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YELP INC.

13
14 IN THE UNITED STATES DISTRICT COURT
15 THE NORTHERN DISTRICT OF CALIFORNIA
16 SAN FRANCISCO DIVISION
17

18 YELP INC.,
19 Plaintiff,
20 v.
21 KEN PAXTON, ATTORNEY GENERAL
OF THE STATE OF TEXAS,
22 in his official capacity,
23 Defendant.

Case No. 3:23-cv-04977-TLT

**NOTICE OF MOTION FOR
PRELIMINARY INJUNCTION AND
MEMORANDUM OF POINTS AND
AUTHORITIES IN SUPPORT**

Date: November 7, 2023
Time: 9:00 AM
Dept.: Courtroom 9

Action Filed: September 27, 2023

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NOTICE OF MOTION AND MOTION

TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD:

PLEASE TAKE NOTICE that no later than November 7, 2023, at 9 a.m.¹ in Courtroom 9 of the above-entitled Court, located at 450 Golden Gate Avenue, San Francisco, California, Plaintiff Yelp Inc. (“Yelp”) will and does move, pursuant to Federal Rules of Civil Procedure 65(b), and Local Civil Rules 65-1 and 7-10, for a preliminary injunction, enjoining Defendant Ken Paxton, Attorney General for the State of Texas, from taking any further action to penalize Yelp Inc. for publishing truthful speech about entities that provide pregnancy-related services but not abortion care or referrals (“crisis pregnancy centers”), including stating that crisis pregnancy centers “typically provide limited medical services and may not have licensed medical professionals onsite.” The statement, which is of utmost public concern, is true and absolutely protected by the First Amendment.

The Motion is based on this Notice; the attached Memorandum of Points and Authorities; the Declaration of Noorie Malik with exhibits; the Declaration of Adam Sieff with exhibits; all other pleadings, files, and records in this action; and such other argument as this Court may receive.

DATED: October 2, 2023

DAVIS WRIGHT TREMAINE LLP

By: /s/ Ambika Kumar
Ambika Kumar

Attorneys for Plaintiff
YELP INC.

¹ Yelp intends to seek a stipulation request for expedited review pursuant to Local Civil Rules 6-2, 7-11, and 7-12.

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 The Texas Attorney General has embarked on a campaign to punish Plaintiff Yelp Inc.
4 (“Yelp”) for publishing truthful information about “crisis pregnancy centers” (“CPCs”) that
5 undermines his position on abortion. CPCs offer some pregnancy-related services, but not abortion
6 care or referrals, and many have reportedly used misleading information to divert consumers
7 seeking abortion care. Last week, the Attorney General threatened to and then (after Yelp filed
8 this lawsuit) did sue Yelp, claiming Yelp “falsely” stated that CPCs “typically provide limited
9 medical services and may not have licensed medical professionals onsite”—even though Yelp
10 undisputedly replaced this (true) statement months ago with one the Attorney General publicly
11 admitted is “accurate.” He now seeks an injunction from a Texas court barring Yelp from speaking
12 truthfully about CPCs anywhere in the world. An order prohibiting this pattern of hostile
13 retaliation is necessary to avert the ongoing, intended chilling effect of subjecting Yelp—and those
14 who rely on its forum to make informed decisions—to the specter of censorial litigation.

15 Yelp will prevail on the merits of its claims. Study after study has shown that CPCs
16 generally provide limited medical services and are often staffed with laypeople. The Attorney
17 General claims that *some* CPCs offer “unlimited” medical services (which, in his view, excludes
18 abortion and abortion-related services because, also in his view, those are not medical services) or
19 have some licensed medical professionals onsite. But that does not mean it is *atypical* for CPCs
20 to offer limited medical services, nor that *every* CPC employs licensed medical professionals.
21 Indeed, many CPCs themselves (and their supporters) claim CPCs provide “limited” medical
22 services. The First Amendment does not permit the government to punish inconvenient truth.

23 The remaining factors also favor emergency relief. Yelp is suffering and will continue to
24 suffer irreparable injury from the violation of its First Amendment rights. The balance of equities
25 and public interest strongly favor the vindication of those rights, as the public has a significant
26 interest in the dissemination of truthful speech—about *any* matter of public concern—without fear
27 of reprisal. Yelp respectfully asks the Court to preliminarily enjoin the Attorney General from
28 taking any more action designed to deter Yelp from publishing truthful speech related to CPCs.

1 **II. BACKGROUND**

2 **A. Yelp’s Efforts to Deter Misleading Information about Entities Offering**
 3 **Pregnancy-Related Services.**

4 Yelp owns and operates Yelp.com, a popular local search website, mobile website, and
 5 related mobile applications that allow users to share information about their communities and make
 6 informed decisions about local businesses and other local entities. Malik Decl. ¶ 2. Members of
 7 the public may read and write reviews on Yelp, as well as access other forms of information about
 8 local businesses, services, and other entities. *Id.* Yelp users have contributed approximately 265
 9 cumulative million reviews of local business and other entities. *Id.* ¶ 3.

10 Yelp devotes significant resources to deter and eliminate false, fraudulent, immaterial, and
 11 misleading reviews. *Id.* ¶ 4. It uses sophisticated software to weed out suspicious reviews, such
 12 as those that might result from a conflict of interest, improper solicitation, or that may be unreliable
 13 or irrelevant. *Id.* It provides additional information where helpful to dispel consumer deception
 14 or confusion. *Id.* ¶ 6 (describing Consumer Alert program).

15 That was the impetus for the events giving rise to this lawsuit. Reports from 2018 alerted
 16 Yelp to efforts by some entities offering pregnancy-related services to divert consumers seeking
 17 abortions away from abortion-care providers. Malik Decl. ¶ 9; *see also* Sieff Decl. Ex. 1 (Robin
 18 Marty, *How Google Maps Leads Women Seeking Abortions Astray*, Gizmodo (Feb. 12, 2018)).
 19 Studies from top medical schools found that these entities, sometimes called crisis pregnancy
 20 centers (“CPCs”), achieve this diversion by providing misleading information. *See* Sieff Decl. Ex.
 21 2 at 602-03 (Amy G. Bryant et al., *Crisis pregnancy center websites: Information, misinformation,*
 22 *and disinformation*, CONTRACEPTION (Dec. 2014)); *id.* Ex. 3 at 15-18 (Andrea Swartzendruber et
 23 al., *Sexual and Reproductive Health Services and Related Health Information on Pregnancy*
 24 *Resource Center Websites: A Statewide Content Analysis*, WOMEN’S HEALTH ISSUES (Jan-Feb
 25 2018)). According to one study, CPCs “employ sophisticated strategies to draw in women who
 26 are seeking abortion services,” who “find that they neither provide abortion nor refer to abortion
 27 providers.” *Id.* Ex. 4 at 144-45 (Sonya Borrero et al., *Crisis Pregnancy Centers: Faith Centers*
 28 *Operating in Bad Faith*, 34 J. GEN. INTERN. MED. 144, 144-45 (2019)).

1 Consistent with these conclusions, studies also show CPCs generally do not provide
2 unlimited women’s reproductive healthcare, are not licensed medical clinics, and have staff who
3 are laypeople, not licensed professionals. *See id.* Ex. 5 at 271 (Amy G. Bryant et al., *Why Crisis*
4 *Pregnancy Centers Are Legal but Unethical*, 20 AMA J. ETHICS 269, 271 (Mar. 2018)); *id.* Ex. 6
5 at 823 (Abigail English et al., *Crisis Pregnancy Centers in the U.S.: Lack of Adherence to Medical*
6 *and Ethical Practice Standards*, 65 J. OF ADOLESCENT HEALTH 821, 823 (2019)) (“CPCs are
7 typically staffed by volunteers without clinical training or licensure”); *id.* Ex. 7 at 760 (Melissa N.
8 Montoya et al., *The Problems with Crisis Pregnancy Centers: Reviewing the Literature and*
9 *Identifying New Directions for Future Research*, 14 INT’L J. WOMEN’S HEALTH 757, 760 (2022))
10 (citing study showing “only 26% and 16% of CPCs have a registered nurse or physician on staff,
11 respectively”); *id.* Ex. 8 at 5, 7 (Jennifer McKenna et al., *Designed to Deceive: A Study of the*
12 *Crisis Pregnancy Center Industry in Nine States*, State Advoc. for Women’s Rts. & Gender Equal.
13 5, 7 (2021)) (same study showed CPCs “provided virtually no medical care” despite “misleadingly
14 present[ing] themselves as medical facilities”); *id.* Ex. 9 at 225 (Carly Polcyn et al., *Truth and*
15 *Transparency in Crisis Pregnancy Centers*, 1 WOMEN’S HEALTH REPS. 224, 225 (2020)) (CPCs
16 “offer[] only select services” and are “largely staffed by volunteers” who “may not be licensed” to
17 offer them); *id.* Ex. 19 at 2, 5 (Andrea Swartzendruber et al., *A Web-Based Geolocated Directory*
18 *of Crisis Pregnancy Centers (CPCs) in the United States: Description of CPC Map Methods and*
19 *Design Features and Analysis of Baseline Data*, 6 JMIR PUBLIC HEALTH & SURVEILLANCE 1, 2, 5
20 (2020)) (only 66.17% of CPCs offer any medical services, and even those offer only “limited
21 medical services, such as limited obstetric ultrasounds to confirm pregnancy and testing for some
22 sexually transmitted infections”).

