPCs often ask for clients' government identification documents, insurance information, income, employer, or eligibility for public assistance.[149]

Because the vast majority of UPCs are not medical clinics, they can and do violate clients' privacy. Traditional medical clinics must follow the privacy, confidentiality, and records security requirements of the Health Insurance Portability and Accountability Act (HIPAA). UPCs are not subject to HIPAA[150] and, therefore, are not required to protect clients' private health information. On the contrary, many UPCs maintain client records in online databases accessible by third parties outside the UPC.[151] A digital system called eKYROS feeds personal client information into a central database linked with the national

Copyright © 2025 by Public Leadership Institute

UPC umbrella groups Heartbeat International and Care Net.[152] Other central databases used by UPCs include Next Level[153] and CoolFocus.[154]

The national UPC umbrella organizations collect client records in "digital dossiers" on pregnant people around the country who have contacted or visited a UPC. As a brief by the Alliance reports: "the CPC industry is now functioning as surveillance infrastructure for the anti-abortion movement, amassing data that could be used in pregnancy- and abortion-related prosecutions…."[155] The global anti-abortion group Heartbeat International reports using this data to create "digital dossiers," stating "Big data is revolutionizing all sorts of industries. Why shouldn't it do the same for a critical ministry like ours?"[156]

Many states have laws requiring medical privacy and security, and the UPC industry should be subject to such laws. According to a 50-State Survey of Health Care Information Privacy Laws, most states have privacy laws that cover at least some medical facilities.[157] Similarly, the American Health Lawyers Association explains, "Most states have enacted laws and regulations related to the privacy and confidentiality of individuals' health information. Such regulations are usually set forth in facility and/or professional licensure laws, requiring both licensed health care facilities and licensed health care professionals to maintain the privacy and confidentiality of patients' health information."[158] Such laws should be enacted or amended to cover UPCs.

Copyright © 2025 by Public Leadership Institute

Reproductive Health Client Data Privacy Act

Summary: The Reproductive Health Client Data Privacy Act prohibits unregulated clinics from disclosing personally-identifiable and private health information to any other entity without the consent of the client.

[BILL DRAFTING NOTE]: Please work with local advocates to decide the best way to identify the facilities affected.

SECTION 1. SHORT TITLE

This Act shall be called the "Reproductive Health Client Data Privacy Act."

SECTION 2. FINDINGS

The legislature finds that:

1. When clients go to any health care facility, they expect their sensitive personal health information to be kept confidential and the records and communications are kept secure from third parties, unless they explicitly give consent to sharing the information.

2. When hospitals, medical clinics and physicians operating in the regulated health marketplace solicit and record patients' private health information, they are required by federal law to keep that information confidential pursuant to the Health Insurance Portability and Accountability Act (HIPAA). HIPAA also requires that private health information, as well as all communications with patients, be kept secure against breaches by third parties.

3. Some providers of obstetric ultrasound examinations do not engage in transactions regulated by HIPAA, such as the electronic transfer of client data for the purpose of billing for services, billing health insurance and referrals, are not subject to HIPAA and, therefore, are not legally required to maintain the privacy or security of clients' health information.

4. Many such facilities collect personal health information from their clients, including medical histories, the results of medical tests, and communications with clients about health issues. Many also maintain client records in online databases that are accessible by third parties outside of the center.

5. The State must ensure that health information is kept confidential unless individuals providing the information expressly agree to a disclosure.

Copyright © 2025 by Public Leadership Institute

SECTION 3. PRIVACY FOR CLIENTS OF UNREGULATED CLINICS

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

(A) APPLICATION

This section applies to a facility, including a mobile facility, that provides obstetric ultrasound examinations but is not a "covered entity" under the federal Health Insurance Portability and Accountability Act (HIPAA).

(B) PRIVACY OF RECORDS REQUIRED

1. The facility shall not disclose to any entity or individual a client's name or any health information that could reasonably be linked with an individual client, without written permission of the client for that specific disclosure of information.

2. Prior to obtaining written permission for the disclosure of information, the facility shall provide the client with a clear and understandable privacy notice, including:

(a) the specific purpose for disclosing the information to a third party;

(b) the specific types of information to be disclosed; and

(c) the third parties who might or will receive the information.

3. The facility shall provide a simple mechanism for a client to revoke any consent for the disclosure of information.

4. Within 10 business days of a client's request, the facility shall provide to a client, without charge, a copy of all of that client's records possessed by the center.

5. This section does not prohibit a facility from disclosures that maintain the confidentiality of individual clients' personal information, such as the numbers of clients who have been provided with particular goods or services.

6. Nothing in this section shall be construed to restrict a facility's ability to:

Copyright © 2025 by Public Leadership Institute

(a) comply with federal, state or local laws, rules or regulations;

(b) comply with lawful civil, criminal or regulatory inquiries; or

(c) defend itself against legal claims.

(C) SECURITY OF CLIENT HEALTH INFORMATION REQUIRED

1. A facility shall:

(a) Protect clients' health information by using data security protocols as effective as those required by the federal Health Insurance Portability and Accountability Act (HIPAA);

(b) Protect against any reasonably anticipated threats or hazards to, or prohibited uses of, such information; and

(c) Ensure compliance by its workforce.

2. A facility that receives client information by way of electronic communication, including but not limited to phone calls, emails, text messages, instant messages, chat room, and video or voice calls conducted via internet-based platforms, shall utilize an encryption system, meaning an algorithmic platform to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key.

(D) ENFORCEMENT

1. Whenever the Attorney General or a district attorney [if applicable: a city attorney, a county counsel] has reasonable cause to believe that a facility has violated this section, the Attorney General may issue a civil investigative demand pursuant to [cite code].

2. The Attorney General may commence an action in any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of this section, and for civil penalties for violations.

3. Prior to commencing an action in court, the Attorney General shall give written notice to the facility to cure such violations not later than 10 business days after receipt of the written notice.

4. Upon a finding by the court that a facility has violated this section, the state shall be entitled to recover:

Copyright © 2025 by Public Leadership Institute

(a) civil penalties of up to three thousand dollars for a first violation;

(b) civil penalties of up to ten thousand dollars for a second or subsequent violation; and

(c) reasonable attorneys' fees and costs.

5. In determining the overall amount of civil penalties to assess against a facility, the court shall include, but not be limited to the following in its consideration:

(a) the nature and severity of the violation;

(b) the size, scope, and type of the offending organization; and

(c) the good faith cooperation of the offending facility with any investigations conducted by the Attorney General pursuant to this section.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

11. Right to Dignified Care Act

Issue Overview

Unregulated Pregnancy Clinics (UPCs) often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[159] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[160,161] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment, and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for private health information.[162]

UPC intake forms are often invasive. Even though they are not medical providers, many UPCs ask for prescription drug lists, past or current illnesses, and medical conditions unrelated to their services. Some ask inappropriate questions like the name or age of the person who impregnated the client, whether the client is living with someone they aren't married to, when they first had sex, or whether they have multiple partners or same-sex partners. Collecting such information is unnecessary and unethical, given that most UPCs only provide over-the-counter pregnancy tests, STD/STI tests without treatment, lay counseling, and material resources like diapers and wipes. Further, even though they don't bill insurance, UPCs often ask for clients' government identification documents, insurance information, income, employer, or eligibility for public assistance.[163]

Because the vast majority of UPCs are not medical clinics, they can and do violate clients' privacy. Traditional medical clinics must follow the privacy, confidentiality, and records security requirements of the Health Insurance Portability and Accountability Act (HIPAA). UPCs are not subject to HIPAA and, therefore, are not required to protect clients' private health information.[164]

Many UPCs maintain client records in online databases accessible by third parties outside the UPC.[165] A digital system called eKYROS feeds personal client information into a central database linked with the national UPC umbrella groups Heartbeat International and Care Net.[166] Other central databases used by UPCs include Next Level[167] and CoolFocus.[168]

Copyright © 2025 by Public Leadership Institute

The national UPC umbrella organizations collect these records to amass "digital dossiers" on clients that could be used in pregnancy-related prosecutions. As a brief by the Alliance reports: "the CPC industry is now functioning as surveillance infrastructure for the anti-abortion movement, amassing data that could be used in pregnancy- and abortion-related prosecutions…."[169] The global anti-abortion group Heartbeat International, for example, stores "digital dossiers" on clients, stating "Big data is revolutionizing all sorts of industries. Why shouldn't it do the same for a critical ministry like ours?"[170]

Our state must regulate UPCs. The American Medical Association "urges the development of effective oversight for entities offering pregnancy-related health services and counseling."[171] The American College of Obstetricians and Gynecologists says that policymakers should hold UPCs "accountable for deceptive practices by, for example, enforcing and strengthening consumer protection laws against false and misleading advertising, investigating the pervasiveness and impact of deceptive practices on patients, and partnering across the public and private sectors to ensure transparency."[172] They are right.

Copyright © 2025 by Public Leadership Institute

Right to Dignified Care Act

Summary: The Right to Dignified Care Act prohibits [What your state calls an Unregulated Pregnancy Clinic] from asking improper and intrusive questions as a condition of receiving products or services.

[NOTE: This bill applies to states which fund UPCs. The same problem is addressed for other states through the Professional Responsibility in Health Care Act.]

SECTION 1. SHORT TITLE

This Act shall be called the "Right to Dignified Care Act."

SECTION 2. FINDINGS

The legislature finds that:

1. Unregulated Pregnancy Clinics (UPCs) [or whatever name your state uses], also known as "crisis pregnancy centers," are facilities that represent themselves as offering unbiased reproductive health care information and services but are primarily intended to prevent clients from seeking or accessing abortions.

2. UPCs commonly ask clients to fill out a form, designed to look like a medical intake form, prior to receiving any products or services. As one UPC explains on its website, "We will give you an intake form similar to what you might fill out at a doctor's office."[173]

3. But a UPC is not a traditional doctor's office. For that reason, it is improper and unreasonably intrusive for UPCs to ask certain questions on an intake form.

4. UPCs primarily seek out or advertise to attract clients who are young and unfamiliar with health care standards, have lower incomes, and are in vulnerable situations, so these clients may be unaware that some questions are only reasonable if asked by a licensed medical provider and others are unreasonable for a medical intake form under any circumstances.

Copyright © 2025 by Public Leadership Institute

5. UPCs are not required to follow the privacy, confidentiality and records security requirements of the Health Insurance Portability and Accountability Act (HIPAA). Nevertheless, many UPCs give clients a sense of security by falsely claiming that they are subject to HIPAA or "HIPAA compliant."[174]

6. There is a strong need for legislation. Every one of the topics listed in Section (3)(B) is actually asked on intake forms at some UPCs.

SECTION 3. RESTRICTIONS ON HEALTH CARE INTAKE FORMS

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

(A) PROHIBITED INTAKE QUESTIONS

1. A [whatever your state calls an Unregulated Pregnancy Clinic] shall not make it a condition of service, or make it reasonably appear to be a condition of service, that a client must disclose any of the following information:

(a) A list of the prescription drugs the client takes;

(b) A list of the client's current or past illnesses;

(c) A list of the client's medical conditions that are not directly relevant to a determination of pregnancy;

(d) The name or age of the potential baby's father;

(e) Whether the client is living with a man to whom they are not married;

(f) The client's age when she first became sexually active;

Copyright © 2025 by Public Leadership Institute

(g) Whether the client is currently sexually active with one or more than one partner;

(h) Whether the client engages in same-sex relationships; or

(i) For a site that does not bill insurance or is an official Medicaid or WIC enrollment site, the client's income, employer, or eligibility for public assistance.

2. The [Attorney General/Department of Health] may promulgate regulations to clarify which intake questions are overly intrusive and whether a facility is making answers to overly intrusive questions a condition of service, or it reasonably appears to make them a condition of service.

(B) ENFORCEMENT

1. A [whatever your state calls an Unregulated Pregnancy Clinic] shall not qualify for a state grant under any program if the grantee violates this subsection.

2. Any grantee that fails to comply with the requirements of this subsection shall be prohibited from applying for any state funding for a six-month period beginning the day after the last instance of noncompliance.

3. The Attorney General may commence an action in any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of this section, and for civil penalties for violations.

4. Prior to commencing an action in court, the Attorney General shall give written notice to the grantee to cure such violations not later than 10 business days after receipt of the written notice.

Copyright © 2025 by Public Leadership Institute

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

12. Religious Freedom in Reproductive Health Act

Issue Overview

The Unregulated Pregnancy Clinic (UPC) industry is large and widespread. More than 2,600 pregnancy centers operate in all 50 states,[175] most of which affiliate with one or more of three national organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).

Over the past three years, [State] has granted $XXXX to pregnancy centers. XX pregnancy centers operate in [State], and XX has received funding from the state. However, there is little transparency in the grant reporting or accounting process.