23 In fact, pro-life medical organizations have themselves told the United States Supreme
24 Court that CPCs “offer limited medical services.” Br. of Am. Assoc. of Pro Life Obstetricians and
25 Gynecologists, Am. College of Pediatrics, & Christian Med. Assoc. as Amici Curiae at 5-6, 10,
26 14, 20, *Nat’l Inst. of Family & Life Advocates v. Becerra*, 2018 WL 447347, at *5-6, 10, 14, 20
27 (U.S. filed Jan. 16, 2018) (“*NIFLA v. Becerra* Amicus Br.”) (“Pregnancy centers offer limited
28 medical services”). The pro-life organization Heartbeat International similarly describes CPCs as

1 providing information, material support, and in some cases, “limited medical care.” Sieff Decl.
2 Ex. 14 (*What is a Pregnancy Center?*, Heartbeat International). And CPC websites often post
3 disclaimers stating their service is a “limited medical clinic” or “limited medical facility.” *See*,
4 *e.g.*, Sieff Decl. Ex. 15 at 9; *id.* Ex. 16 at 2; *id.* Ex. 17 at 3.

5 Once alerted to the issue, Yelp manually evaluated pages providing pregnancy-related
6 services and, where appropriate, categorized those that do not offer abortion services or referrals
7 as “Crisis Pregnancy Centers.” Malik Decl. ¶ 10. Following the Supreme Court’s decision in
8 *Dobbs v. Jackson Women’s Health Organization*, 142 S. Ct. 2228 (2022), Yelp added a “Consumer
9 Notice” on CPC pages informing consumers that CPCs “typically provide limited medical services
10 and may not have licensed medical professionals onsite.” *Id.* ¶¶ 13-14. This was done to address
11 the concerns, described in many reports and reviews on Yelp, that many consumers do not
12 understand CPCs’ role or the nature of their services. *Id.* ¶¶ 13-15. Yelp chose this language after
13 considering several publicly available studies concluding the same thing. *Id.* ¶ 14 & Exs. C, D, E.

14 Then and now, users searching for pregnancy resources or services, including for CPCs,
15 can access pages for CPCs, and can provide reviews, ratings, and other contributions to CPC pages,
16 just as they can for other entities. *Id.* ¶ 11.

17 **B. Attorney General Paxton’s Efforts to Silence Yelp.**

18 In response, a coalition of 24 state attorneys general, including Attorney General Paxton,
19 wrote Yelp on February 7, 2023, claiming the Consumer Notice was “misleading” and designed
20 “to discourage women and families from accessing [CPCs’] services.” *See* Dkt. 1 (“Compl.”);
21 Malik Decl. Ex. F at 2. The Attorney General—who opposes abortions even where they are legal,
22 and whose website lists dozens of actions to suppress information about and access to abortion,
23 *see* Sieff Decl. Ex. 12—took issue with Yelp’s purported attempt to “discredit” and “discriminate
24 against” CPCs, characterizing its actions as part of a “dangerous axis of corporate and government
25 power.” Malik Decl. Ex. F at 1-2. The letter criticized Yelp’s decision not to affix any comparable
26 notice to “abortion facilities operated by Planned Parenthood and related organizations,” *id.* at 2,
27 even though Yelp has seen no widespread academic studies, media reports, or other credible
28 evidence indicating consumers are misled or confused about those facilities’ services. *See* Malik

1 Decl. ¶ 15. The letter was part of the Attorney General’s dedicated, ongoing, and successful effort
2 to project his personal view on abortion into other states, with the intent to limit access to legal
3 abortions and information about them. *See, e.g., Fund Tex. Choice v. Paxton*, 2023 WL 2558143,
4 at *5-7 (W.D. Tex. Feb. 24, 2023) (reviewing evidence that the Attorney General’s statements
5 chilled protected speech related to obtaining abortions in states where procedures remained legal).

6 Yelp responded the following day, citing research demonstrating that the Notice “is
7 accurate and not misleading.” Malik Decl. ¶ 16 & Ex. G at 2-3. Solely to address these unfounded
8 concerns and avoid the possibility of unnecessary litigation, Yelp that day revised the already-
9 truthful Consumer Notice to state that “Crisis Pregnancy Centers do not offer abortions or referrals
10 to abortion providers.” *Id.* On February 14, 2023, the Attorney General’s office issued an updated
11 press release stating that the revised notice provided “an accurate description”—even though the
12 description implicitly acknowledges that CPCs offer only limited medical services, as Yelp
13 originally stated. *Id.* (copy of revised notice); Sieff Decl. Ex. 10 (Tex. Att’y Gen. Ken Paxton,
14 Press Release, Paxton Condemns Yelp for Discriminating Against Crisis Pregnancy Centers
15 (Feb. 14, 2023)). The other 23 state attorneys general who signed the February 7, 2023, letter took
16 no action. In fact, the letter’s lead author, the Kentucky Attorney General, publicly praised Yelp’s
17 response. Sieff Decl. Ex. 18.

18 It thus came as a surprise when, in a September 22, 2023 letter—received by Yelp on
19 September 26, 2023—the Attorney General provided “notice of intent to file suit,” claiming Yelp
20 violated the Texas Deceptive Trade Practices Act (“DTPA”) by publishing the original
21 (superseded and withdrawn) Consumer Notice. *See* Malik Decl. Ex. H at 1 (cleaned up).

22 On September 27, 2023, Yelp filed this action, seeking a declaration and injunction
23 stopping the Attorney General from further penalizing Yelp for publishing truthful speech about
24 CPCs. Dkt. 1. The next day, the Attorney General filed a petition against Yelp in Texas. Sieff
25 Decl. Ex. 11 (“Petition”). The Petition asks the Texas court to enjoin Yelp from “[m]isrepresenting
26 the status or amount of licensed medical professionals onsite in pregnancy resource centers” or
27 “the services offered by pregnancy resource centers”; and from “[p]osting any further false and/or
28 misleading disclaimers or representations regarding pregnancy resource centers,” without any

1 geographic limit. Sieff Decl. Ex. 11 ¶ 32. The Petition claims “Yelp has been given notice of the
 2 alleged unlawful conduct described below at least seven days before filing suit, as may be required
 3 by subsection 17.47(a) of the DTPA,” *id.* ¶ 11, even though the letter is dated September 22, 2023,
 4 and did not arrive at Yelp’s offices until September 26, 2023. Malik Decl. ¶ 18 & Ex. H. The
 5 Petition seeks civil penalties of \$10,000 per alleged violation, and \$250,000 per alleged violation
 6 for consumers age 65 or older. *Id.* ¶ 33. The Attorney General states he expects to recover more
 7 than \$1,000,000. *Id.* ¶ 3.

8 Yelp seeks preliminary relief enjoining the Attorney General from taking further action to
 9 penalize Yelp for publishing truthful statements about CPCs, including that CPCs “typically
 10 provide limited medical services and may not have licensed medical professionals onsite.”

11 **III. LEGAL STANDARD**

12 A party moving for a preliminary injunction “must establish that (1) they are likely to
 13 succeed on the merits, (2) they are likely to suffer irreparable harm absent preliminary relief,
 14 (3) the balance of equities tips in their favor, and (4) an injunction is in the public interest.” *Where*
 15 *Do We Go Berkeley v. Cal. Dep’t of Transp.*, 32 F.4th 852, 859 (9th Cir. 2022). These factors are
 16 balanced on a sliding scale. When the balance of hardships tips “sharply” in the movant’s favor,
 17 there is a likelihood of irreparable injury, and the injunction is in the public interest, the movant
 18 need only show “‘serious questions’ on the merits.” *Id.* (citation omitted). An injunction is
 19 warranted here.

20 **IV. YELP WILL PREVAIL ON THE MERITS**

21 The Attorney General’s pattern of bad faith retaliation seeks to punish Yelp for publishing
 22 truthful information protected by the First Amendment, chills Yelp’s exercise of those protected
 23 editorial rights, and fails to state a claim even under the Texas DTPA.

24 **A. The First Amendment Bars Punishing Truthful Speech of Public Concern.**

25 “[S]tate action to punish the publication of truthful information seldom can satisfy
 26 constitutional standards.” *Bartnicki v. Vopper*, 532 U.S. 514, 527 (2001) (citation omitted).
 27 Beyond the “well-defined and narrowly limited classes of speech” “outside the reach of [the First
 28 Amendment] altogether”—“obscenity,” “defamation,” “fraud,” “incitement,” and “speech integral

1 to criminal conduct”—*truthful* speech about matters of public concern enjoys near-absolute
2 protection. *United States v. Stevens*, 559 U.S. 460, 468-69 (2010) (citations omitted); *cf. United*
3 *States v. Alvarez*, 567 U.S. 709, 722 (2012) (First Amendment even protects falsity). The Supreme
4 Court has never upheld state action to penalize publication of such information, whether they be
5 state secrets, *New York Times Co. v. United States*, 403 U.S. 713, 714 (1971), names of juvenile
6 delinquents, *Smith v. Daily Mail Publishing Co.*, 443 U.S. 97, 105-06 (1979), identities of rape
7 victims, *The Florida Star v. B.J.F.*, 491 U.S. 524, 532-41 (1989), or even information obtained
8 through “a stranger’s illegal conduct,” *Bartnicki*, 532 U.S. at 535. Even where the Supreme Court
9 has “hypothesiz[ed]” what “state interest[s] of the highest order” might justify punishing truthful
10 publication on issues of public concern, it has confined those interests to the extreme margins of
11 ordinary discourse, such as preventing “publication of the sailing dates of transports or the number
12 and location of troops” at sea in wartime. *Fla. Star*, 491 U.S. at 532-33 (quoting *Near v.*
13 *Minnesota*, 283 U.S. 697, 716 (1931)).

14 Yelp’s decision to publish information accurately describing the services CPCs “typically”
15 offer and type of personnel they “may not have” onsite falls squarely within the First Amendment’s
16 protection for truthful statements involving matters of public concern. *See* Malik Decl. ¶ 14.
17 Yelp’s speech “relates to a matter of public concern” because it “provides information to aid
18 consumers in choosing which businesses to patronize.” *Penrose Hill, Ltd. v. Mabray*, 479 F. Supp.
19 3d 840, 855 (N.D. Cal. 2020) (citing *Makaeff v. Trump Univ. LLC*, 715 F.3d 254, 263 (9th Cir.
20 2013)). And the challenged statement is true. Yelp only published its advisory on pages for
21 entities that *it* identified as a CPC, a category that includes entities that provide limited medical
22 services (e.g., no abortions or abortion-related services) and which may not have licensed medical
23 professionals. *See* Malik Decl. ¶¶ 10-12, 14. Entities that do not offer abortions or referrals to
24 abortion providers (i.e., CPCs, by the Attorney General’s own admission) fit this description.

25 Publicly available reports and studies corroborate Yelp’s statement. A report by the
26 American Medical Association, for example, found “most” CPCs “do not provide comprehensive
27 women’s reproductive healthcare,” and many “are not licensed medical clinics” and may employ
28 staff who “are not licensed medical professionals.” Sieff Decl. Ex. 5 at 271. Another found that

1 “CPCs are typically staffed by volunteers without clinical training or licensure,” and that “licensed
2 medical professionals” only “serve as paid staff or volunteer at some centers.” Sieff Decl. Ex. 6
3 at 823. A study of CPCs in nine states (including California) reviewed by the International Journal
4 of Women’s Health found that “only 26% and 16% of CPCs have a registered nurse or physician
5 on staff, respectively, which underscores that individuals attending CPCs are not receiving medical
6 care.” Sieff Decl. Ex. 7 at 760. That underlying study concluded that CPCs “provided virtually
7 no medical care” despite “misleadingly present[ing] themselves as medical facilities.” Sieff Decl.
8 Ex. 8 at 5, 7. Research published by medical professors in Women’s Health Reports similarly
9 found that CPCs “offer[] only select services” and are “largely staffed by volunteers” who “may
10 not be licensed” to offer them. Sieff Decl. Ex. 9 at 225.

11 Even pro-life organizations, including the American Association of Pro Life Obstetricians
12 and Gynecologists, the American College of Pediatrics, and the Christian Medical Association,
13 have emphasized the “limited medical services” CPCs provide. *See NIFLA v. Becerra* Amicus Br.
14 at 5-6, 10, 14, 20. Another organization, Heartbeat International, notes that only some CPCs offer
15 any medical support and even those offer only “limited medical care.” Sieff Decl. Ex. 14 (*What*
16 *is a Pregnancy Center?*, Heartbeat International). And many CPCs themselves advise that they
17 provide “limited medical” services. *See, e.g., id.* Ex. 15 at 9; *id.* Ex. 16 at 2; *id.* Ex. 17 at 3.

18 The weight of this evidence compelled government officials to issue warnings. The
19 California Attorney General, for instance, published a “Consumer Alert” on June 1, 2022 stating
20 CPCs “often” “do not provide comprehensive reproductive healthcare,” and “some” “are not
21 licensed medical clinics ... staffed by non-medical personnel.” *See* Cal. Dep’t of Just., Consumer
22 Alert, *Know The Difference: Crisis Pregnancy Centers v. Reproductive Healthcare Facilities*
23 (June 2022) (Sieff Decl. Ex 13). U.S. Senator Elizabeth Warren likewise warned that “CPCs rarely
24 employ licensed physicians or offer a full range of reproductive health services.” 168 Cong. Rec.
25 4,020 (2022).

26 The Attorney General has provided no evidence that Yelp’s statement was false. Nor could
27 he. With respect to Yelp’s statement that CPCs “typically” offer “limited services,” none of the
28 CPCs the Attorney General identifies offer abortions or referrals to abortion providers, something

1 he admits. Sieff Decl. Ex. 10 (press release). Whether these CPCs market their medical services
 2 as “comprehensive” is irrelevant. Yelp did not say CPCs *never* offer medical services that CPCs
 3 consider “comprehensive.” And Yelp’s statement that CPCs “typically provide limited medical
 4 services” is true because CPCs undisputedly do not provide abortion care, which *is* a medical
 5 service.² In any event, Yelp’s “generalization” about services CPCs “typically” provide “cannot
 6 be falsified by pointing to a limited set of counterexamples.” *Brennan v. Stewart*, 834 F.2d 1248,
 7 1259 (5th Cir. 1988). It is precisely because some CPCs make misleading claims about providing
 8 “comprehensive” services that Yelp decided to provide the Consumer Notice to begin with.

9 The Attorney General also cannot prove the falsity of Yelp’s statement that CPCs “*may*
 10 *not* have licensed medical professionals onsite” Sieff Decl. Ex. 11 ¶ 19 (emphasis added).
 11 Although the Attorney General identifies isolated CPCs that staff licensed medical doctors on-
 12 premises, *id.* ¶¶ 23-24, Yelp did not say CPCs *never* do so. It stated only that entities it categorized
 13 as CPCs “*may not* have licensed medical professionals onsite.” *Id.* ¶ 19 (emphasis added). This,
 14 too, is an unfalsifiable “generalization.” *Brennan*, 834 F.2d at 1259. Further, Yelp’s beliefs about
 15 the personnel CPCs “may” offer are merely “predictions of future facts.” *Neu v. Terminix Int’l,*
 16 *Inc.*, 2008 WL 2951390, at *3 (N.D. Cal. July 24, 2008) (citing Restatement of Torts (Second)
 17 § 538A); *see, e.g., Dena’ Nena’ Henash, Inc. v. Oracle Corp.*, 2007 WL 1455905, at *3 (N.D. Cal.
 18 May 16, 2007) (generalizations offered “without certainty” “cannot be proved false”). They are
 19 also supported by evidence. *See* Sieff Decl. Exs. 5-9, 19; Malik Decl. ¶ 14 & Exs. C, D, E.

20 Unable to prove Yelp’s statement false, the Attorney General claims the Consumer Notice
 21 tended to “elevate abortion providers and disparage pregnancy centers that do not provide
 22 abortions,” purportedly causing consumers to visit abortion providers instead of CPCs. Sieff Decl.
 23 Ex. 11 ¶¶ 19, 20-22, 28. But truthful speech that allegedly promotes an outcome the government
 24 disfavors is not thereby “misleading.” Although the Attorney General may *prefer* more pregnant
 25 women visit CPCs than abortion providers, he “does not have the broad discretion to suppress

26 _____
 27 ² *See Roe v. Casey*, 464 F. Supp. 487, 500 (E.D. Pa. 1978) (taking judicial notice of fact that “standard abortion
 28 procedures necessarily involve” medical services); *see also, e.g.,* “Abortion,” Am. Med. Assoc. Code of Med. Ethics,
 Opinion 4.2.7 (“Abortion is a safe and common medical procedure[.]”) (Sieff Decl. Ex. 20); About Abortion,
 California Abortion Access, <https://abortion.ca.gov/getting-an-abortion/about-abortion/#how-to-get-an-abortion>
 (Sieff Decl. Ex. 21) (“An abortion is a medical treatment that ends pregnancy.” (emphasis omitted)).

1 truthful, nonmisleading information for paternalistic purposes.” *44 Liquormart, Inc. v. Rhode*
2 *Island*, 517 U.S. 484, 510 (1996). “The First Amendment directs us to be especially skeptical”
3 when state action “seek[s] to keep people in the dark for what the government perceives to be their
4 own good,” including where, as here, the government threatens penalties that would “deprive
5 consumers of accurate information.” *Id.* at 503. That is the lesson of *Virginia State Board of*
6 *Pharmacy v. Virginia Citizens Consumer Council, Inc.*, 425 U.S. 748, 769-70 (1976), where the
7 Supreme Court invalidated a law penalizing publication of truthful business information that
8 allegedly steered the public to make disfavored choices. Our constitutional order rejects that
9 approach and contemplates that “people will perceive their own best interests if only they are well
10 enough informed, and that the best means to that end is to open the channels of communication[,]”
11 rather than to close them.” *Id.* at 770.