Overwhelmingly, [insert what the state calls UPCs] are religion-based nonprofits or subsidiaries of a church. The umbrella groups that help direct the programming for these centers – Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA) – are Christian organizations. Religious organizations may provide medical or social programs in [State], as long as they don't violate their clients' rights to freedom of religion.

Some [insert what the state calls UPCs] require participation in religious programming. Specifically, some condition the provision of services or material resources like diapers, packs of baby wipes, baby clothing outfits, car seats, strollers, cribs, or containers of baby formula on a requirement that clients attend classes or other center programming with religious content.[176]

[State] is dedicated to religious freedom, which, by definition, means the state will not compel religious participation. Compelling clients to attend or participate in religious instruction is not a proper use of state funds.

Taxpayer dollars should not be wasted or misallocated. The legislature and the state administration have an obligation to ensure that funds granted to any nonprofit are spent efficiently and effectively. The American Medical Association urges that: "public funding only support programs that provide complete, non-directive, medically accurate health information to support patients' informed, voluntary decisions."[177]

Copyright © 2025 by Public Leadership Institute

Religious Freedom in Reproductive Health Act

Summary: The Religious Freedom in Reproductive Health Act requires that, in order to receive grants from the state, a [what your state calls an Unregulated Pregnancy Clinic] cannot condition the receipt of any services or products on the client attending religious meetings or watching religious videos.

[BILL DRAFTING NOTE: This might be a bill or a budget amendment.]

SECTION 1. SHORT TITLE

This Act shall be called the "Religious Freedom in Reproductive Health Act."

SECTION 2. FINDINGS

The legislature finds that:

1. [Insert what the state calls UPCs], also known as "crisis pregnancy centers," operate in all 50 states, the vast majority of which are affiliated with one or more of three national organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).

2. Nationally, there are more than 2,600 of these facilities and, between 2019 and 2022 alone, that industry received over $5.6 billion in revenue, spent over $4.9 billion in expenses, and held $2.3 billion in assets.

3. Overwhelmingly, [insert what the state calls UPCs] are religion-based nonprofits. Religious organizations may be program providers in [State], as long as they don't violate their clients' rights to freedom of religion.

4. While many [insert what the state calls UPCs] do not overtly push religious instruction as part of their programs, some do. Specifically, some condition the provision of pregnancy tests, ultrasounds, STD/STI tests, pregnancy counseling, student sexual risk education, parenting education, or the provisions of diapers, packs of baby wipes, baby clothing outfits, car seats, strollers, cribs, or containers of baby formula on a requirement that clients attend classes or watch videos that include religious instruction.

5. Compelling clients to attend or participate in religious instruction is not a proper use of state funds.

Copyright © 2025 by Public Leadership Institute

SECTION 3. FREEDOM OF RELIGION IN THE USE OF GRANT FUNDS

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

1. A [insert what your state calls Unregulated Pregnancy Clinics] shall not qualify for a state grant under any program if the grantee conditions a client's receipt of any services or products on a requirement that clients attend classes or watch videos that include religious instruction.

2. Any grantee that fails to comply with the requirement in this subsection shall be prohibited from applying for any state funding for a six-month period beginning the day after the last instance of noncompliance.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

Model Bills: Deceptive Practices

Copyright © 2025 by Public Leadership Institute

13. Preventing False Advertising in Reproductive Services Act

Issue Overview

Unregulated Pregnancy Clinics often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[178] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[179,180] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment, and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for private health information.[181]

The vast majority of UPCs advertise medical or quasi-medical services. Nearly all offer free pregnancy tests[182] readily available at any pharmacy. Between one-quarter[183] and one-half[184] advertise free STD/STI tests and approximately three-quarters advertise free ultrasounds, [185] typically performed by someone presenting as a medical professional.

Advertising ultrasound testing by UPCs is unethical. UPCs do not perform diagnostic ultrasounds from which medical conclusions can be drawn. They call them "limited" ultrasounds,[186] which is little more than showing pictures of the uterus, hoping to emotionally influence clients to continue the pregnancy. UPCs are using medical equipment unethically,[187] and even one of the three major UPC umbrella groups, Care Net, truthfully answers "Can we just do ultrasounds without becoming a medical clinic?" with the answer, "Absolutely not. The use of ultrasound energy in any form is considered the practice of medicine."[188] [If your state requires women to have an ultrasound before accessing abortion care, many UPCs have been falsely presenting their ultrasound services as meeting this requirement.[189]

Mobile UPCs are deceptively designed to look like conventional medical facilities.[190] As ICU Mobile, "A Ministry Division of Care Net," concedes: "ICU Mobile units are neutrally-branded and medically designed. By having this independent brand, we break down the barriers that may prevent abortion-minded women from coming on board…"[191] Another set of mobile UPC trucks, from Save the Storks, have painted on the sides: "Women's Choice Center," "Pregnancy Testing & Ultrasound," and "mobile medical unit."[192]

Copyright © 2025 by Public Leadership Institute

UPCs lack medical oversight and standards, exposing people to risk. Some UPCs have off-site doctors listed as medical directors or employ onsite RNs or LPNs, but they do not diagnose medical conditions, write prescriptions, or refer people for treatment. Because they are overwhelmingly not regulated as conventional medical clinics, they are not required to follow standards of care on client confidentiality, medical accuracy, or sanitation.[193]

Clients seeking pregnancy services need honest and nonjudgmental medical services. The American Medical Association "advocates that any entity offering crisis pregnancy services…truthfully describe the services they offer or for which they refer—including prenatal care, family planning, termination, or adoption services—in communications on site and in their advertising, and before any services are provided to an individual patient."[194] They are right.

Copyright © 2025 by Public Leadership Institute

Preventing False Advertising in Reproductive Services Act

Summary: The Preventing False Advertising in Reproductive Services Act prohibits ultrasound clinics from disseminating false advertising about their services.

[BILL DRAFTING NOTE: Please work with local advocates to decide the best way to identify the facilities affected.

Based on VT SB 37 (2023), but a different legal approach based on commercial speech

SECTION 1. SHORT TITLE

This Act shall be called the "Preventing False Advertising in Reproductive Services Act."

SECTION 2. FINDINGS

The legislature finds that:

1. Most Unregulated Pregnancy Clinics (UPCs) are facilities primarily intended to prevent women from seeking abortions. Such UPCs have the constitutional right to speak out against abortion.

2. However, most such UPCs present themselves to potential clients as if they were unbiased medical clinics, or even abortion clinics, providing a wide range of reproductive and maternal health services. This presentation is fraudulent.

3. Fraud against consumers is already prohibited under [cite the state law]. However, the existing statute does not provide protection against fraud by UPCs because they do not usually charge or bill insurance for their services.

4. Because of the significant health impacts of pregnancy, it is vital for clients to access early medical care to confirm pregnancy, gestational age, identify ectopic pregnancy, fetal anomaly, issues with the placenta or amniotic fluid, and any factors that could make the pregnancy high risk or dangerous. Early medical care may also be important for the health of the fetus. False and misleading advertising about the services offered by UPCs can delay the search for comprehensive prenatal care or for treatment for potentially life-threatening medical conditions.

5. If UPC advertisements have an economic motivation for the speech, then they may be regulated as "commercial speech," even if neither the client nor insurance pays for the UPC's services.

Copyright © 2025 by Public Leadership Institute

SECTION 3. FRAUD PREVENTION

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

(A) APPLICATION

This section applies to a facility, including a mobile facility, that provides obstetric ultrasound examinations but is not a "covered entity" under the federal Health Insurance Portability and Accountability Act (HIPAA).

(B) UNLAWFUL FRAUD BY AN UNREGULATED PREGNANCY CLINIC

1. It is an unfair and deceptive act and practice in commerce and a violation of section [cite the consumer fraud section] of this title for a facility to disseminate or cause to be disseminated to the public any advertising about the services or proposed services performed at that center that is untrue or clearly designed to mislead the public about the nature of services provided.

2. Such advertising includes representations made directly to consumers; marketing practices; communication in any print medium, such as newspapers, magazines, mailers, or handouts; and any broadcast medium, such as television or radio, telephone marketing, or advertising over the Internet such as through social media, websites, and web ads.

3. This section applies only if the facility is engaged in commercial speech, that is, (a) the speech is an advertisement; (b) the advertisement refers to at least one specific product or service; and (c) there is an economic motivation. Such economic motivation does not have to be based on the client or the client's insurance paying for the product or service.

(C) ENFORCEMENT

1. Whenever the Attorney General or a district attorney [if applicable: a city attorney, a county counsel] has reasonable cause to believe that a facility has violated this section, the Attorney General may issue a civil investigative demand pursuant to [cite code].

2. The Attorney General may commence an action in any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of this section, and for civil penalties for violations.

Copyright © 2025 by Public Leadership Institute

3. Prior to commencing an action in court, the Attorney General shall give written notice to the facility to cure such violations not later than 10 business days after receipt of the written notice.

4. Upon a finding by the court that a facility has violated this section, the state shall be entitled to recover:

(a) civil penalties of up to three thousand dollars for a first violation;

(b) civil penalties of up to ten thousand dollars for a second or subsequent violation; and

(c) reasonable attorneys' fees and costs.

5. In determining the overall amount of civil penalties to assess against a facility, the court shall include, but not be limited to the following in its consideration:

(a) the nature and severity of the violation;

(b) the size, scope, and type of the offending organization; and

(c) the good faith cooperation of the offending organization with any investigations conducted by the Attorney General pursuant to this section.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

14. False Advertising in Health Care Act

Issue Overview

The arguments for this model bill are the same as those for the model above.

This legislation is different, however, because it is not limited to UPCs; it applies to false advertising by any health care services entity. That makes the legislation more defensible in court, which is why Vermont amended its law from the version above, enacted in 2023, to the version below, enacted in 2025.

While it may seem like a significant change in scope, most states already have laws against fraudulent advertising that apply to enterprises that charge for their products or services, including health care providers. So the real effect of this model is limited, extending false advertising prohibitions to include free health care entities, such as UPCs.

Copyright © 2025 by Public Leadership Institute

False Advertising in Health Care Act

Summary: The False Advertising in Health Care Act prohibits health care providers from disseminating false advertising about their services.

Based on VT SB 28 (2025)

SECTION 1. SHORT TITLE

This Act shall be called the "False Advertising in Health Care Act."

SECTION 2. FINDINGS

The legislature finds that:

1. Providing evidence-based and science-backed information is how trained health care providers demonstrate respect for patients, foster trust, promote self-determination, and cultivate an environment where best practices in shared decision-making can flourish. Without veracity in information and communication, it is difficult for individuals to make informed, voluntary choices that are essential to one's sense of personal agency and autonomy.

2. Advertising strategies and educational information about health care options that lack transparency, use misleading or ambiguous terminology, misrepresent or obfuscate services provided, or provide factually inaccurate information are a form of manipulation that disrespects individuals, undermines trust, broadens health disparity, and can result in harm to clients.

SECTION 3. PREVENTION OF FALSE ADVERTISING

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

(A) DEFINITIONS—In this section:

"Health care services" means all supplies, care, and services of a medical, dental, behavioral health, mental health, substance use disorder treatment, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication.

(B) UNFAIR AND DECEPTIVE ACT

1. It is an unfair and deceptive act and practice in commerce and a violation of section [cite the consumer fraud section] of this title for any person to disseminate or cause to be disseminated to the public any advertising about health care services or proposed services

Copyright © 2025 by Public Leadership Institute

performed in this State that is untrue or clearly designed to mislead the public about the nature of the services provided.

2. Such advertising includes representations made directly to consumers; marketing practices; communication in any print medium, such as newspapers, magazines, mailers, or handouts; and any broadcast medium, such as television or radio, telephone marketing, or advertising over the Internet such as through social media, websites and web advertisements.

3. For purposes of this section, advertising about health care services is an act in commerce.

(C) ENFORCEMENT

1. Whenever the Attorney General or a district attorney [if applicable: a city attorney, a county counsel] has reasonable cause to believe that a person or entity has violated this section, the Attorney General may issue a civil investigative demand pursuant to [cite code].

2. The Attorney General may commence an action in any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of this section, and for civil penalties for violations.

3. Prior to commencing an action in court, the Attorney General shall give written notice to the person or entity to cure such violations not later than 10 business days after receipt of the written notice.

4. Upon a finding by the court that a person or entity has violated this section, the state shall be entitled to recover:

(a) civil penalties of up to three thousand dollars for a first violation;

(b) civil penalties of up to ten thousand dollars for a second or subsequent violation; and

(c) reasonable attorneys' fees and costs.