12 The Attorney General notes that Yelp has not placed similar notices on listings for abortion
13 care providers. *See e.g.*, Sieff Decl. Ex. 11 ¶¶ 20, 24, 28. This is not only irrelevant, it underscores
14 that the Attorney General seeks to punish Yelp for its editorial choices. Yelp merely seeks to
15 provide its users trustworthy, reliable, and useful information. *See* Malik Decl. ¶¶ 4, 6, 8, 14. That
16 it does not provide a similar notice for listings for Planned Parenthood locations, for instance, is
17 not a material “omission,” but a reflection of the fact that no notice is necessary to eliminate
18 consumer confusion. *Id.* ¶ 15; *cf., e.g., Retail Wholesale & Dep’t Store Union Loc. 338 Ret. Fund*
19 *v. Hewlett-Packard Co.*, 845 F.3d 1268, 1278 (9th Cir. 2017) (failure to speak not materially
20 misleading where allegedly omitted fact was not “necessary” to convey the truth). The Attorney
21 General may disfavor the bias he perceives this to create, but he can no more use baseless litigation
22 to intimidate Yelp’s truthful publication of accurate information than compel Yelp to publish
23 counter warnings advancing his preferences. *See Miami Herald Publ’g Co. v. Tornillo*, 418 U.S.
24 241, 247, 256-58 (1974) (First Amendment prohibits government from requiring newspapers to
25 give speakers a “right to reply”). The Attorney General cannot wield consumer protection laws to
26 promote his preferred false equivalence. *Id.*

27 **B. The Attorney General’s Retaliatory Suit Violates the First Amendment.**

28 Yelp is also likely to prevail on its First Amendment retaliation claim, which requires

1 showing “(1) [the plaintiff] was engaged in a constitutionally protected activity, (2) the defendant’s
2 actions would chill a person of ordinary firmness from continuing to engage in the protected
3 activity, and (3) the protected activity was a substantial or motivating factor in the defendant’s
4 conduct.” *Pinard v. Clatskanie Sch. Dist.* 6J, 467 F.3d 755, 770 (9th Cir. 2006). Upon such a
5 showing, “the defendant can prevail only by showing that the [conduct at issue] would have been
6 initiated without respect to retaliation.” *Nieves v. Bartlett*, 139 S. Ct. 1715, 1725 (2019). This test
7 is satisfied here.

8 *First*, Yelp’s speech is protected. *See supra* § IV.A.

9 *Second*, the Attorney General’s actions “would chill or silence a person of ordinary
10 firmness from future First Amendment activities.” *Lacey v. Maricopa County*, 693 F.3d 896, 916
11 (9th Cir. 2012). Yelp “need not show [its] ‘speech was actually inhibited or suppressed.’” *Id.* The
12 First Amendment protects against “retaliation in the form of *threatened* legal sanctions and other
13 similar means of coercion, persuasion, and intimidation.” *Sampson v. Cnty. of L.A. by & through*
14 *L.A. Cnty. Dep’t of Child. & Fam. Servs.*, 974 F.3d 1012, 1020 (9th Cir. 2020) (emphasis added).
15 In *Ulrich v. City & County of San Francisco*, 308 F.3d 968 (9th Cir. 2002), for example, the court
16 held that an investigation of a doctor that implicitly threatened (but had not yet) revoked his clinical
17 privileges was actionable, *id.* at 977. *See also, e.g., Greisen v. Hanken*, 925 F.3d 1097, 1114 (9th
18 Cir. 2019) (“[R]etaliatory speech may serve as the basis for a First Amendment retaliation claim
19 when it intimates that some form of punishment or adverse regulatory action would follow.”
20 (internal quotation marks and alterations omitted)). Here, the Attorney General’s threat to punish
21 truthful information designed to *deter* consumer deception would silence a person of ordinary
22 firmness from making even truthful statements with which the Attorney General may disagree.

23 *Third*, the Attorney General’s threat of litigation, culminating in a lawsuit filed in Texas,
24 transparently reacts to, and was motivated by, Yelp’s editorial choices. To satisfy this factor, Yelp
25 need only show that its protected speech was “a substantial or motivating factor in [AG Paxton’s]
26 conduct.” *Pinard*, 467 F.3d at 770. Although the Attorney General might argue that his actions
27 are designed to help consumers, they are plainly a response to Yelp’s publication of truthful
28 statements about entities that do not provide abortion services. “Bias” in the media is not a

1 legitimate subject of law enforcement scrutiny. The First Amendment protects Yelp’s right to
 2 decide what truthful information to disseminate, *Tornillo*, 418 U.S. at 256-58, even if others
 3 perceive those choices as biased, as they inevitably will. *See also, e.g., Bullfrog Films, Inc. v.*
 4 *Wick*, 847 F.2d 502, 510 (9th Cir. 1988) (“The danger inherent in government editorial oversight,
 5 even in the interest of ‘balance,’ is well established.”).

6 **C. Yelp Has Not Violated the Texas Deceptive Trade Practices Act.**

7 For still more reasons, the Attorney General has not plausibly alleged, much less shown,
 8 Yelp has violated the DTPA. The DTPA prohibits “[f]alse, misleading, or deceptive acts or
 9 practices in the conduct of any trade or commerce.” Tex. Bus. & Com. Code Ann. § 17.46(a).
 10 The “term ‘false, misleading, or deceptive acts or practices’ includes, but is not limited to” certain
 11 enumerated acts, four of which the Petition invokes, Sieff Decl. Ex. 11 ¶ 30: (i) “causing confusion
 12 or misunderstanding as to the source, sponsorship, approval, or certification of goods or services,”
 13 § 17.46(b)(2); (ii) “causing confusion or misunderstanding as to affiliation, connection, or
 14 association with, or certification by, another,” § 17.46(b)(3); (iii) “disparaging the goods, services,
 15 or business of another by false or misleading representation of facts,” § 17.46(b)(8); and (iv)
 16 “failing to disclose information concerning goods or services which was known at the time of the
 17 transaction if such failure to disclose such information was intended to induce the consumer into
 18 a transaction into which the consumer would not have entered had the information been disclosed,”
 19 § 17.46(b)(24).

20 None of these predicates applies here. “Absent evidence that the defendant’s statement
 21 was false, a DTPA action for misrepresentation cannot survive[.]” *Doe v. Boys Clubs of Greater*
 22 *Dallas, Inc.*, 907 S.W.2d 472, 480 (Tex. 1995). There is nothing “false, misleading, or deceptive”
 23 about publishing truthful speech. *See supra* § IV.A. Nor can the Attorney General show a
 24 violation of the subsections he cites. Subsections 17.46(b)(2) and (3) concern conduct that
 25 confuses consumers about whether goods, services, or businesses are those of the defendant or its
 26 competitors; there is no allegation of such confusion here. Subsection (b)(8) does not apply
 27 because Yelp’s statements were truthful and not misleading. *See supra* § IV.A. Subsection (b)(24)
 28 does not apply because it is limited, by its terms, to failures to disclose information in a way that

1 induces a transaction; there is no “transaction” here. *See Gilbert v. Gen. Motors Corp.*, 2006 WL
 2 1714040, at *6 (Tex. App. June 22, 2006) (entering judgment where was “no evidence of any
 3 transaction”) (citing *Bradford v. Vento*, 48 S.W.3d 749, 760 (Tex. 2001) (same holding)).

4 **V. YELP WILL SUFFER IRREPARABLE HARM ABSENT IMMEDIATE RELIEF**

5 “The loss of First Amendment freedoms, for even minimal periods of time, unquestionably
 6 constitutes irreparable injury.” *Elrod v. Burns*, 427 U.S. 347, 373 (1976). Thus, even a “colorable
 7 First Amendment claim” warrants a preliminary injunction. *Warsoldier v. Woodford*, 418 F.3d
 8 989, 1001-02 (9th Cir. 2005). Yelp’s claim is not only colorable but strong. By declaring the
 9 Consumer Notice “false” and “misleading,” the Attorney General seeks to punish Yelp for, and
 10 deter Yelp from, publishing truthful information on a contested matter of public concern, in
 11 transparent retaliation for exercising its rights to free speech. Yelp plans to continue
 12 communicating truthful information about CPCs. Malik Decl. ¶¶ 19-23. Unless the Court enjoins
 13 the Attorney General from taking any action that deters, denies, or discourages such
 14 communications, Yelp will need to seriously consider self-censoring. *Id.* That self-censorship
 15 could extend to any potentially controversial topic to which the Attorney General turns his
 16 attention—such as businesses’ policies on requirements that patrons wear a mask or be vaccinated
 17 against COVID-19, their policies with respect to gender-neutral bathrooms, or reviews of drag
 18 shows, *id.* ¶¶ 20-22; *see also* Sieff Decl. Exs. 23 & 24 (describing the Attorney General’s
 19 campaigns to punish these activities)—and constitutes an irreparable injury. *See Ashcroft v.*
 20 *ACLU*, 542 U.S. 656, 670-71 (2004) (preliminary injunction appropriate to prevent irreparable loss
 21 of First Amendment rights because “speakers may self-censor rather than risk the perils of trial”).

22 **VI. EQUITY AND THE PUBLIC INTEREST FAVOR IMMEDIATE RELIEF**

23 These factors—merged in a case against the government, *Drakes Bay Oyster Co. v. Jewell*,
 24 747 F.3d 1073, 1092 (9th Cir. 2014)—support injunctive relief. “Courts considering requests for
 25 preliminary injunctions have consistently recognized the significant public interest in upholding
 26 First Amendment principles.” *Assoc. Press v. Otter*, 682 F.3d 821, 826 (9th Cir. 2012). “[S]erious
 27 First Amendment questions compel[] a finding that ... the balance of hardships tips sharply in the
 28 plaintiffs’ favor,” *Cnty. House, Inc. v. City of Boise*, 490 F.3d 1041, 1059 (9th Cir. 2007) (internal

1 quotation marks omitted, cleaned up), and “it is always in the public interest to prevent the
 2 violation of a party’s constitutional rights,” *Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th Cir.
 3 2012) (citation omitted, cleaned up); *see also Doe v. Harris*, 772 F.3d 563, 583 (9th Cir. 2014)
 4 (equity favors party “whose First Amendment right” is “chilled”); *Klein v. City of San Clemente*,
 5 584 F.3d 1196, 1208 (9th Cir. 2009) (“significant public interest” upholding free speech).

6 Equity and the public interest strongly favor Yelp. The Attorney General’s threatened
 7 actions will color Yelp’s decisions to provide truthful information to its customers merely because
 8 the Attorney General may not agree with those decisions. In fact, that is his point. Censorial state
 9 actors like the Attorney General have long understood that threatening speech with specious
 10 litigation is enough to drive it out of discourse. *See, e.g., Elena Kagan, A Libel Story: Sullivan*
 11 *Then and Now*, 18 LAW & SOC. INQUIRY 197, 199-201 (1993) (describing “concerted campaign”
 12 to “curtail media coverage of the civil rights struggle” through punishing but meritless litigation);
 13 *see also* Sieff Decl. Exs. 23 & 24 (reports on the Attorney General’s other campaigns to punish
 14 conduct about which Yelp—*see* Malik Decl. ¶¶ 20-23—publishes consumer notices). An
 15 injunction is necessary to prevent that irreparable injury not just to Yelp, but those who rely on
 16 Yelp’s forum to make informed choices about reproductive care.

17 VII. CONCLUSION

18 For these reasons, Yelp respectfully requests an order enjoining the Attorney General from
 19 taking any further action to penalize its publication of truthful speech about CPCs, including the
 20 statement that CPCs “typically provide limited medical services and may not have licensed
 21 medical professionals onsite.”
 22

23 DATED: October 2, 2023

DAVIS WRIGHT TREMAINE LLP

24 By: /s/ Ambika Kumar
 25 Ambika Kumar

26 Attorneys for Plaintiff
 27 YELP INC.
 28

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11
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13
14 IN THE UNITED STATES DISTRICT COURT
15 THE NORTHERN DISTRICT OF CALIFORNIA
16 SAN FRANCISCO DIVISION

17
18 YELP INC.,

19 Plaintiff,

20 v.

21 KEN PAXTON, ATTORNEY GENERAL
OF THE STATE OF TEXAS,
22 in his official capacity,

23 Defendant.

Case No. 3:23-cv-04977-TLT

**DECLARATION OF NOORIE MALIK
IN SUPPORT OF MOTION FOR
PRELIMINARY INJUNCTION**

Date: November 7, 2023

Time: 9:00 AM

Dept.: Courtroom 9

Action Filed: September 27, 2023

DECLARATION OF NOORIE MALIK

I, Noorie Malik, declare:

1. I am the Vice President of User Operations of Plaintiff Yelp Inc. (“Yelp”), where I have worked for over twelve years. In my current role, and among other responsibilities, I oversee our business listing operations team, which moderates updates to business information displayed on Yelp, including contact information such as business names, addresses, and phone numbers. This team is also responsible for categorizing business pages and merging duplicate business pages. I also oversee our content moderation team, which moderates user-generated content on Yelp; our user support team, which receives and responds to inquiries from members of the public; and our fraud analytics team, whose responsibilities include identifying and investigating a variety of potentially anomalous activities on the platform, including efforts to mislead consumers. I make this declaration from personal knowledge and a review of Yelp’s records kept in the ordinary course of business and could competently attest to the facts in this declaration.

2. Yelp owns and operates a local search website (available at Yelp.com), a mobile website, and related mobile applications that allow users to share information about their communities. On Yelp, members of the public may read and write reviews and access other forms of information about local businesses, services, and other entities, such as restaurants, doctors, auto mechanics, plumbers, churches, and government agencies.

3. One of Yelp’s founding principles is that the best sources of information about a community are its members. Our data shows that as of December 31, 2022, users had contributed approximately 265 million cumulative reviews to Yelp’s platform—including reviews that were recommended, not recommended, or which had been removed.

4. Yelp prioritizes consumer trust and safety and devotes significant resources to mitigate misinformation, including fake and misleading reviews. For example, Yelp has spent tens of millions of dollars to develop and maintain sophisticated software to identify and mitigate the impact of suspicious reviews, such as those that might result from a conflict of interest, improper solicitation, or that may be unreliable or irrelevant. This software regularly analyzes all reviews,

1 reviewers, and businesses using hundreds of signals and billions of data points to evaluate the
2 usefulness and reliability of each review and is overseen by a team of experienced engineers.

3 5. Yelp polices attempts to bypass its policies in other ways. For example, in recent
4 years, there has been a rise of review exchange groups, which facilitate the buying, selling, or
5 exchange of fake reviews. Yelp invests in automated and manual content moderation to better
6 identify and address such groups. For example, Yelp's internal investigators routinely report
7 groups, posts, or individuals participating in online review exchanges on third-party sites, or when
8 we detect other review selling or removal services originating from their communities.

9 6. When Yelp learns about attempts to deceive consumers, we provide consumers
10 with additional information. For example, since 2012, Yelp has maintained a Consumer
11 Alert program. A Consumer Alert is a pop-up notice that warns users when Yelp has detected
12 particularly egregious activity, such as large numbers of reviews coming from a single IP address
13 or reviews from users who may be connected to a group that coordinates incentivized fake reviews,
14 or other attempts to mislead consumers.¹ Yelp also has Consumer Alerts for other situations. For
15 example, when a business gains public attention, consumers often express their opinions through
16 reviews. However, because Yelp requires that all reviews be based on genuine, firsthand
17 experiences, we may place one of our Media Attention Alerts on the business's page and
18 temporarily disable the ability to post reviews to thwart attempts to artificially inflate or deflate a
19 business's star rating, which can mislead consumers and hurt businesses.

20 7. Each entity featured on a Yelp business page is categorized according to an
21 established system based on the products or services that the entity offers. Categorizing businesses
22 correctly helps consumers find the business or businesses that they are looking for when searching
23 on Yelp and helps mitigate customer confusion and deception.²

24 8. The trust and safety of our users is especially critical when people are searching for
25 healthcare services on Yelp, including reproductive care. While some people come to Yelp to find

26 _____
27 ¹ Yelp publishes information about its efforts to fight the spread of misinformation its platform, including information
about its Consumer Alerts and an annual Trust & Safety Report, at <https://trust.yelp.com/>.

28 ² Yelp maintains of public list of its business categories, which is supplemented from time to time, at
https://blog.yelp.com/businesses/yelp_category_list/.

1 businesses that offer the pregnancy resources that crisis pregnancy centers (“CPCs”) provide, there
2 are others who turn to Yelp to find reliable information about abortion providers. It’s been widely
3 reported that crisis pregnancy centers do not offer abortion services or referrals to them and may
4 provide misleading information in an attempt to steer people seeking abortion care away from it—
5 this often starts with an online search.³

6 9. For example, in 2018, Yelp learned that CPCs—which provide pregnancy-related
7 services but not abortion care or referrals—were diverting consumers seeking medical abortions
8 away from medical providers. Some CPCs had manipulated search results to promote their
9 services. Yelp investigated the issue, including by reviewing academic research. A 2014 study at
10 the University of North Carolina found that 80 percent of CPC websites provided at least one false
11 or misleading piece of information. Attached as **Exhibit A** is a true and correct copy of this study.
12 A 2018 study by researchers at the University of Georgia and Emory University found that 58
13 percent of Georgia CPC websites did not inform visitors that the centers do not provide abortions
14 or refer patients to facilities that offer abortions. A true and correct copy of this study is attached
15 as **Exhibit B**.

16 10. Yelp moderators manually evaluated tens of thousands of listings for entities
17 providing pregnancy-related services. These investigations included reviewing, among other
18 sources, their websites, social media pages, “About the Business” information they contributed to
19 Yelp, and reviews from consumers. If an entity offered pregnancy-related services but not abortion
20 services or referrals, Yelp categorized it as a “Crisis Pregnancy Center,” a category that Yelp first
21 introduced in 2018.

22 11. This categorization did not and does not affect users’ ability to access information
23 about CPCs. When a user searches for pregnancy resources on Yelp, the results include pages for
24 CPCs, and users can also specifically search for CPCs. Consumers also may provide reviews,
25 rating, and other contributions to CPC pages, just as they can for other entities with pages on Yelp.

26
27 ³ McFadden, Cynthia et al. (June 29, 2022) *In Texas, state-funded crisis pregnancy centers gave medical*
28 *misinformation to NBC News producers seeking counseling*,
<https://www.nbcnews.com/politics/supreme-court/texas-state-funded-crisis-pregnancy-centers-gave-medical-misinformation-rcna34883>.

1 12. Since 2018, Yelp has continued to categorize businesses that provide pregnancy-
2 related services. Between January 1, 2022, and August 8, 2022, we proactively evaluated nearly
3 33,500 U.S. business pages and recategorized nearly 470 of them as Crisis Pregnancy Centers.

4 13. After the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health*
5 *Organization*, 142 S. Ct 2228 (2022), and criticisms in reports and reviews from Yelp users who
6 had felt misled or confused by certain CPCs, Yelp also improved the consumer search experience
7 by better matching Yelp users who search for abortion services with reproductive health services
8 that offer them and making it less likely that they will see CPCs that do not.