5. In determining the overall amount of civil penalties to assess against a person or entity, the court shall include, but not be limited to the following in its consideration:

(a) the nature and severity of the violation;

(b) the size, scope, and type of the offending organization; and

Copyright © 2025 by Public Leadership Institute

(c) the good faith cooperation of the offending person or entity with any investigations conducted by the Attorney General pursuant to this section.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

15. Public Health Integrity Act

Issue Overview

The Unregulated Pregnancy Clinic (UPC) industry is large and widespread. More than 2,600 pregnancy centers operate in all 50 states,[195] most of which affiliate with one or more of three national organizations: Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA).

Over the past three years, [State] has granted $XXXX to pregnancy centers. XX pregnancy centers operate in [State], and XX has received funding from the state.

Pregnancy centers [use your state's term] present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[196] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[197,198] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment, and staff in lab coats and scrubs.[199] Clients must often fill out intake forms that ask for private health information.[200]

The vast majority of pregnancy centers [use your state's term] advertise medical or quasi-medical services. Nearly all offer free pregnancy tests[201] readily available at any pharmacy. Between one-quarter[202] and one-half[203] advertise free STD/STI tests, and approximately three-quarters advertise free ultrasounds, [204] typically performed by someone presenting as a medical professional.

Pregnancy centers [use your state's term] use of ultrasound machines is unethical. UPCs do not perform diagnostic ultrasounds that address medical issues. Instead, they offer so-called "limited" or "non-diagnostic" ultrasounds, intended to show pictures of the uterus they hope will dissuade clients from seeking an abortion. This is a misuse of medical equipment;[205] even one of the three major UPC umbrella groups, Care Net, admits as much when it truthfully answers, "Can we just do ultrasounds without becoming a medical clinic?" with the answer, "Absolutely not. The use of ultrasound energy in any form is considered the practice of medicine."[206]

Mobile pregnancy centers [use your state's term] are intentionally designed to look like conventional medical facilities.[207] As ICU Mobile, "A Ministry Division of Care Net," concedes: "ICU Mobile units are neutrally branded and medically designed. By having this independent brand, we break down the barriers that may prevent abortion-minded women from coming on board…"[208] Another set of mobile UPC trucks, from Save the Storks, have painted on the sides: "Women's Choice Center," "Pregnancy Testing & Ultrasound," and "mobile medical unit."[209]

Copyright © 2025 by Public Leadership Institute

Clients seeking pregnancy services need factual medical advice. The American Medical Association "advocates that any entity offering crisis pregnancy services…truthfully describe the services they offer or for which they refer—including prenatal care, family planning, termination, or adoption services—in communications on site and in their advertising, and before any services are provided to an individual patient."[210]

Pregnancy centers commonly tell these five medical lies:

1) That having an abortion raises the risk of developing breast cancer. However, the American Cancer Society,[211] the National Cancer Institute,[212] and the American College of Obstetricians and Gynecologists[213] have flatly refuted this claim.

2) That having an abortion raises the risk of infertility. A study published by the National Institutes of Health found that "there is no association between abortion and secondary infertility."[214] A Guttmacher Institute survey of scientific studies found that abortion poses "virtually no long-term risks of future fertility-related problems such as infertility…"[215] The American College of Obstetricians and Gynecologists also shares that position.[216]

3) That having an abortion raises the risk of negative emotional or mental health problems or increases the risk of suicidal ideation. An American Psychological Association Task Force[217] and a comprehensive New England Journal of Medicine study[218] found no such evidence. A study published by the National Institutes of Health concluded that abortion is "not a statistically significant predictor of subsequent anxiety, mood, impulse-control, and eating disorders or suicidal ideation."[219]

4) That medication abortion poses greater risks than other common prescription drugs or than childbirth. In fact, an analysis of U.S. Food and Drug Administration data found that mifepristone is four times safer than penicillin, ten times safer than Viagra, and more than four times safer than childbirth. Further, a two-drug medication abortion using both mifepristone and misoprostol is even safer.[220]

5) That an abortion procedure poses greater health risks than other common medical procedures or than childbirth. In fact, "the risk of complication or mortality from abortion is less than the same risk from common procedures like wisdom tooth removal, cancer-screening colonoscopy, and plastic surgery," according to the American College of Obstetricians and Gynecologists.[221] A study based on data from the Centers for Disease Control found that the "risk of death associated with childbirth is approximately 14 times higher than that with abortion."[222]

Copyright © 2025 by Public Leadership Institute

Public Health Integrity Act

Summary: No private organization that holds itself out as a medical clinic shall receive state funding if it promotes any of those medical falsehoods.

[BILL DRAFTING NOTE: This could be a bill or a budget amendment. Further, it doesn't matter how many medical lies your bill highlights. The first two or three are the easiest to prove, so you might use only those. The point is to challenge opponents to defend their indefensible lies and publicize this truth-versus-lies debate.]

SECTION 1. SHORT TITLE

This Act shall be called the "Truth in Reproductive Health Act."

SECTION 2. FINDINGS

The legislature finds that:

1. Individuals and organizations have the right to lie about abortion; they are welcome to say whatever they like.

2. However, if organizations receive state funding and represent themselves as medical providers, it is necessary and appropriate to require them to refrain from asserting medically inaccurate information that could harm the health of [State] residents.

3. False or misleading information about the effects of abortion hinders a resident's ability to make an informed decision and may delay appropriate medical care when time is an important factor.

4. The American Medical Association (AMA) insists that: "any entity that represents itself as offering health-related services should uphold the standards of truthfulness, transparency, and confidentiality that govern health care professionals." The AMA further urges that: "public funding only support programs that provide complete, non-directive, medically accurate health information to support patients' informed, voluntary decisions."[223]

5. The American College of Obstetricians and Gynecologists (ACOG) states that: "People seeking reproductive health care must have access to comprehensive, evidence-based, nonjudgmental health care and information from qualified professionals, regardless of whether they decide to continue a pregnancy or seek abortion care."[224]

Copyright © 2025 by Public Leadership Institute

6. It is unconscionable for the government to use taxpayer funds to support the expression of health care information that is demonstrably false and potentially damaging to clients.

SECTION 3. TRUTH IN REPRODUCTIVE HEALTH CARE

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

MEDICALLY ACCURATE INFORMATION FROM HEALTH CARE FACILITIES THAT RECEIVE GOVERNMENT FUNDING

(A) No organization shall be eligible for any type of grant or subsidy from the state if, while presenting itself as providing health care services, its staff or volunteers disseminate oral or written information asserting any of the following:

1. That having an abortion raises the risk of developing breast cancer;

2. That having an abortion raises the risk of infertility;

3. That having an abortion raises the risk of negative emotional or mental health problems or increases the risk of suicide ideation;

4. That medication abortion poses greater health risks than other common prescription drugs or than childbirth; or

5. That an abortion procedure poses greater health risks than other common medical procedures or than childbirth.

(B) A facility presents itself as providing health care services if it does any of the following:

1. Advertises itself, including on the Internet or on signage, as if it provides medical services, or uses medical imagery in promotional materials, including but not limited to websites, social media, and printed materials.

2. Is made to look like a medical office with medical examination tables or equipment not generally found in a nonmedical counseling center.

3. Has staff providing medical services or medical counseling who are not licensed medical providers.

4. Claims to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Copyright © 2025 by Public Leadership Institute

5. Claims that clients are able to file complaints against the facility with a particular federal or state health agency, if those agencies do not accept complaints for the type of facility being run.

6. Lists in advertising or on-site a medical director who is not licensed under [cite code] as a physician, [and if appropriate, licensed as a physician assistant or nurse practitioner] or lists a medical director who is licensed but does not directly supervise, in person, the provision of all medical 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.]

7. Requires clients to fill out an intake form before receiving services which asks for personal health information, such as a listing of prescriptions the client is taking or a listing of medical conditions that are unrelated to establishing a client's pregnancy.

SECTION 4. EFFECTIVE DATE

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

Copyright © 2025 by Public Leadership Institute

16. Resolution Against Deceptive Practices

Issue Overview

Unregulated Pregnancy Clinics often present themselves as free medical clinics to mislead clients seeking abortion. Their primary goal is to prevent clients, through persuasion, misinformation, or delay, from having an abortion.[225] While these organizations have the right to oppose abortion, most use misleading tactics, including ads, signs, and websites presenting their facilities as conventional medical clinics, even, at times, as abortion providers.[226,227] Inside, they often resemble medical offices, with waiting rooms and exam rooms outfitted with medical equipment, and staff in lab coats and scrubs. Clients must often fill out intake forms that ask for private health information.[228]

Often presenting themselves as unbiased medical providers, most UPCs offer medical or quasi-medical services.[229] Nearly all UPCs offer free pregnancy tests[230] readily available at any pharmacy. Between one-quarter[231] and one-half[232] advertise free STD/STI tests, and approximately three-quarters advertise free ultrasounds, [233] typically performed by someone presenting as a medical professional.

UPCs' use of ultrasound machines is unethical. UPCs do not perform diagnostic ultrasounds that address medical issues. Instead, they offer so-called "limited" or "non-diagnostic" ultrasounds, intended to show pictures of the uterus they hope will dissuade clients from seeking an abortion. This is a misuse of medical equipment;[234] even one of the three major UPC umbrella groups, Care Net, admits as much when it answers, "Can we just do ultrasounds without becoming a medical clinic?" with the answer, "Absolutely not. The use of ultrasound energy in any form is considered the practice of medicine."[235]

Mobile pregnancy centers are intentionally designed to look like conventional medical facilities.[236] As ICU Mobile, "A Ministry Division of Care Net," concedes: "ICU Mobile units are neutrally branded and medically designed. By having this independent brand, we break down the barriers that may prevent abortion-minded women from coming on board…"[237] Another set of mobile UPC trucks, from Save the Storks, have painted on the sides: "Women's Choice Center," "Pregnancy Testing & Ultrasound," and "mobile medical unit."[238]

UPC clients have reported that they believed they were at an actual medical clinic,[239,240] **where staff made false claims about reproductive health care under the guise of medical authority.** UPCs often target people who are young, have lower incomes, and may not be familiar with the difference between a traditional clinic and a UPC. These clients are vulnerable; many may be afraid. This vulnerability is exploited when someone who may or may not be an appropriately licensed medical professional makes alarming medical claims

Copyright © 2025 by Public Leadership Institute

to someone in a state of stress. That's routinely the UPC strategy: use medical impersonation to push falsehoods about the safety of standard reproductive health care.[241]

Because the vast majority of UPCs are not medical offices, they can and do violate clients' privacy. Traditional medical clinics must follow the privacy, confidentiality, and records security requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) and/or state laws. UPCs are not subject to HIPAA and are not legally required to protect clients' private health information.[242] On the contrary, many UPCs maintain client records in online databases accessible by third parties outside the UPC.[243] Even worse, the national UPC industry employs these records to amass "digital dossiers" on clients, their doctors, and their loved ones that could be used in pregnancy-related prosecutions.[244]

Our state must regulate UPCs. The American Medical Association "urges the development of effective oversight for entities offering pregnancy-related health services and counseling."[245] The American College of Obstetricians and Gynecologists says that policymakers should hold UPCs "accountable for deceptive practices by, for example, enforcing and strengthening consumer protection laws against false and misleading advertising, investigating the pervasiveness and impact of deceptive practices on patients, and partnering across the public and private sectors to ensure transparency."[246] They are right.

Copyright © 2025 by Public Leadership Institute

Resolution Against Deceptive Practices in Reproductive Health

Summary: The Resolution Against Deceptive Practices in Reproductive Health strongly condemns the deceptive practices of Unregulated Pregnancy Clinics operating in [State] and calls for the protection of clients who visit these UPCs.

Based on NJ AR 68 (2020)

SECTION 1. SHORT TITLE

This Act shall be called the "Resolution Against Deceptive Practices in Reproductive Health."

SECTION 2. RESOLUTION

Whereas, Unregulated Pregnancy Clinics (UPCs) also known as "crisis pregnancy centers," are a type of nonprofit organization established to counsel clients against having an abortion;

Whereas, many UPCs intentionally advertise as if they were all-options reproductive health clinics in order to entice pregnant clients inside;

Whereas, many UPCs are designed to resemble medical clinics, with waiting rooms, examination rooms, medical equipment, and staff dressed like doctors and nurses, the majority of UPC staff, both employees and volunteers, are not licensed medical professionals;

Whereas, most UPCs do not inform clients that they are not a medical clinic, may not have medical licenses, and may not be supervised by a physician, physician assistant or nurse practitioner;

Whereas, most UPCs purport to offer ultrasound services, and yet these are typically non-diagnostic ultrasounds which are not interpreted by professionals licensed to do so;

Whereas, most UPCs offer ultrasound services primarily as a means to display fetal images with the intent of discouraging clients from seeking abortion care;

Whereas, since UPCs are not traditional medical entities, they are not required to meet the sanitation and safety standards that apply to medical facilities and, in most cases, are not subject to any regulations at all;

Copyright © 2025 by Public Leadership Institute

Whereas, UPCs often use manipulative and coercive tactics on unsuspecting clients, expressing negative judgment toward clients who are considering abortion, emergency contraception, and even birth control medications and devices;

Whereas, UPCs frequently provide clients with inaccurate information linking abortion to adverse outcomes, as well as misinformation about the effectiveness of condoms, the prevention of sexually transmitted infections, and the stage of a client's pregnancy;

Whereas**,** when clients receive misinformation, including incorrect due dates that could delay the delivery of prenatal care, it can be dangerous to their health;

Whereas**,** it is appropriate that this [House] strongly condemn the deceptive practices of Unregulated Pregnancy Clinics in order to protect the health of clients who visit UPCs; now, therefore,

Be It Resolved by the [legislative body]:

1. This [House] strongly condemns the deceptive practices of Unregulated Pregnancy Clinics and calls for regulation that protects the health of clients who visit these UPCs.

2. Copies of this resolution, as filed with the Secretary of State, shall be transmitted by the Clerk of the General Assembly to the [Governor and the Secretary of Health].

Copyright © 2025 by Public Leadership Institute

Messaging and Communications

Why Messaging Matters

Messaging is one of the most powerful tools in advocacy and policy-making. A strong message can mobilize voters, influence lawmakers, shape media narratives, and build public will for change. In contrast, a weak or unclear message can lead to confusion, resistance, or inaction.

In today's political climate, where misinformation spreads quickly and attention spans are short, communicating effectively is just as important as having the best policy solutions. When you advocate for your issues, your message must be clear, values-driven, and easy to remember to resonate with your audience.

Who This Chapter is For

This chapter is designed for:

- Policymakers who need to communicate policies in a way that connects with constituents and the media.
- Advocates and organizers who mobilize communities, build coalitions around important issues, and work to persuade constituents and influence public opinion.

Whether you're preparing for a press interview, a town hall, a legislative hearing, or a social media campaign, the strategies in this chapter will help you deliver your message effectively and persuasively.

How to Use This Chapter

This chapter is designed as a practical, step-by-step guide. You'll learn:

- The core principles of effective messaging – What makes a message clear, persuasive, and memorable?
- How to frame a strong message – How to structure your message to resonate with your audience.
- Tailoring your message for different audiences – Voters, legislators, media, donors, and coalition partners.
- Talking points – You'll see values-based lead message points and supporting arguments, and facts that strengthen your core message.

Copyright © 2025 by Public Leadership Institute

By the end of this chapter, you'll have a ready-to-use messaging framework and talking points that ensure your communications are compelling, consistent, and action-oriented – no matter who your audience is.

Core Principles of Effective Messaging

Messaging is not about what you say but what people hear, remember, and act on. To ensure your message sticks, follow these principles:

1. Clarity – Keep it simple. People remember simple, straightforward messages, not lengthy explanations. Avoid acronyms and insider language.
    - Ineffective (Too Technical)
        - "Unregulated Pregnancy Clinics operate outside of HIPAA protections, which means their data collection and retention policies fail to meet established health privacy standards."[247]

    - Effective (Clear and Simple)
        - "If you visit an Unregulated Pregnancy Clinic, your personal health information isn't protected. They can collect and share your data with anti-abortion groups[248] – and you'd never know."
2. Consistency – Stick to the same core message across different platforms, such as speeches, social media, interviews, and legislative testimony.
    - Core Message
        - "Everyone deserves honest, unbiased care. But, UPCs deceive people, collect their personal health information, and push a political agenda rather than offer necessary health care."
    - Reinforcing the Message Across Channels
        - Press interview: "People seeking care deserve health care, not deception. Many UPCs pretend to offer medical care, but they aren't regulated and can misuse private health data."

        - Social media post: "Did you know UPCs collect your personal information and don't have to protect it? #PrivacyMatters"
        - Legislative hearing: "This is a simple issue: If a place collects your medical data, it should be held to the same standards as traditional health care providers."

Copyright © 2025 by Public Leadership Institute

3. Values-Driven – People are persuaded by values first and facts second. Connect to shared values (e.g., honesty, privacy, freedom, fairness, safety) rather than policy details and data.
    - Ineffective (Fact-Heavy, No Values)
        - "Many Unregulated Pregnancy Clinics don't employ licensed medical professionals, and 80% of them provide misleading or false information about abortion risks."[249]

    - Effective (Values-Driven First, Facts Second)
        - "Women deserve honest, medically accurate health care—not deception. But Unregulated Pregnancy Clinics are lying to pregnant people and putting their health at risk. In fact, 80% of them provide false or misleading information about abortion."[250]
4. Make It Personal – Statistics support a message, but emotion drives action. Real stories create connection and encourage action with urgency.
    - Fact-Only Approach (Less Persuasive)
        - "Data show that UPCs are targeting low-income communities, often setting up near reproductive health clinics to deceive people seeking evidence-based services."[251,252]

    - Storytelling Approach (More Persuasive)
        - "When Maria found out she was pregnant, she went to what she thought was a medical clinic. Instead, the staff pressured her, shamed her, and then collected her private information – without telling her they weren't licensed medical professionals who would respect her right to autonomy in her health care decisions. No one should have to go through that."
5. Audience-Centered – Different audiences have different priorities (e.g., other lawmakers, constituents, organizational allies, donors, etc.). Tailor your core message to different audiences based on what resonates with them.
    - Voters & the Public (Emphasize Privacy & Deception)
        - "Unregulated Pregnancy Clinics collect private health data without protection.[253] Your personal information could be shared with anti-abortion groups."
    - Lawmakers (Emphasize Consumer Protection & Accountability)
        - "If any other business collected private health information under false pretenses, they'd be held accountable. UPCs shouldn't get a free pass to deceive people."

Copyright © 2025 by Public Leadership Institute

- Media & Journalists (Give a Strong Hook & Soundbite)
  - "UPCs are a Trojan horse. They often look like all-options clinics, but they exist to mislead and manipulate, all while collecting people's private health information."[254,255]

Crafting Your Message

A well-crafted message ensures that every communication stays focused on your core message, with supporting points and a clear call to action. It helps you stay on message, no matter the audience or setting.

Key Components:

1. Core Message ("What") – The most important takeaway in one sentence.
2. Supporting Points ("Why") – Two to three key reasons that reinforce the core message.
3. Call to Action ("How") – A clear, actionable step people can take.

Next, we'll break each section of your message framework down into more detail.

Core Message ("What")

"Unregulated Pregnancy Clinics deceive and endanger pregnant people by collecting their private health information without protection, using misleading medical claims, and operating without medical oversight. It's time to hold them accountable."

Why This Works:

- Direct and clear – No jargon or policy-heavy phrasing.
- Values-driven – Emphasizes fairness, honesty, and accountability.
- Creates urgency – Frames UPCs as a threat to people seeking care.

Supporting Points ("Why")

- **UPCs use deceptive practices to mislead and manipulate women.**
  - "No one should be tricked when seeking health care. UPCs lie to women about their options."

Copyright © 2025 by Public Leadership Institute

        - UPCs often pretend to be medical clinics but are not licensed health care providers.
        - Staff often give false or misleading information to pressure women into continuing pregnancies.
        - They regularly use delays and scare tactics to limit people's options before they can access comprehensive and evidence-based care.

- **UPCs collect personal health data without protections and are not covered by HIPAA.**
    - "Everyone deserves privacy. Your private health data is protected if you visit a regulated medical clinic. If you walk into a UPC, it's not. And they can share your information with anti-abortion activists without your knowledge."
        - Unlike traditional clinics, UPCs aren't bound by HIPAA, meaning they can collect, store, and share client information without consent.[256]
        - Many UPCs share private health data with anti-abortion groups with a larger agenda.[257]
        - This puts people at risk, especially in states where abortion is banned.

- **UPCs are unregulated and operate without accountability.**
    - "If a business misled customers and collected private data under false pretenses, they'd be held accountable. UPCs shouldn't get a free pass to deceive women."
        - They receive public funding in many states, but there is no oversight for how they use their funds.[258]
        - Most UPCs don't employ licensed medical professionals[259] – yet they give medical-sounding advice that is often false or misleading.
        - If any other business engaged in this level of deception, it'd be shut down.

Call to Action ("How")

"Women deserve comprehensive health care, not manipulation. Lawmakers must step up and regulate these centers to protect individual privacy and stop the spread of misinformation."

Copyright © 2025 by Public Leadership Institute

Why This Message Framework Works

This message framework can be used in speeches, interviews, legislative hearings, advocacy materials, and social media to ensure a consistent, compelling argument for regulating UPCs. It works because it:

- Keeps the focus on a simple, repeatable message.
- Connects to values people care about, including privacy, fairness, and accountability.
- Provides clear supporting points that reinforce the main message.
- Ends with a strong call to action.

Tailoring Messages for Different Audiences

A strong message must be adapted for different audiences. While your core message remains the same, your framing should align with what your audience cares most about.

- Constituents and the Public – Use values and personal stories.
    - "UPCs are collecting private health information without protections.[260] Your personal information could be shared with anti-abortion groups."

- Media and Journalists – Give clear, compelling soundbites.
    - "UPCs are a Trojan horse. They pose as clinics to mislead people and steer them away from evidence-based reproductive care, while collecting their private data."

- Policymakers – Frame the issue as one of public accountability.
    - "If any other business misled customers and collected private data under false pretenses, they'd be shut down. UPCs shouldn't get a free pass."

- Coalition partners – Emphasize shared goals.
    - Regulating UPCs is about protecting reproductive freedom, consumer rights, and data privacy. We must work together to hold them accountable."

- Donors and Funders – Highlight urgency and impact.
    - Without action, more people will fall victim to UPCs' deceptive practices. Your support will help expose the role UPCs play in the broader anti-abortion infrastructure and protect health care access."

Copyright © 2025 by Public Leadership Institute

Key Arguments for Regulation of Unregulated Pregnancy Clinics (UPCs)

Values-Based Framework

Everyone deserves access to accurate, compassionate, and confidential health care. But Unregulated Pregnancy Clinics (UPCs), also known as crisis pregnancy centers, offer limited information, counseling, and resources. They may provide basic services like pregnancy tests and limited non-diagnostic ultrasounds, but their advertising often leads people to expect more complete medical care than they deliver. These centers operate with little to no oversight, often receiving public funding while failing to meet basic medical, ethical, or financial standards.

The following section outlines the key arguments for regulating UPCs, along with talking points and sample messages:

Values Messages and Talking Points

1. Exploitation of Personal Data

Values Message: People generally assume their personal information will be kept private when they provide it to their medical provider. If you walk into a UPC, it's not. They can share it with anti-abortion activists, law enforcement, or anyone else they choose.[261]

Talking Points:

- Heartbeat International, the largest UPC network, was caught recklessly exposing private health data, sharing full names, due dates, and addresses of pregnant people in an unprotected, publicly accessible video.[262]

Copyright © 2025 by Public Leadership Institute

- Training videos show UPC employees casually scrolling through clients' medical records, demonstrating how easily this private information is accessed and shared.[263]
- UPCs mislead clients into believing their private information is protected when, in reality, they can share personal data with anyone, including anti-abortion groups and law enforcement.
- In Alabama, a UPC gave a woman's records to the police, including details about her periods and contraceptive use that were used in her pregnancy-related prosecution.[264]

Sample Messages:

- "Walk into a UPC, and your private health information could end up with anti-abortion extremists or the cops."
- "Regulated clinics protect your data. UPCs can leak your name, period dates, and date of pregnancy to anyone."

2. Misuse of Public Funds and Lack of Financial Accountability

Values Message: Taxpayers deserve transparency and accountability when it comes to how their money is spent. Yet UPCs get public funds with no oversight. We must hold them accountable just like any organization using taxpayer money."

Talking Points:

- In many states, UPCs receive public funding without needing to provide impact assessments or audits.[265]
- In 2023, Tennessee increased UPC funding from $3M to $20M; Texas allocated$140M in 2023.[266]
- UPC financial reports often inflate impact and fund marketing and executive salaries rather than services.[267]

Sample Messages:

- "Taxpayer dollars should fund regulated medical services people need and want, not a $1.9 billion industry that, overwhelmingly, refuses to provide evidence-based care or meet basic medical standards."
- "Taxpayers deserve to know what UPCs are doing with the tax dollars they receive. If they are providing valuable services, they should be able to prove that."

Copyright © 2025 by Public Leadership Institute

- “How can we know UPCs are the most efficient and effective way to provide services if we do not accurately know how they spend the money they receive?”
- “The vast majority of UPCs take public money with zero accountability. That’s fraud, not service.

3. Deceptive Medical Practices and Misinformation

Values Message: People deserve medically accurate information to make informed decisions about their health.