9 14. Yelp also recommitted to providing users accurate, useful, and trustworthy
10 information about reproductive health services. In August 2022, Yelp added a “Consumer Notice”
11 on CPC business pages that stated: “This is a Crisis Pregnancy Center. Crisis Pregnancy Centers
12 typically provide limited medical services and may not have licensed medical professionals
13 onsite.” This statement was supported by ample publicly available studies that Yelp considered
14 before it started using the Consumer Notice. For example, the Society for Adolescent Health and
15 Medicine and the North American Society for Pediatric and Adolescent Gynecology jointly
16 published a study entitled “Crisis Pregnancy Centers in the U.S.: Lack of Adherence to Medical
17 and Ethical Practice Standards” which stated that CPCs “offer[] free limited medical services, such
18 as limited obstetric ultrasounds and STI testing,” that “most are not licensed medical practices,”
19 and that they are “typically staffed by volunteers without clinical training or licensure.” A true and
20 correct copy of this study is attached as **Exhibit C**. Yelp also considered studies published by the
21 International Journal of Women’s Health (a peer-reviewed healthcare journal) and supported by a
22 grant from the National Institute of Child Health and Human Development of the U.S. National
23 Institutes of Health, a true and correct copy of which is attached as **Exhibit D**, as well as a study
24 published in the Journal of General Internal Medicine (a monthly peer-reviewed medical journal),
25 a true and correct copy of which is attached as **Exhibit E**.

26 15. Yelp did not find or receive any comparable media reports or academic studies
27 concluding that consumers might be misled by abortion providers, and Yelp did not receive any
28 other credible evidence suggesting that consumers looking for CPCs were being diverted to

1 abortion providers. We did not place any comparable notices on profiles belonging to other entities
2 providing pregnancy-related services, like those for Planned Parenthood locations, because we
3 found those listings to be accurate and transparent and had no information that any consumers
4 were confused or deceived by their service offerings. Absent similar evidence of confusion or
5 deception, we had and continue to have no reason to believe additional context is needed for these
6 pages to help consumers.

7 16. In a letter to Yelp dated February 7, 2023, 24 state attorneys general asserted that
8 the Consumer Notice on CPC business listings was “misleading” and designed to “discourage
9 women and families from accessing their services.” A true and correct copy of this letter is
10 attached as **Exhibit F**. The letter cited a 2019 Charlotte Lozier Institute survey of 2,700 CPCs that
11 showed 75 percent of paid staff and 88 percent of volunteers across all centers were not licensed
12 medical professionals. The Charlotte Lozier Institute’s website describes it as an institute that
13 “advises and leads the pro-life movement with groundbreaking scientific, statistical, and medical
14 research.”⁴ On February 8, 2023, Yelp responded by providing additional research confirming the
15 accuracy of its Consumer Notice and clarifying that neither the “Crisis Pregnancy Center”
16 categorization nor the Consumer Notice affected users’ ability to access or contribute content Yelp
17 business pages for CPCs. A true and correct copy of this letter is attached as **Exhibit G**.

18 17. Although the Consumer Notice was accurate, and solely to address the concerns
19 raised in the letter, Yelp revised the Consumer Notice the same day to state: “This is a Crisis
20 Pregnancy Center. Crisis Pregnancy Centers do not offer abortions or referrals to abortion
21 providers.” Below is a screenshot of a Yelp business page with this updated Consumer Notice:
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⁴ <https://lozierinstitute.org/about/>.

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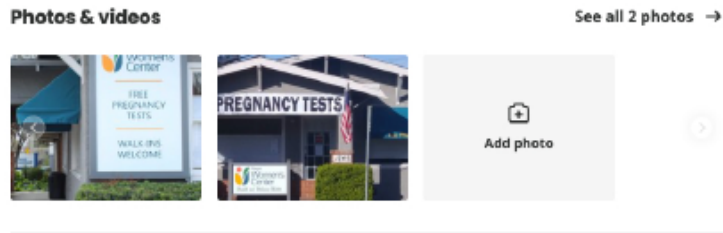
Napa Women's Center

Claimed • Crisis Pregnancy Centers
 Closed 9:00 AM - 5:00 PM Hours updated 1 month ago See hours

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Consumer Notice
 This is a Crisis Pregnancy Center. Crisis Pregnancy Centers do not offer abortions or referrals to abortion providers.

napawomenscenter.com
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18. On September 26, 2023, Yelp received a letter dated September 22, 2023, from Defendant Attorney General Ken Paxton. The letter stated that the Attorney General’s Office had concluded Yelp’s original Consumer Notice violated the Texas Deceptive Trade Practices Act, is authorized to seek “civil penalties of up to \$10,000 per violation,” and might file a lawsuit within seven days. A true and correct copy of this letter is attached as **Exhibit H**.

19. At Yelp, we take pride in our commitment to free speech. But we are also a business, and we cannot tolerate the risk that speaking freely could subject us to significant fines and distracting and expensive litigation with government officials. The fact that the Attorney General is prosecuting us, even after we updated the Consumer Notice, forces us to be cautious about what we publish—even if we know the content is true and that otherwise members of the public will be misled or confused. We plan to continue communicating pertinent truthful information to our users about CPCs (among other contested issues) in the future, but unless the Attorney General is blocked from using his office to punish us for, or prevent us from, publishing accurate information about pregnancy-related listings, we will have to restrict what we say about pregnancy-related listings to avoid accusations by the Attorney General that we have said something “misleading,” even if we have not.

1 20. This chilling effect is not limited to the issue of reproductive health services, but
2 extends to other areas of public debate in which Yelp provides notices to convey accurate, truthful
3 information to consumers. For example, during the COVID-19 pandemic, we added a feature to
4 allow businesses to activate “Proof of vaccination required” and “All staff fully vaccinated”
5 notices to consumers on their Yelp page. Because COVID-19 vaccinations had become a matter
6 of public debate and because we had seen an increase in incidents of “review bombing” (i.e.,
7 reviews written by people who did not have an authentic experience with the business) around the
8 health and safety precautions businesses implement, we also put protective measures in place to
9 safeguard businesses that chose to activate the notices from reviews that primarily criticize their
10 COVID-19 health and safety measures. (We put a similar system in place when we launched
11 our Black-owned attribute in June 2020, and followed the same process for our other identity
12 attributes, such as Latinx-owned, Asian-owned, and LGBTQ-owned).

13 21. As another example, we introduced a new feature in 2017 that helps users identify
14 businesses that offer gender-neutral restrooms (i.e., locking, single-stall bathrooms accessible to
15 persons of any gender). Yelp users can inform Yelp if places of public accommodation like
16 restaurants, retail shops, or government buildings offer such restrooms. Additionally, business
17 owners with Yelp business user accounts can edit their profile to let the public know if they offer
18 gender-neutral restrooms. The feature exists to better inform consumers who want to know if a
19 particular business offers gender-neutral restrooms.

20 22. As a third example, users looking for businesses that offer drag shows anywhere in
21 the country can do so on Yelp, and Yelp maintains “Top 10 Best” lists based on Yelp user’s
22 reviews of those businesses.⁵ Those pages accurately and truthfully convey to consumers what the
23 businesses may offer to the public, whether or not individual state legislatures attempt to ban or
24 restrict drag shows. As with the other examples, the content and attributes on these pages help
25 better match consumers with the goods or services that they are searching for on Yelp

26
27
28 ⁵ The Top 10 Best in San Francisco, as reviewed by Yelp users, is located at
https://www.yelp.com/search?find_desc=Drag+Shows&find_loc=San+Francisco%2C+CA.

EXHIBIT A



Original research article

Crisis pregnancy center websites: Information, misinformation and disinformation^{☆,☆☆}

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Abstract

Objective: Most states with 24-h waiting periods prior to abortion provide state resource directories to women seeking abortion. Our objective was to evaluate the information on abortion provided on the websites of crisis pregnancy centers listed in these resource directories.

Study design: We performed a survey of the websites of crisis pregnancy centers referenced in state resource directories for pregnant women. We searched for these state-provided resource directories online. We contacted state Departments of Health and Human Services for a print copy when a directory could not be found online. The crisis pregnancy center websites were evaluated for the information provided on abortion. Standardized data collection tools were used. Descriptive statistics were generated.

Results: Resource directories of 12 states were procured. A total of 254 websites referring to 348 crisis pregnancy centers were identified. Overall, a total of 203/254 [80%, 95% confidence interval (CI) 75%–84%] of websites provided at least one false or misleading piece of information. The most common misleading or false information included on the websites were a declared link between abortion and mental health risks (122/254 sites; 48%, 95% CI 42%–54%), preterm birth (54/254; 21%, 95% CI 17%–27%), breast cancer (51/254; 20%, 95% CI 16%–25%) and future infertility (32/254; 13%, 95% CI 9%–17%).

Conclusion: Most crisis pregnancy centers listed in state resource directories for pregnant women provide misleading or false information regarding the risks of abortion. States should not list agencies that provide inaccurate information as resources in their directories.

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Keywords: Crisis pregnancy center; Abortion; Misinformation; Abortion restrictions

1. Introduction

Twenty-six states currently have laws requiring waiting periods between contacting an abortion provider and obtaining an abortion. These laws are similar across states and are often known as “Woman’s Right to Know” laws. “Woman’s Right to Know” laws prescribe that counseling be performed prior to an abortion, that women either receive a mandatory ultrasound or are offered to see an ultrasound or

hear fetal heart tones, and that women wait a specified amount of time before undergoing an abortion [1]. In most states, the mandatory preabortion counseling includes telling women that agencies offer “alternatives to abortion.” In some states, such as North Carolina, women are told that they can receive a free ultrasound or hear fetal heart tones at an agency that provides this service. These agencies are privately owned, not affiliated with hospitals and commonly known as crisis pregnancy centers.