Talking Points:

- 91% of UPCs advertise medical services, but few have full-time medical staff.[268]
- "Abortion pill reversal," promoted by Heartbeat International,[269] a major UPC network, is unproven and condemned by the American College of Obstetricians and Gynecologists (ACOG) as unethical and dangerous.[270]
- Some UPCs perform ultrasounds without proper training, leading to misdiagnoses and delays in care.[271, 272]

Sample Messages:

- “If a hospital nurse lied to a patient, they could lose their license. But at many UPCs, untrained staff hand out medical advice that can be totally wrong—and there’s no oversight, no consequences.”
- “UPCs mislead people with junk science. That’s not health care.”

4. Lack of Data Privacy and Exploitation of Sensitive Information

Values Message: Everyone deserves the right to privacy, especially when it comes to personal health data.

Talking Points:

- UPCs are not bound by HIPAA, despite hundreds of UPC websites falsely claiming HIPAA compliance[273]
- They collect sensitive information and may share it with anyone, including anti-abortion groups or law enforcement.
- In Louisiana, a data breach from Heartbeat International, a leading UPC network, exposed visitors’ names, due dates, and medical histories.[274]

Copyright © 2025 by Public Leadership Institute

Sample Messages:

- "When you visit a regulated health clinic, your data is protected. At a UPC, it can be shared with anti-abortion groups or even police."
- "UPCs exploit vulnerable people by pretending to offer confidential care–then hand over their records.

5. Coercion and Withholding of Medical Options

Values Message: Everyone deserves autonomy over their reproductive decisions.

Talking Points:

- UPCs are designed to discourage abortion and provide their reproductive and sexual health services only when they feel it will help them coerce clients away from abortion.
- UPC websites often inflate the rate of miscarriage in early pregnancy and suggest people seeking abortion should wait and come to the UPC for an ultrasound to determine if they will miscarry naturally.[275]
- UPCs target people who they think might consider an abortion, delaying care until legal timeframes expire.[276]

Sample Messages:

- "UPCs don't offer choices. They run out the clock until your options disappear."
- "Delaying care is not health care. UPCs frequently use manipulation to deny people their rights.

6. Absence of Medical Services and Referrals

Values Message: People should be able to rely on providers for unbiased medical care and support.

Talking Points:

- A study of 607 UPCs in nine states showed:
    - Almost two-thirds made false and biased claims about evidence-based reproductive health care.
    - 95% did not offer prenatal care, and more than half didn't even refer for prenatal care.
    - 28% provided STI tests, but most did not provide treatment or referrals for care.[277]

Copyright © 2025 by Public Leadership Institute

Sample Messages:

- "A 'clinic' that doesn't refer you for the care you need isn't a clinic, it's a trap."
- "When publicly funded UPCs refuse to provide complete pregnancy care, it's time to redirect those funds."

7. Targeting of Marginalized Communities

Values Message: Everyone deserves health care that is accessible, equitable, and free from manipulation.

Talking Points:

- There are more than 2,600 UPCs in the U.S.,[278] outnumbering abortion clinics 3-to-1, numbers that were the reverse 30 years ago.[279]
- They advertise using abortion-related keywords to divert people searching for care.[280]
- UPCs are often located in low-income areas and communities of color, where residents already face barriers to evidence-based reproductive health services.[281,282]

Sample Messages:

- "UPCs routinely prey on people with the fewest options and the greatest needs."
- "Health care equity means ending deceptive practices that target the most vulnerable."

8. Political Influence and Anti-Choice Agenda

Values Message: Public health should put patients before politics. Our laws must protect individuals' privacy and ensure health policies reflect that priority.

Talking Points:

- UPCs are active players in anti-abortion policy-making and legal efforts.[283]
- They mobilize voters and lobby lawmakers.[284]
- Their leaders train affiliates to influence litigation and promote abortion bans.[285]

Copyright © 2025 by Public Leadership Institute

Sample Messages:

- “UPCs aren’t health care; they’re the boots on the ground for the anti-choice movement.”
- “This industry is more focused on banning abortion than helping pregnant people.”

“Everyone deserves honest, safe, and supportive health care. It's time to hold UPCs accountable, protect people’s privacy, and ensure public dollars go to health care providers that meet communities’ needs.”

Public Opinion Polling

UPCs are harming people all over the country. They are a little-known threat to voters, but voters reject them when they hear a little about these centers. Most voters in states want to see these unlicensed centers held accountable at all times, even before messaging. That support skyrockets when voters learn of their nefarious nature, especially their lack of health and safety standards. It stands strong even in the face of positive information about these centers.

Regulating UPCs is not a partisan matter: red state to blue state, conservative to liberal, voters are concerned about UPCs – and polling shows that voters would be more likely to re-elect lawmakers who took action against them.

This is an opportunity for policymakers to pass good policy and gain positive will among voters on both sides of the ideological aisle. Voters are more likely to consider officials trustworthy, caring about people like them, and acting in the public’s best interest if they take action on UPCs. [286]

Copyright © 2025 by Public Leadership Institute

Additional Resources

This section provides direct access to issue experts and additional resources to help policymakers, advocates, and coalition partners advance the policy solutions outlined in this playbook. Inclusion in the additional resources listing does not imply that any individual or entity endorses all the policies in this playbook.

MEDICAL STANDARDS

Issue experts

John Ayers, PhD, MA Vice Chief of Innovation and Associate Professor, Division of Infectious Disease and Global Public Health, University of California San Diego ayers.john.w@gmail.com	Public health researcher; co-led the first national study analyzing the services and operations of crisis pregnancy centers across all 50 states to document the services advertised. Co-creator of ChoiceWatch.org.
Mitchell Creinin, MD Distinguished Professor, Department of Obstetrics & Gynecology, University of California Davis Health mdcreinin@health.ucdavis.edu	Leading researcher and professor; worked on the only controlled clinical study on "abortion pill reversal" promoted by UPCs. Featured commentator in the UPC documentary, *Preconceived*, which focused on UPCs' medical and ethical practices.
Maria Gallo, PhD Professor and Chair of the Department of Epidemiology, Gillings School of Global Public Health, UNC Chapel Hill mfgallo@unc.edu	Epidemiologist focused on sexual and reproductive health; has studied UPC claims around STD testing, ultrasounds, medical disinformation, and prenatal care.
Robin Marty Executive Director, WAWC Healthcare (formerly West Alabama Women's Center) robin@walwc.com	Expert on the provision of abortion and comprehensive pregnancy care in states with abortion bans and contrasts evidence-based services with limited care at UPCs. Member of the Alabama Maternal Health Task Force.

Copyright © 2025 by Public Leadership Institute

Roxanne McNellis (Sutocky) Director of Public Affairs, The Womens Centers rsutocky@thewomenscenters.com	Public affairs and communications expert for a multi-state medical practice targeted by extremist UPC tactics. Specializes in community engagement, story collection, and strategies to counter anti-abortion extremism at state and local levels.
Lisa Perriera, MD, MPH Chief Medical Director, The Womens Centers; Professor of Obstetrics and Gynecology, Thomas Jefferson University; Board Member, The Women's Law Project lperriera@thewomenscenters.com	Practicing OB-GYN and advocate with direct experience caring for patients who have encountered UPCs; leader of a multistate medical practice targeted by extremist UPC tactics and active supporter of state-level strategies to reduce the harms they cause.
Andrea Swartzendurber, PhD, MPH Associate Professor, Epidemiology and Biostatistics Department, University of Georgia College of Public Health aswartz@uga.ed	Public health researcher; co-developer and lead of CPC Map, an interactive geolocated national directory of CPCs operating in the US and the most scientifically-rigorous, comprehensive, and up-to-date directory of CPCs; has authored more CPC publications than any other scientist.

Issue resources

Crisis Pregnancy Centers in the United States: Post- Dobbs Characteristics and Changes
American Journal of Public Health, June 2025
https://ajph.aphapublications.org/doi/10.2105/AJPH.2025.308055

Crisis Pregnancy Center Map
https://crisispregnancycentermap.com/

Characterizing Services Advertised on Crisis Pregnancy Center Websites

JAMA Internal Medicine, December 2, 2024

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2827342?guestAccessKey=b2fb6757-2329-4c92-ae66-a4d07a5ee0ca

Copyright © 2025 by Public Leadership Institute

Crisis pregnancy center practices suggest 'need for greater scrutiny'

Healio, December 3, 2024

https://www.healio.com/news/womens-health-ob-gyn/20241203/crisis-pregnancy-center-practices-suggest-need-for-greater-scrutiny

States funding anti-abortion clinics have some of highest rates of maternal and infant mortality in US, report finds

The Independent, July 26, 2024

https://www.independent.co.uk/news/world/americas/abortion-crisis-pregnancy-clinics-maternal-infant-mortality-b2586207.html

Pregnancy Centers Issue Brief

American College of Obstetricians and Gynecologists, 2023

https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers

Designed to Deceive: CPCs and Non-Diagnostic Ultrasound

The Alliance: State Advocates for Women's Rights & Gender Equality

October 2021

https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance_CPC_Spotlight_Ultrasounds_FINAL.pdf

Crisis Pregnancy Centers and Sonograms

Social Science Research Council's The Immanent Frame, August 7, 2020

http://tif.ssrc.org/2020/08/07/crisis-pregnancy-centers-and-sonograms/

Crisis Pregnancy Centers in the United States: Lack of Adherence to Medical and Ethical Practice Standards; A Joint Position Statement of the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology

Journal of Adolescent Medicine, December 2019

https://www.jahonline.org/article/S1054-139X(19)30413-6/fulltext

Adolescent Health Groups Warn of Risks Anti-Choice Crisis Pregnancy Centers Pose to Young People

Rewire News, October 30, 2019

https://rewire.news/article/2019/10/30/adolescent-health-groups-warn-of-risks-anti-choice-crisis-pregnancy-centers-pose-to-young-people/

Copyright © 2025 by Public Leadership Institute

Why Crisis Pregnancy Centers are Legal but Unethical AMA Journal of Ethics, March 2018 https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03

FINANCIAL

Issue experts

Michelle Erenberg Executive Director, Lift Louisiana merenberg@liftlouisiana.org	Reproductive justice advocate; led a significant investigation into Louisiana's taxpayer funding of UPCs through state programs.
Julie Rabinovitz, MPH Principal, Health Management Associates jrabinovitz@healthmanagement.com	Reproductive health policy, strategy, finance, and operations consultant; co-authored the first federal funding analysis of UPCs' federal public funding.
Debra Rosen, Executive Director, and **Mika Matsuno,** Director of Research and Strategy Reproductive Health and Freedom Watch debra.rosen@hopewellfund.org mika.matsuno@hopewellfund.org	Leaders at Reproductive Health and Freedom Watch; created UPCFinanceWatch.com to expose funding sources and financial practices of UPCs. Monitors, investigates, and publicizes vast data on UPCs' operations and practices.
Grace Tillyard, PhD Adjunct Professor, Florida International University grace.tillyard@gmail.com	Academic researcher and writer; conducted FOIA/public records research to uncover how Florida's state contracts funnel taxpayer dollars to UPCs through the Florida Pregnancy Care Network.

Copyright © 2025 by Public Leadership Institute

Issue resources

New Data Shows Unregulated Pregnancy Clinic Industry Reaches $1.7+ Billion in Annual Revenue

Reproductive Health and Freedom Watch, October 21, 2024

https://reproductivehealthfreedom.us/wp-content/uploads/2024/10/UPC-industry-financial-update.pdf

Why is the billion-dollar Unregulated Pregnancy Clinic industry receiving increasing taxpayer dollars?

Reproductive Health and Freedom Watch

https://reproductivehealthfreedom.us/wp-content/uploads/2024/07/July-2024_Memo_Taxpayer-Funding-to-UPC-Industry.pdf

An Analysis of Federal Funding for Crisis Pregnancy Centers: 2017-2023

Health Management Associates, 2024

https://www.healthmanagement.com/wp-content/uploads/CPC-Federal-Funding-Report_20240614_hma.pdf

Anti-Abortion Centers Spent Over $600M in One Year. That's the Tip of the Iceberg

Rewire News, August 30, 2023

https://rewirenewsgroup.com/2023/08/30/anti-abortion-centers-spent-over-600m-in-one-year-thats-the-tip-of-the-iceberg/

Abortion-ban states pour millions into pregnancy centers with little medical care

Stateline, August 24, 2023

https://stateline.org/2023/08/24/abortion-ban-states-pour-millions-into-pregnancy-centers-with-little-medical-care/

Millions in tax dollars flow to anti-abortion centers in US

Associated Press, February 5, 2022

https://apnews.com/article/abortion-business-health-nashville-personal-taxes-fffa6f6f86e6eaa448b8ea89087a1c46

Funding Lies: An Investigation into Louisiana's Alternatives to Abortion Initiative

Lift Louisiana, 2022

https://www.liftlouisiana.org/cpcreport2022

Copyright © 2025 by Public Leadership Institute

Crisis Pregnancy Centers Endanger Women's Health—With Taxpayer Dollars and Without Oversight

Ms., October 29, 2021

https://msmagazine.com/2021/10/29/crisis-pregnancy-centers-cpc-fake-abortion-clinic-report/

PRIVACY

Issue experts

Michelle Kuppersmith Executive Director, Campaign for Accountability mkuppersmith@campaignforaccountability.org	Accountability watchdog leader; filed complaints in multiple states demanding investigations into UPCs' misuse of patient data.
Corynne McSherry, JD Legal Director, Electronic Frontier Foundation (EFF) corynne@eff.org	Legal director at EFF; led efforts urging state attorneys general to investigate UPC privacy violations and deceptive data practices.
Carmel Shachar, JD, MPH Assistant Clinical Professor of Law and Faculty Director, Health Law and Policy Clinic at the Center for Health Law and Policy Innovation, Harvard Law School (CHLPI) cshachar@law.harvard.edu	Nationally recognized health law expert; writes extensively about HIPAA loopholes that allow UPCs to collect and misuse sensitive personal health data.

Issue resources

Addressing The HIPAA Blind Spot For Crisis Pregnancy Centers

Health Affairs, November 15, 2024

https://www.healthaffairs.org/content/forefront/addressing-hipaa-blind-spot-crisis-pregnancy-centers

Copyright © 2025 by Public Leadership Institute

Crisis pregnancy center's forms give rare insight into anti-abortion practices

They promise to protect health data but aren't bound by federal privacy law.

NBC News, October 13, 2024

https://www.nbcnews.com/health/womens-health/crisis-pregnancy-centers-forms-privacy-abortion-rcna172566

Health Data Breach at America's Largest Crisis Pregnancy Org

Heartbeat International is sharing women's private health information

Abortion Every Day, May 30, 2024

https://jessica.substack.com/p/exclusive-health-data-breach-at-americas

Senate Democratic Women Respond to New Senate Republican Legislation to Collect Data on Pregnant Women Through New Government Website

U.S. Senator Patty Murray Press Release, May 13, 2024

https://www.murray.senate.gov/senate-democratic-women-respond-to-new-senate-republican-legislation-to-collect-data-on-pregnant-women-through-new-government-website-push-anti-abortion-propaganda/

Our "Preconceived" Notions of HIPAA

Bill of Health: Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School, March 9, 2024

https://petrieflom.law.harvard.edu/2024/03/09/our-preconceived-notions-of-hipaa/

Watchdog group asks 5 attorneys general to investigate crisis pregnancy center privacy practices

NBC News, April 23, 2024

https://www.nbcnews.com/health/health-news/watchdog-group-asks-5-attorneys-general-investigate-crisis-pregnancy-c-rcna148188

Who owns digital health data? HIPAA privacy myths put women at risk

SC Media, September 12, 2022

https://www.scmagazine.com/feature/privacy/who-owns-digital-health-data-hipaa-privacy-myths-may-put-women-at-risk

Facebook and Anti-Abortion Clinics Are Collecting Highly Sensitive Info on Would-Be Patients

Reveal News, June 15, 2022

https://revealnews.org/article/facebook-data-abortion-crisis-pregnancy-center/

Copyright © 2025 by Public Leadership Institute

The Anti-Abortion Movement's Digital Strategies to Track Pregnant Women

Women's Media Center, December 15, 2021

https://womensmediacenter.com/news-features/the-anti-abortion-movements-digital-strategies- to-track-pregnant-women

A Documentation of Data Exploitation in Sexual and Reproductive Rights

Privacy International, April 21, 2020

https://privacyinternational.org/long-read/3669/documentation-data-exploitation-sexual-and-reproductive-rights

DECEPTIVE STRATEGIES

Issue experts

Andrea Grimes Vice President of Research, Reproaction andrea@reproaction.org	Journalist and researcher; supervises UPC investigations and documents deceptive practices, especially in Texas. Writes extensively for media.
Jenifer McKenna Senior Advisor, Reproductive Health and Freedom Watch jenifer.mckenna@hopewellfund.org	Nationally recognized expert on CPCs; led the first multi-state investigation documenting deceptive UPC tactics. Now advises efforts to expose misleading practices.
Tara Murtha Director of Impact and Engagement, Women's Law Project tmurtha@womenslawproject.org	Policy advocate and author; co-author of *Designed to Deceive: A Study of Crisis Pregnancy Centers in Nine States*, which detailed UPC deception.
Subasri Narasimhan, PhD, MPH Assistant Professor, Rollins School of Public Health, Emory University subasrinara@emory.edu	Public health social scientist; research includes examining how UPCs use targeted online marketing to appear credible and mislead communities of color.
Annie Romano Senior Special Projects Coordinator, Reproaction annie@reproaction.org	Researcher and writer; maintains Reproaction's anti-abortion pregnancy center database.

Copyright © 2025 by Public Leadership Institute

Andrea Swartzendruber, PhD, MPH Associate Professor, College of Public Health, University of Georgia College of Public Health aswartz@uga.edu	Public health researcher; co-founded CPCMap, the first and only scientifically rigorous national directory of UPCs. Lead researcher on multiple scholarly studies of UPC practices.
Carly Thomsen, PhD Associate Professor of English and Creative Writing and the Study of Women, Gender, and Sexuality, Rice University thomsen.carly@rice.edu	Mixed-methods researcher in the social sciences, humanities, and arts; research includes: quantitative analyses of CPCs in terms of race, class, and place; sonograms; mobile CPCs; anti-CPC activism. Provided expert testimony for Vermont's legislation regulating CPCs.

Issue resources

Google Helps Anti-Abortion Centers Deceive Women Searching for Ultrasound Appointments

Campaign for Accountability, April 17, 2025

https://campaignforaccountability.org/google-helps-anti-abortion-centers-deceive-women-searching-for-ultrasound-appointments/

Profiting from Deceit: How Google Profits from Anti-choice Ads Distorting Searches for Reproductive Healthcare

Center for Countering Digital Hate, June 15, 2023

https://counterhate.com/research/google-profiting-from-fake-abortion-clinics-ads/

Google Serves Anti-Abortion Clinic Ads that Violate its Policies

Tech Transparency Project, September 29, 2022

https://www.techtransparencyproject.org/articles/google-serves-anti-abortion-clinic-ads-violate-its-policies

Google directs users to anti-abortion 'fake clinics': 1 in 10 abortion search results in "trigger law" states lead to anti-abortion fake clinics

Center for Countering Digital Hate, June 9, 2022

https://counterhate.com/research/anti-abortion-fake-clinics/

Copyright © 2025 by Public Leadership Institute

Pregnant? Need Help? They Have an Agenda

The New York Times, May 12, 2022

https://www.nytimes.com/interactive/2022/05/12/opinion/crisis-pregnancy-centers-roe.html

Facebook Profits from Anti-Abortion Misinformation While Suppressing Medically Accurate Abortion Facts

Ms., November 30, 2021

https://msmagazine.com/2021/11/30/facebook-anti-abortion-misinformation-abortion-pill-reversal/

Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States

The Alliance: State Advocates for Women's Rights & Gender Equality, October 2021

https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance_CPC_Report_FINAL2-1-22.pdf

Truth and Transparency in Crisis Pregnancy Centers

Women's Health Reports, July 27, 2020

https://pmc.ncbi.nlm.nih.gov/articles/PMC7784822/

Crisis Pregnancy Centers: Faith Centers Operating in Bad Faith

Journal of General Internal Medicine, October 18, 2018

https://link.springer.com/article/10.1007/s11606-018-4703-4

Copyright © 2025 by Public Leadership Institute

Endnotes

[1] "Why Is the Billion-Dollar Unregulated Pregnancy Clinic Industry Receiving Increasing Taxpayer Dollars?" Reproductive Health and Freedom Watch, July 2024.

[2] Amy G. Bryant and Jonas J. Swartz, "Why Crisis Pregnancy Centers Are Legal but Unethical," AMA Journal of Ethics 20, no. 3 (March 1, 2018): 269–77. https://doi.org/10.1001/journalofethics.2018.20.3.pfor1-1803.

[3] "Why Is the Billion-Dollar…"

[4] Carmel Shachar and Eli Y. Adashi, "Addressing the HIPAA Blind Spot for Crisis Pregnancy Centers," Health Affairs Forefront, November 18, 2024. https://doi.org/10.1377/forefront.20241114.44778.

[5] Jonas J. Swartz et al., "Comparing Website Identification for Crisis Pregnancy Centers and Abortion Clinics," Women's Health Issues 31, no. 5 (September 2021): 432–39. https://doi.org/10.1016/j.whi.2021.06.001.

[6] Andrea Swartzendruber et al., "Crisis Pregnancy Centers in the United States: Lack of Adherence to Medical and Ethical Practice Standards; a Joint Position Statement of the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology," Journal of Pediatric and Adolescent Gynecology 32, no. 6 (December 2019): 563–66. https://doi.org/10.1016/j.jpag.2019.10.008.

[7] Dawn Stacey, "The Pregnancy Center Movement: History of Crisis Pregnancy Centers," Crisis Pregnancy Center Watch.

[8] Swartzendruber A and Lambert D. Crisis Pregnancy Center Map. https://www.cpcmap.com. January 22, 2025. Accessed: July 11, 2025.

[9] Rachel K. Jones, Candace Gibson, and Jesse Philbin, "The Number of Brick-and-Mortar Abortion Clinics Drops, as US Abortion Rate Rises: New Data Underscore the Need for Policies That Support Providers," Guttmacher Institute, July 10, 2024. https://www.guttmacher.org/report/abortion-clinics-united-states-2020-2024.

[10] Swartz et al., "Comparing Website Identification…"

[11] "Profiting from Deceit: How Google Profits From Anti-Choice Ads Distorting Searches For Reproductive Healthcare," Center for Countering Digital Hate, June 2023.

[12] Laura E. Dodge et al., "Quality of Information Available Online for Abortion Self-Referral," Obstetrics & Gynecology 132, no. 6 (December 2018): 1443–52. https://doi.org/10.1097/aog.0000000000002950.

[13] Bryant and Swartz, "Legal but Unethical…"

[14] Swartzendruber et al., "Lack of Adherence…"

[15] American College of Obstetricians and Gynecologists (ACOG). Abortion Access and Crisis Pregnancy Centers. Committee Opinion No. 815, 2022.

Copyright © 2025 by Public Leadership Institute

[16] U.S. House of Representatives Committee on Oversight and Reform. A Report on the Use of Deceptive Tactics by Anti-Abortion Pregnancy Centers, 2021.

[17] National Institute for Reproductive Health (NIRH). Crisis Pregnancy Centers: Inaccurate, Unregulated, and Publicly Funded, 2023.

[18] Texas Health and Human Services. Alternatives to Abortion Program Report for Fiscal Year 2023, 2023.

[19] "Why Is the Billion-Dollar..."

[20] Carly Thomsen et al., "U.S. Anti-Abortion Ideology on the Move: Mobile Crisis Pregnancy Centers as Unruly, Unmappable, and Ungovernable," Political Geography 92 (January 2022): 102523. https://doi.org/10.1016/j.polgeo.2021.102523.

[21] Carly Thomsen et al., "Presence and Absence: Crisis Pregnancy Centers and Abortion Facilities in the Contemporary Reproductive Justice Landscape," Human Geography 16, no. 1 (June 29, 2022): 64–74. https://doi.org/10.1177/19427786221109959.

[22] Alice F. Cartwright, Katherine Tumlinson, and Ushma D. Upadhyay, "Pregnancy Outcomes after Exposure to Crisis Pregnancy Centers among an Abortion-Seeking Sample Recruited Online," PLOS ONE 16, no. 7 (July 28, 2021). https://doi.org/10.1371/journal.pone.0255152.

[23] "Issue Brief: Crisis Pregnancy Centers," ACOG. Accessed July 12, 2025. https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers.

[24] Kimberly Kelly, "Evangelical Underdogs: Intrinsic Success, Organizational Solidarity, and Marginalized Identities as Religious Movement Resources," Journal of Contemporary Ethnography 43, no. 4 (February 24, 2014): 419–55. https://doi.org/10.1177/0891241613516627.

[25] "Preventing Pregnancy-Related Deaths," Centers for Disease Control and Prevention, September 25, 2024. https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html.

[26] False and misleading health information provided by federally funded pregnancy resource centers: prepared for Rep. Henry A. Waxman (2006).

[27] Swartzendruber et al., "Lack of Adherence..."