In states with a “Woman’s Right to Know” law, women are offered written materials, including information about abortion and often a “Resource Directory” that lists services and agencies available to pregnant women seeking abortion in the state. These directories include crisis pregnancy centers in their listings. Crisis pregnancy centers are nonprofit organizations that offer free services to women facing unintended pregnancies, such as pregnancy testing, ultrasound, counseling, and baby and maternity items. Some

[☆] Presented at the Society of Family Planning Annual Meeting, Denver, Colorado, October 27–28, 2012.

^{☆☆} Implications: Eighty percent of crisis pregnancy centers listed in state resource directories for pregnant women provide misleading or false information regarding abortion.

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promote themselves as women's health clinics, and a few imply that they offer abortion services. The tactics used by crisis pregnancy centers to dissuade women from having abortions often include providing misleading or false information about abortion [2,3]. Because crisis pregnancy centers do not provide medical care, they are not governed by the same rules and regulations that govern health clinics.

The information provided on the websites of the crisis pregnancy centers may be difficult for women to evaluate, given the extremely varied quality of information available on the Internet [4,5]. Most states provide a disclaimer that they do not specifically endorse the views of any particular agency. However, because crisis pregnancy centers are listed by a state resource directory as simply centers for "alternatives to abortion," they may be viewed by patients as sources of accurate information or as health centers.

The objective of this survey was to evaluate the medical information on abortion provided by websites of crisis pregnancy centers listed in states' resource directories for pregnant women.

2. Materials and methods

We developed a protocol to systematically evaluate the websites of crisis pregnancy centers listed in state-provided resource directories for women with unintended pregnancies. No institutional review board permission was required. Twenty-six states with abortion counseling and waiting period laws were identified through the Guttmacher Institute's Brief on "Abortion Counseling and Waiting Periods" (initially accessed March 12, 2012) [6]. We performed a Google search using the terms "women's resource directory," "women's right to know resource directory" and "women's right to know department of health and human services." If a directory was not available online but a phone number was available, we called and ordered the resource directory. Additionally, individual searches of state health department sites were performed using the terms "woman's right to know," "resource directory," "abortion" and "pregnancy counseling." These terms were generated by reviewing the literature to find commonly used terms for our search criteria. The a priori list was modified with new keywords found on the websites we searched.

We identified all agencies listed in each state directory that were listed as, or appeared to be a crisis pregnancy center, a nonprofit organization with the stated purpose of counseling women not to have an abortion. For agencies with no website listed, the web address was searched on Google using the name, city and state. We included websites of crisis pregnancy centers as well as pregnancy resource centers, pregnancy care centers or centers offering alternatives to abortion, which are other names for this type of organization. We excluded websites if they referred to a maternity home (a live-in facility for pregnant women waiting to give birth), Catholic or other religious relief

services, adoption agencies or other organization not identified as a crisis pregnancy center. Each website was reviewed independently by two authors, and data were doubly entered into a database. If a discrepancy between the two authors' entries was found, the other two authors also reviewed the website, and a consensus among the four authors was achieved.

A standardized data collection tool was used to record information from each website. Information recorded included services and information offered and the information regarding abortion on each website. We recorded whether the website had specific information on abortion or abortion methods. We also recorded whether the website described an association between abortion and specific outcomes, particularly mental health disorders, breast cancer and poor pregnancy outcomes such as infertility and preterm birth. The outcomes were chosen based on prior findings that these outcomes are often used by organizations or groups attempting to dissuade women from abortion, but are not risks supported by scientific evidence or professional organizations [1–3]. Descriptive statistics are reported, with proportions and 95% confidence intervals (CIs) where appropriate [7]. All data were analyzed using Stata 11.0 (StataCorp LP, College Station, TX, USA).

3. Results

Resource directories for 12 states were obtained. Online resource directories were found for Alaska, Georgia, Idaho, Louisiana, Minnesota, North Carolina, South Carolina, Oklahoma, Texas, West Virginia and Kansas. The state directory for Alabama was obtained by calling the state health department. Directories for the 14 remaining states with mandatory counseling or waiting period laws were not located after searching the Internet and calling the state departments of health and human services. Three states, Pennsylvania, South Dakota and Ohio, had websites that stated the page could not be found. The health department in Indiana was contacted and found to have only a directory of licensed abortion providers. The health department in Kentucky was contacted by phone but had a nonworking number. Missouri, Utah and North Dakota did not have resource directories. State health departments were contacted in Arkansas, Massachusetts, Montana, Michigan, Nebraska and Mississippi. We made three phone calls to each of these state health departments but did not receive any return calls. The majority of resource directories did not include any agencies that provide abortion. The resource directories for a few states (North Carolina, South Carolina and Kansas) also included comprehensive women's health centers in their resource directory listings.

From the 12 state resource directories we found, we identified a total of 601 agencies that at first appeared to be crisis pregnancy centers. We found 456 websites for these agencies. Screening of the websites revealed that 348

websites referred to crisis pregnancy centers and 108 websites referred to agencies that were not crisis pregnancy centers. Ninety-four websites referred to more than one crisis pregnancy center. We collected data for each crisis pregnancy center website only once, even if the website referred to more than one crisis pregnancy center. This left a total of 254 websites that were reviewed and included in this analysis (Fig. 1).

The websites contained varying amounts of information. Some were a simple one-page website containing no information on women's health (40/254 websites; 16%). Almost all websites stated that free pregnancy testing was available at the

clinic (245/254; 97%). Just over half offered free ultrasounds (136/254; 54%). Many were religious (146/254; 58%), stating directly that they were a Christian organization or offering Bible study. Many websites (144/254; 57%) contained information on abortion. Most websites did not provide a disclaimer that the crisis pregnancy center was not a medical facility (221/254; 87%). A small proportion (43/254; 17%) mentioned that someone on the staff or advisory board of the center was a doctor or nurse (Table 1). Overall, a total of 203/254 (80%, 95% CI 75%–84%) of websites provided at least one false or misleading statement (Table 2).

The most common medical inaccuracies included on the websites were a declared link between abortion and mental health risks, preterm birth, breast cancer, future infertility, miscarriage and ectopic pregnancy. Additionally, a significant proportion of websites linked abortion and suicidal thoughts and/or suicide. Almost three quarters of sites mentioned that abortion leads to a condition described as “postabortion stress” (Table 2). Of the 120 websites providing information on abortion, 110 had at least one false or misleading assertion (92%; 95% CI 85%–95%).

4. Discussion

The websites for 80% of crisis pregnancy centers contain misleading or inaccurate information regarding the risks associated with abortion. This is alarming because many states currently list these organizations as places to seek information on alternatives to abortion. Some states even provide funding to crisis pregnancy centers through license plates and other programs [8].

Abortion is a safe medical procedure and is less risky than carrying a pregnancy to term [9]. Overstating the risks of abortion may lead to unwarranted fears among women seeking abortion [10,11]. Deterring women from seeking abortion by providing them with inaccurate information about risks of abortion such as preterm birth, infertility, breast cancer and suicide is unethical. The evidence for the poor outcomes often asserted on these websites is lacking.

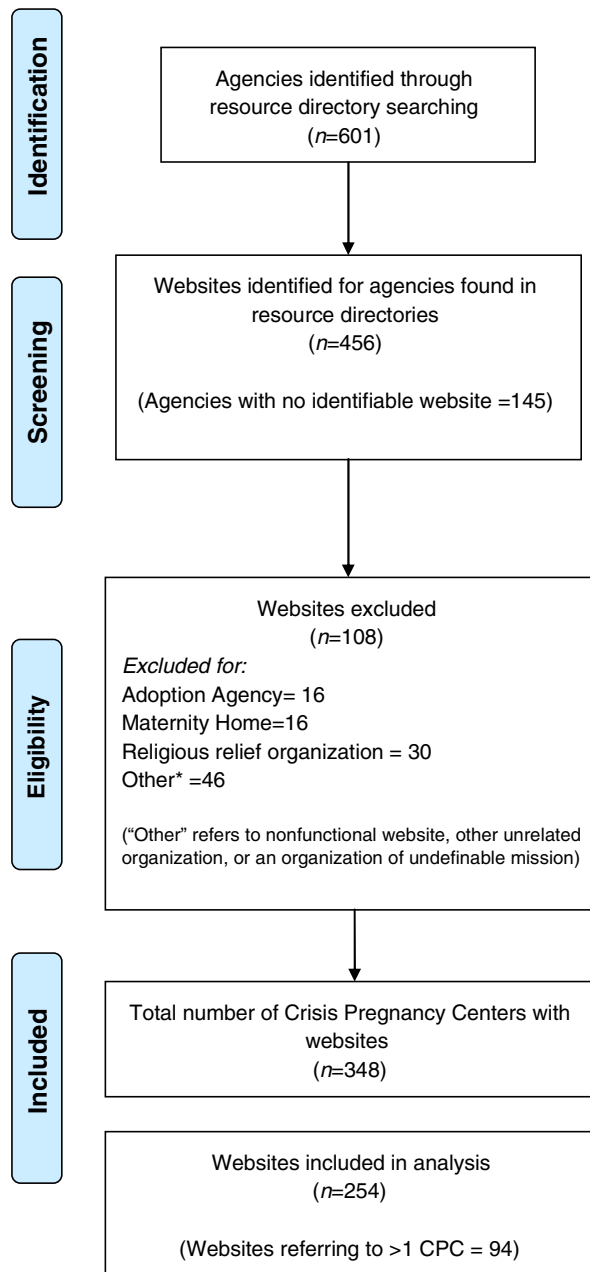


Fig. 1. Flow of websites included in the study.