[28] "Issue Brief: Crisis Pregnancy Centers," ACOG. Accessed July 14, 2025. https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers.

[29] Abigail Brooks, "Crisis Pregnancy Center's Forms Give Rare Insight into Anti-Abortion Practices," NBCNews.com, October 13, 2024. https://www.nbcnews.com/health/womens-health/crisis-pregnancy-centers-forms-privacy-abortion-rcna172566.

[30] Shachar and Adashi, "Addressing the HIPAA Blind Spot..."

[31] "A Documentation of Data Exploitation in Sexual and Reproductive Rights," Privacy International, April 21, 2020. https://privacyinternational.org/long-read/3669/documentation-data-exploitation-sexual-and-reproductive-rights.

Copyright © 2025 by Public Leadership Institute

[32] “Unregulated Pregnancy Clinic Finance Watch,” Reproductive Health and Freedom Watch, June 3, 2025. https://reproductivehealthfreedom.us/upc-finance-watch/.

[33] “NIFLA: National Institute of Family and Life Advocates,” NIFLA.org, April 25, 2024. https://nifla.org/.

[34] Karan S. Desai et al., “Characterizing Services Advertised on Crisis Pregnancy Center Websites,” JAMA Internal Medicine 185, no. 2 (February 1, 2025): 238. https://doi.org/10.1001/jamainternmed.2024.6440.

[35] Society for Adolescent Health and Medicine and 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 65, no. 6 (December 2019): 821–24. https://doi.org/10.1016/j.jadohealth.2019.08.008.

[36] Brooks, “Crisis Pregnancy Center’s Forms…”

[37] Danielle N. Lambert et al., “Crisis Pregnancy Centers in the United States: Post-Dobbs Characteristics and Changes,” American Journal of Public Health 115, no. 6 (June 2025): 924–35. https://doi.org/10.2105/ajph.2025.308055.

[38] Desai et al., “Characterizing Services Advertised…”

[39] Carly Thomsen, “Crisis Pregnancy Centers and Sonograms,” SSRC The Imminent Frame, August 3, 2020. https://tif.ssrc.org/2020/08/07/crisis-pregnancy-centers-and-sonograms/.

[40] “NIFLA: The Life Choice Project: Legal Training,” NIFLA.org, June 14, 2018. https://nifla.org/life-choice-project-tlc/.

[41] Michael Clauw, “Google Helps Anti-Abortion Centers Deceive Women Seeking Ultrasounds,” Campaign for Accountability, April 17, 2025. https://campaignforaccountability.org/google-helps-anti-abortion-centers-deceive-women-searching-for-ultrasound-appointments/.

[42] “Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy,” www.aium.org, May 19, 2020. https://www.aium.org/resources/official-statements/view/prudent-use-and-safety-of-diagnostic-ultrasound-in-pregnancy.

[43] “Training Guidelines for Licensed Medical Providers Who Perform and Interpret Ultrasound-Guided Procedures,” www.aium.org, March 29, 2025. https://www.aium.org/resources/training-guidelines/view/training-guidelines-for-licensed-medical-providers-who-perform-and-interpret-ultrasound-guided-procedures.

[44] CMSTeam, “Medical Q&A: ‘Can We Just Do Ultrasounds without Becoming a Medical Clinic?’,” Care Net, April 10, 2018. https://care-net.org/center-insights-blog/medical-qanda-ultrasounds/.

[45] Amelia Baker, “Official Opinion 96-26,” Office of the Attorney General, accessed July 12, 2025. https://law.georgia.gov/opinions/96-26.

[46] Dave Wilkins, “Who Can Legally Preg Check Cows in Your State? - | Ag Proud,” Ag Proud, August 29, 2012. https://www.agproud.com/articles/19323-who-can-legally-preg-check-cows-in-your-state.

Copyright © 2025 by Public Leadership Institute

[47] Vet Candy, “Ultrasound Dilemma: Battle Over Veterinary Practice Laws Sparks Controversy,” Vet Candy, April 29, 2024. https://www.myvetcandy.com/blog/2024/4/28/ultrasound-dilemma-battle-over-veterinary-practice-laws-sparks-controversy.

[48] “22 Tex.. Admin. Code § 573.15 - Use of Ultrasound in Diagnosis or Therapy,” Legal Information Institute, accessed July 14, 2025. https://www.law.cornell.edu/regulations/texas/22-Tex-Admin-Code-SS-573-15.

[49] CMSTeam, “Medical Q&A…”

[50] “Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy.”

[51] “Training Guidelines for Licensed Medical Providers…”

[52] “AIUM Practice Parameter for Documentation of an Ultrasound Examination” (American Institute of Ultrasound in Medicine, 2019).

[53] Ultrasound Trainers, “Legal Requirements for Opening an Elective Ultrasound Clinic: A Comprehensive Guide,” 3D/4D HD Ultrasound Training & Ultrasound Business Consulting - Taking Ultrasound to the Next Dimension, October 28, 2024,

[54] Mike Crawley, “Buy A Scanner, Open a Shop: Anyone Can Do Fetal Ultrasound in Ontario,” CBCnews, May 20, 2016, https://www.cbc.ca/news/canada/toronto/babyview-ultrasound-clinic-pickering-provincial-regulation-1.3589897.

[55] “National Association of Free & Charitable Clinics | NAFC,” The National Association of Free and Charitable Clinics, accessed July 14, 2025, https://nafcclinics.org/.

[56] “NIFLA: National Institute of Family and Life Advocates.”

[57] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[58] Brooks, “Crisis Pregnancy Center’s Forms…”

[59] Desai et al., “Characterizing Services Advertised…”

[60] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[61] Desai et al., “Characterizing Services Advertised…”

[62] Lambert et al., “Post-Dobbs Characteristics and Changes.”

[63] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[64] Bryant and Swartz, “Legal but Unethical.”

[65] “Truth and Transparency in Pregnancy Counseling Centers H-420.954” (American Medical Association, 2024).

[66] “Issue Brief: Crisis Pregnancy Centers,” (ACOG Government Affairs, October 2022).

[67] “NIFLA: National Institute of Family and Life Advocates.”

[68] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[69] Brooks, “Crisis Pregnancy Center’s Forms…”

[70] Lambert et al., “Post-Dobbs Characteristics and Changes.”

Copyright © 2025 by Public Leadership Institute

[71] Desai et al., “Characterizing Services Advertised…”

[72] “NIFLA: National Institute of Family and Life Advocates.”

[73] “Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy.”

[74] CMSTeam, “Medical Q&A…”

[75] Brooks, “Crisis Pregnancy Center’s Forms…”

[76] Marisa Smith, “HHS Closure Letter - The Unexpected Pregnancy Center” (US Department of Health and Human Services Office for Civil Rights, November 26, 2024).

[77] CMSTeam, “Medical Q&A…”

[78] “Issue Brief: Crisis Pregnancy Centers,” ACOG.

[79] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[80] “Truth and Transparency…”

[81] “NIFLA: National Institute of Family and Life Advocates.”

[82] Desai et al., “Characterizing Services Advertised…”

[83] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[84] Brooks, “Crisis Pregnancy Center’s Forms…”

[85] Desai et al., “Characterizing Services Advertised…”

[86] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[87] Desai et al., “Characterizing Services Advertised…”

[88] Lambert et al., “Post-Dobbs Characteristics and Changes.”

[89] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[90] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[91] “Truth and Transparency…”.

[92] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[93] “Unregulated Pregnancy Clinic Finance Watch,” Reproductive Health and Freedom Watch.

[94] “NIFLA: National Institute of Family and Life Advocates.”

[95] Desai et al., “Characterizing Services Advertised…”

[96] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[97] Brooks, “Crisis Pregnancy Center’s Forms…”

[98] Elaine Chan et al., “Patient Experiences at California Crisis Pregnancy Centers: A Mixed-Methods Analysis of Online Crowd-Sourced Reviews, 2010–2019,” Southern Medical Journal 115, no. 2

[99] Montoya et. al, “The Problems with Crisis Pregnancy Centers.”

Copyright © 2025 by Public Leadership Institute

[100] “Issue Brief: Crisis Pregnancy Centers,” ACOG.

[101] “Unregulated Pregnancy Clinic Finance Watch,” Reproductive Health and Freedom Watch.

[102] “Option Line,” HeartbeatInternational.org, April 16, 2025. https://www.heartbeatinternational.org/our-work/option-line.

[103] “Worldwide Directory of Pregnancy Help,” HeartbeatServices.org, accessed July 14, 2025. https://www.heartbeatservices.org/worldwide-directory.

[104] CMSTeam, “Pregnancy Decision Line - Care Net’s National Hotline,” Care Net, January 26, 2024. https://care-net.org/pregnancy-decision-line/.

[105] “Find a Pregnancy Center,” Pregnancy Decision Line, April 10, 2025. https://pregnancydecisionline.org/find-a-pregnancy-center/.

[106] “Abortion Information Helpline,” Pregnancy Decision Line, March 12, 2025. https://pregnancydecisionline.org/.

[107] “Pregnant? Need Help?,” The Roman Catholic Archdiocese of Washington, November 27, 2024. https://adw.org/about-us/resources/pregnant-need-help/.

[108] “NIFLA: National Institute of Family and Life Advocates.”

[109] Desai et al., “Characterizing Services Advertised…”

[110] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[111] Brooks, “Crisis Pregnancy Center’s Forms…”

[112] Desai et al., “Characterizing Services Advertised…”

[113] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[114] Desai et al., “Characterizing Services Advertised…”

[115] Lambert et al., “Post-Dobbs Characteristics and Changes.”

[116] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[117] Elaine Chan et al., “Patient Experiences at California Crisis Pregnancy Centers: A Mixed-Methods Analysis of Online Crowd-Sourced Reviews, 2010–2019,” Southern Medical Journal 115, no. 2 (February 2022): 144–51. https://doi.org/10.14423/smj.0000000000001353.

[118] Montoya et. al, “The Problems with Crisis Pregnancy Centers.”

[119] “Issue Brief: Crisis Pregnancy Centers,” ACOG.

[120] “Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy.”

[121] CMSTeam, “Medical Q&A…”

[122] Jenifer McKenna, “Unregulated Pregnancy Clinics Collect Health Information from Pregnant People with No Privacy Protection,” Ms. Magazine, August 13, 2024. https://msmagazine.com/2024/08/12/crisis-pregnancy-center-health-information-hipaa-privacy-anti-abortion-republicans-pro-life/.

[123] Abigail Brooks, “Watchdog Group Asks 5 Attorneys General to Investigate Crisis Pregnancy Center Privacy Practices,” NBCNews.com, October 12, 2024. https://www.nbcnews.com/health/

Copyright © 2025 by Public Leadership Institute

health-news/watchdog-group-asks-5-attorneys-general-investigate-crisis-pregnancy-c-rcna148188.

[124] "A Documentation of Data Exploitation in Sexual and Reproductive Rights," Privacy International.

[125] "Truth and Transparency…"

[126] "Issue Brief: Crisis Pregnancy Centers," ACOG.

[127] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[128] "Unregulated Pregnancy Clinic Finance Watch," Reproductive Health and Freedom Watch.

[129] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[130] "Unregulated Pregnancy Clinic Finance Watch," Reproductive Health and Freedom Watch.

[131] Ibid.

[132] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[133] Donovan, "Pregnancy Centers Offer Hope…"

[134] "Unregulated Pregnancy Clinic Finance Watch," Reproductive Health and Freedom Watch.

[135] "Truth and Transparency…"

[136] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[137] "Unregulated Pregnancy Clinic Finance Watch," Reproductive Health and Freedom Watch.

[138] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[139] Ibid.

[140] Ibid.

[141] "Truth and Transparency…"

[142] "State Freedom of Information Laws," National Freedom of Information Coalition, accessed July 19, 2025. https://www.nfoic.org/state-freedom-of-information-laws/.

[143] "NIFLA: National Institute of Family and Life Advocates."

[144] Desai et al., "Characterizing Services Advertised…"

[145] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, "Lack of Adherence…"

[146] Brooks, "Crisis Pregnancy Center's Forms…"

[147] Ibid.

[148] "A Documentation of Data Exploitation in Sexual and Reproductive Rights," Privacy International.

[149] Brooks, "Crisis Pregnancy Center's Forms…"

[150] Brooks, "Watchdog Group Asks 5 Attorneys General…"

[151] McKenna, "Unregulated Pregnancy Clinics Collect Health Information…"

Copyright © 2025 by Public Leadership Institute

[152] Xenia Ellenbogen, “Anti-Abortion Centers Are Surveilling Clients and May Help Criminalize Them,” Prism Reports, March 6, 2023. https://prismreports.org/2022/08/24/anti-abortion-centers-surveilling-criminalizing-clients/.

[153] “Next Level,” Next Level Center Management Solution, accessed July 14, 2025. https://www.nextlevelcms.com/.

[154] “Cool Focus for Pregnancy Centers,” Way Cool, October 7, 2022. https://waycoolsw.com/organizations/pregnancy-centers/.

[155] “The CPC Industry as a Surveillance Tool of the Post-Roe State” (The Alliance, February 2022).

[156] “A Documentation of Data Exploitation in Sexual and Reproductive Rights,” Privacy International.

[157] Jesse M Coleman and Leon Rodriguez, “50-State Survey of Health Care Information Privacy Laws” (Seyfarth, 2023).

[158] “The Free Medical Clinic: A Practical Handbook for Health Care Providers” (AMA and AHLA, 2016), 29–31.

[159] “NIFLA: National Institute of Family and Life Advocates.”

[160] Desai et al., “Characterizing Services Advertised…”

[161] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[162] Brooks, “Crisis Pregnancy Center’s Forms…”

[163] Ibid.

[164] McKenna, “Unregulated Pregnancy Clinics Collect Health Information…”

[165] Ibid.

[166] Ellenbogen, “Anti-Abortion Centers Are Surveilling Clients…”

[167] “Next Level.”

[168] “Cool Focus for Pregnancy Centers.”

[169] “The CPC Industry as a Surveillance Tool of the Post-Roe State.”

[170] “A Documentation of Data Exploitation in Sexual and Reproductive Rights,” Privacy International.

[171] “Truth and Transparency…”

[172] “Issue Brief: Crisis Pregnancy Centers,” ACOG.

[173] “What to Expect at Your First Visit to the Pregnancy Resource Center,” Pregnancy Resource Center of Mountain Grove, May 9, 2025. https://prcofmg.net/what-to-expect/.

[174] McKenna, “Unregulated Pregnancy Clinics Collect Health Information…”

[175] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

Copyright © 2025 by Public Leadership Institute

[176] Katrina Kimport, "Pregnant Women's Reasons for and Experiences of Visiting Antiabortion Resource Centers," Perspectives on Sexual and Reproductive Health 52, no. 1 (February 27, 2020): 49–56. https://doi.org/10.1363/psrh.12131.

[177] "Truth and Transparency..."

[178] "NIFLA: National Institute of Family and Life Advocates."

[179] Desai et al., "Characterizing Services Advertised..."

[180] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, "Lack of Adherence..."

[181] Brooks, "Crisis Pregnancy Center's Forms..."

[182] Desai et al., "Characterizing Services Advertised..."

[183] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[184] Desai et al., "Characterizing Services Advertised..."

[185] Lambert et al., "Post-Dobbs Characteristics and Changes."

[186] "NIFLA: National Institute of Family and Life Advocates."

[187] "Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy."

[188] CMSTeam, "Medical Q&A..."

[189] Clauw, "Google Helps Anti-Abortion Centers..."

[190] Thomsen et al., "U.S. Anti-Abortion Ideology on the Move..."

[191] "Approach," ICU Mobile, accessed July 15, 2025. https://www.icumobile.org/approach.

[192] "Stork Bus - Save the Storks: Empower Women to Choose Life," Save the Storks, January 9, 2025. https://savethestorks.com/stork-bus/.

[193] Shachar and Adashi, "Addressing the HIPAA Blind Spot..."

[194] "Truth and Transparency..."

[195] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[196] "NIFLA: National Institute of Family and Life Advocates."

[197] Desai et al., "Characterizing Services Advertised..."

[198] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, "Lack of Adherence..."

[199] Alice X. Chen, "Crisis Pregnancy Centers: Impeding the Right to Informed Decision Making," Cardozo Journal of Law and Gender 19 (2012): 933–60.

[200] Brooks, "Crisis Pregnancy Center's Forms..."

[201] Desai et al., "Characterizing Services Advertised..."

[202] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[203] Desai et al., "Characterizing Services Advertised..."

[204] Lambert et al., "Post-Dobbs Characteristics and Changes."

[205] "Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy."

Copyright © 2025 by Public Leadership Institute

[206] CMSTeam, “Medical Q&A…”

[207] Thomsen et al., “U.S. Anti-Abortion Ideology on the Move…”

[208] “Approach,” ICU Mobile.

[209] “Stork Bus…”

[210] “Truth and Transparency…”

[211] “Abortion and Cancer Risk: Abortion and Breast Cancer Risk,” Abortion and Breast Cancer Risk, accessed July 15, 2025, https://www.cancer.org/cancer/risk-prevention/medical-treatments/abortion-and-breast-cancer-risk.html.

[212] “Reproductive History and Cancer Risk,” National Cancer Institute, accessed July 15, 2025,

[213] “Induced Abortion and Breast Cancer Risk,” The American College of Obstetricians and Gynecologists, accessed July 15, 2025, https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2009/06/induced-abortion-and-breast-cancer-risk.

[214] National Academies of Sciences, Engineering, and Medicine et al., “The Safety and Quality of Abortion Care in the United States,” National Academies Press, May 24, 2018, https://doi.org/10.17226/24950.

[215] Heather D Boonstra et al., “Abortion in Women’s Lives” (Guttmacher Institute, 2006).

[216] “Abortion Care,” The American College of Obstetricians and Gynecologists, accessed July 15, 2025, https://www.acog.org/womens-health/faqs/induced-abortion.

[217] Zara Abrams, “The Facts About Abortion and Mental Health,” Monitor on psychology, April 21, 2023, https://www.apa.org/monitor/2022/09/news-facts-abortion-mental-health.

[218] Trine Munk-Olsen et al., “Induced First-Trimester Abortion and Risk of Mental Disorder,” The New England Journal of Medicine 364, no. 4 (January 27, 2011), https://doi.org/0.1056/NEJMoa0905882.

[219] Julia R. Steinberg, Charles E. McCulloch, and Nancy E. Adler, “Abortion and Mental Health: Findings From the National Comorbidity Survey-Replication,” Obstetrical & Gynecological Survey 69, no. 6 (June 2014): 324–25, https://doi.org/10.1097/ogx.0000000000000063.

[220] Center for Drug Evaluation and Research, “Mifeprex (Mifepristone) Information,” U.S. Food and Drug Administration, accessed July 15, 2025, https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation.

[221] “Abortion Access Fact Sheet,” The American College of Obstetricians and Gynecologists, accessed July 15, 2025, https://www.acog.org/advocacy/abortion-is-essential/come-prepared/abortion-access-fact-sheet.

[222] Elizabeth G. Raymond and David A. Grimes, “The Comparative Safety of Legal Induced Abortion and Childbirth in the United States,” Obstet. Gynecol 119, no. 6 (June 2012): 1271–72,

[223] “Truth and Transparency…”

[224] “Issue Brief: Crisis Pregnancy Centers,” ACOG.

[225] “NIFLA: National Institute of Family and Life Advocates.”

Copyright © 2025 by Public Leadership Institute

[226] Desai et al., “Characterizing Services Advertised…”

[227] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[228] Brooks, “Crisis Pregnancy Center’s Forms…”

[229] Desai et al., “Characterizing Services Advertised…”

[230] Ibid.

[231] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[232] Desai et al., “Characterizing Services Advertised…”

[233] Lambert et al., “Post-Dobbs Characteristics and Changes.”

[234] “Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy.”

[235] CMSTeam, “Medical Q&A…”

[236] Thomsen et al., “U.S. Anti-Abortion Ideology on the Move…”

[237] “Approach,” ICU Mobile.

[238] “Stork Bus…”

[239] Chan et al., “Patient Experiences at California Crisis Pregnancy Centers…”

[240] Montoya et. al, “The Problems with Crisis Pregnancy Centers.”

[241] “Issue Brief: Crisis Pregnancy Centers,” ACOG.

[242] Brooks, “Crisis Pregnancy Center’s Forms…”

[243] McKenna, “Unregulated Pregnancy Clinics Collect Health Information…”

[244] “A Documentation of Data Exploitation in Sexual and Reproductive Rights,” Privacy International.

[245] “Truth and Transparency…”

[246] “Issue Brief: Crisis Pregnancy Centers,” ACOG.

[247] “Crisis Pregnancy Center’s Forms…” aNews.com.

[248] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[249] Bryant and Swartz, “Legal but Unethical.”

[250] Ibid.

[251] Thomsen et al., “U.S. Anti-Abortion Ideology on the Move…”

[252] Thomsen et al., “Presence and Absence…”

[253] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[254] Desai et al., “Characterizing Services Advertised…”

[255] Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology, “Lack of Adherence…”

[256] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[257] “The CPC Industry as a Surveillance Tool of the Post-Roe State.”

[258] “Why Is the Billion-Dollar…”

Copyright © 2025 by Public Leadership Institute

[259] Donovan, “Pregnancy Centers Offer Hope…”

[260] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[261] “A Documentation of Data Exploitation in Sexual and Reproductive Rights,” Privacy International.

[262] Jessica Valenti, “Exclusive: Health Data Breach at America’s Largest Crisis Pregnancy Org,” Abortion, Every Day, May 30, 2024, https://jessica.substack.com/p/exclusive-health-data-breach-at-americas.

[263] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[264] Grace E. Howard, “Crisis Pregnancy Centers Are a Threat, Even If You Don’t Want an Abortion,” VISIBLE Magazine, October 18, 2023, https://visiblemagazine.com/crisis-pregnancy-centers-threat/.

[265] “Why Is the Billion-Dollar…”

[266] Ibid.

[267] “Unregulated Pregnancy Clinic Finance Watch,” Reproductive Health and Freedom Watch.

[268] Bryant and Swartz, “Legal but Unethical.”

[269] “Abortion Pill Reversal 101,” Heartbeatinternational.org, accessed July 15, 2025,

[270] “Medication Abortion Reversal Is Not Supported by Science,” The American College of Obstetricians and Gynecologists, accessed July 15, 2025, https://www.acog.org/advocacy/facts-are-

[271] Thomsen, “Crisis Pregnancy Centers and Sonograms.”

[272] “NIFLA: The Life Choice Project: Legal Training.”

[273] Shachar and Adashi, “Addressing the HIPAA Blind Spot…”

[274] Ibid.

[275] “Designed to Deceive…”

[276] Carly Polcyn et al., “Truth and Transparency in Crisis Pregnancy Centers,” Women’s Health Reports 1, no. 1 (April 1, 2020): 224–26, https://doi.org/10.1089/whr.2020.0057.

[277] “Designed to Deceive…”

[278] Swartzendruber and Lambert, Crisis Pregnancy Center Map.

[279] Carly Thomsen, “Animating and Sustaining Outrage: The Place of Crisis Pregnancy Centers in Abortion Justice,” Human Geography 15, no. 3 (January 28, 2022): 300–306,

[280] Alice F Cartwright et al., “Identifying National Availability of Abortion Care and Distance from Major US Cities: Systematic Online Search,” Journal of Medical Internet Research 20, no. 5 (May 14, 2018), https://doi.org/10.2196/jmir.9717.

[281] Thomsen et al., “U.S. Anti-Abortion Ideology on the Move…”

[282] Thomsen et al., “Presence and Absence…”

Copyright © 2025 by Public Leadership Institute

[283] “Anti-Choice Leaders Are Mobilizing Thousands of Unregulated Pregnancy Clinics against Abortion Access Ballot Initiatives,” Reproductive Health and Freedom Watch, November 4, 2024,

[284] Ibid.

[285] Ibid.

[286] “New Poll Findings: Voters Oppose Crisis Pregnancy Centers and Want to See Increased Regulations” (Global Strategy Group, May 2024).

Copyright © 2025 by Public Leadership Institute

Unregulated Pregnancy Centers: A Policy Playbook

The Public Leadership Institute developed this playbook to serve as a practical resource for policymakers, advocates, and community leaders seeking to hold unregulated pregnancy clinics (UPCs)—also known as crisis pregnancy centers—accountable. These facilities often present themselves as legitimate providers of reproductive health care while operating without basic medical standards and oversight, a lack of financial transparency and accountability, inadequate protections for private information, and deceptive practices intended to discourage people from seeking abortion care.

Drawing on expert legal and policy analysis, real-world case studies, and input from advocates and experts, this playbook equips you with the tools needed to regulate UPCs. Inside, you'll find model legislation, strategic messaging, and policy guidance that you can adapt to different political and legal contexts. Whether you are advancing oversight for the first time or reinforcing existing protections, we designed this playbook to support your efforts at every stage—from drafting legislation to building public support.

The fight for high-quality reproductive and public health requires courage and a clear understanding of the systems that threaten it. We hope this playbook helps you act boldly and effectively to protect your community from harm and uphold dignity, autonomy, and transparency in health care.

PUBLIC LEADERSHIP INSTITUTE

Public Leadership Institute
www.publicleadershipinstitute.org
www.upcplaybook.org
info@upcplaybook.org