Table 1
Baseline characteristics of crisis pregnancy center websites.

Characteristic (n=254)	n (%)
Offers free pregnancy test	245 (97)
Offers free ultrasound	136 (54)
Offers free STI testing	48 (19)
States that it is religiously affiliated	143 (56)
Provides a disclaimer that it is not a medical facility	33 (13)
Mentions the medical qualifications of staff	43 (17)
States that it does not refer for abortion	229 (90)
Offers maternity or baby items	207 (82)
Offers Bible study	77 (30)
Offers counseling on “postabortion stress” at CPC	189 (74)
States that abortion information is available at CPC	213 (84)
Provides general abortion information on website	120 (47)
Provides information on abortion methods on website	92 (36)

Table 2
Information provided on crisis pregnancy center websites.

Characteristic	n(%)	95% CI (%)
Any misleading or false information on website	203 (80)	75–84
Asserts a link between abortion and:		
Preterm birth	54 (21)	17–27
Breast cancer	51 (20)	16–25
“Postabortion stress”	186 (73)	68–78
Placenta previa	4 (2)	1–4
Infertility	32 (13)	9–17
Suicidal thoughts	66 (26)	21–32
Suicide	56 (22)	17–28
Mental health risks	122 (48)	42–54
Other risks	124 (49)	43–55
Fetal pain	15 (6)	4–10
Miscarriage	16 (6)	4–10
Ectopic pregnancy	13 (5)	3–9

Poor mental health outcomes for women undergoing abortion are often asserted on the websites of crisis pregnancy centers. Extensive research into a link between induced abortion and poor mental health outcomes has shown no association between a single, legal, first-trimester abortion and an increased risk of mental health problems. Women experiencing mental health problems after abortion in most cases have other pre-existing and co-occurring risk factors for mental health problems [12,13]. The American Psychological Society and the American Psychiatric Association have both issued statements regarding mental health and abortion based on a comprehensive review of the literature [14,15]. Research on abortion and mental health problems such as suicide and “postabortion stress” does not show that abortion leads to these outcomes. A recent meta-analysis of mental health outcomes and abortion was found to have serious flaws in its methodology [16,17]. The concept of “postabortion stress” is not recognized by the *Diagnostic and Statistical Manual of Mental Disorders (DSM), Fourth Edition* or the newer *DSM, Fifth Edition* as a mental health disorder [12,18]. Similarly, claims that abortion leads to suicide or suicidal thoughts have been based on research that was found to have methodological flaws such as failing to control for prepregnancy mental health and using inappropriate control groups [12,13,19].

An association between abortion and future poor pregnancy outcomes is not fully supported by the scientific evidence. Studies that have found a link between abortion and preterm birth have found a minimal increase in the risk of preterm birth following surgical abortion [20–22]. These studies do not meet criteria for establishing causality and are problematic due to lack of controlling for confounding factors [23,24]. The World Health Organization, the Centers for Disease Control, the American College of Obstetricians and Gynecologists, the March of Dimes, or the Royal College of Obstetricians and Gynecologists does not list abortion as a risk factor for preterm birth or other poor obstetrical outcomes, such as infertility or placenta previa [25–29].

The assertion that abortion leads to breast cancer is also not substantiated. Early case–control studies that found a link between breast cancer and abortion were found to have extensive recall bias, and a large collaborative reanalysis of epidemiological studies found no association between breast cancer and abortion [30]. The American Cancer Society and the National Cancer Institute have issued statements refuting a link between breast cancer and abortion [31,32].

Our study has both strengths and weaknesses. We performed a comprehensive search to include all of the websites that could be located by such a search. Rigorous, standardized criteria were used to review each website. Each website was reviewed by two authors, and consensus was reached when discrepancies were found. This study provides a comprehensive view of the types of information and services offered by the crisis pregnancy centers represented by these websites. It is possible that some resource directories were missed in our survey, as we were not able to locate resource directories for every state that might have one. Assessing how many women use these web resources to obtain information about abortion is also difficult. The number of women who obtain resource directories in the first place is unclear, as is the number who would then view the websites of the agencies listed, as we did.

The area of reproductive rights is fraught with strong and deeply held convictions on both sides, but scientific evidence does not support the notion that abortion is harmful to women or has multiple long-term health consequences. Crisis pregnancy centers have the stated goal of preventing abortions and, based on many of their websites, appear to use tactics that scare women in order to dissuade them. Women choosing abortion should be allowed to make a truly informed decision based on medically accurate, evidence-based information. States should not include agencies that provide inaccurate information on abortion in their resource directories for pregnant women.

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EXHIBIT B



Policy Matters

Sexual and Reproductive Health Services and Related Health Information on Pregnancy Resource Center Websites: A Statewide Content Analysis



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A B S T R A C T

Background: Pregnancy resource centers (PRCs) are nonprofit organizations with a primary mission of promoting childbirth among pregnant women. Given a new state grant program to publicly fund PRCs, we analyzed Georgia PRC websites to describe advertised services and related health information.

Methods: We systematically identified all accessible Georgia PRC websites available from April to June 2016. Entire websites were obtained and coded using defined protocols.

Results: Of 64 reviewed websites, pregnancy tests and testing (98%) and options counseling (84%) were most frequently advertised. However, 58% of sites did not provide notice that PRCs do not provide or refer for abortion, and 53% included false or misleading statements regarding the need to make a decision about abortion or links between abortion and mental health problems or breast cancer. Advertised contraceptive services were limited to counseling about natural family planning (3%) and emergency contraception (14%). Most sites (89%) did not provide notice that PRCs do not provide or refer for contraceptives. Two sites (3%) advertised unproven “abortion reversal” services. Approximately 63% advertised ultrasound examinations, 22% sexually transmitted infection testing, and 5% sexually transmitted infection treatment. None promoted consistent and correct condom use; 78% with content about condoms included statements that seemed to be designed to undermine confidence in condom effectiveness. Approximately 84% advertised educational programs, and 61% material resources.

Conclusions: Georgia PRC websites contain high levels of false and misleading health information; the advertised services do not seem to align with prevailing medical guidelines. Public funding for PRCs, an increasing national trend, should be rigorously examined. Increased regulation may be warranted to ensure quality health information and services.

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Pregnancy resource centers (PRCs), also known as “crisis pregnancy centers,” are nonprofit organizations with a primary mission of promoting childbirth among pregnant women and offer, at a minimum, pregnancy tests/testing and counseling; they do not provide or refer for abortion services (Munson, 2008; Rosen, 2012). PRCs are expanding globally, with locations in at least 84 countries (Hussey, 2013). An estimated 2,500 to 4,000

currently operate in the United States (Lin & Dailard, 2002). Most PRCs in the United States are affiliated with religious antiabortion organizations, such as Heartbeat International and Care Net (Hussey, 2013). Heartbeat International's vision “is to make abortion unwanted today and unthinkable for future generations” (Heartbeat International, 2017). Care Net's vision is “a culture where women and men faced with pregnancy decisions are transformed by the gospel of Jesus Christ and empowered to choose life for their unborn children and abundant life for their families” (Care Net, 2017). Both organizations also have policies against providing or promoting contraceptives (Care Net, 2016a; Heartbeat International, 2016a).

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In 2016, Georgia signed into law a new program to publicly fund PRCs. To qualify for funding consideration, the legislation specifies that PRCs must have provided pregnancy support services for a minimum of 1 year and meet several criteria related to operations (e.g., have a board, director, and annual budget) and services (e.g., provide free services, provide each pregnant client with information about fetal and infant development and available assistance after a birth). Services funded by the program include medical care and information (e.g., pregnancy tests, ultrasound screening, birth classes); housing, education, and employment assistance and parenting education and support services during pregnancy and up to 1 year after birth; nutritional services and education; adoption education and services; material items [e.g., cribs, car seats, clothing]; and information about health care benefits [e.g., available Medicaid coverage]. A total of 14 states directly fund PRCs (NARAL Pro-Choice America, 2017a).

Despite a growing trend in public funding, PRCs have been widely criticized by advocacy groups and others for deceptive practices, misrepresenting their services, creating the appearance that they are comprehensive reproductive health clinics, and providing false and misleading medical information (Lin & Dailard, 2002; NARAL Pro-Choice America, 2017b; Waxman, 2006). However, PRCs have received little attention in the public health literature (Ahmed, 2015; Rosen, 2012). Several studies have evaluated the accuracy of medical information on sampled PRC websites and found high levels of false and misleading information (Bryant & Levi, 2012; Bryant, Narasimhan, Bryant-Comstock, & Levi, 2014; Bryant-Comstock, Bryant, Narasimhan, & Levi, 2016). Such findings are concerning given that pregnant women commonly use online health information to assist with pregnancy-related decision making (Lagan, Sinclair, & George Kernohan, 2010; Lagan, Sinclair, & Kernohan, 2011).

PRC websites also generally advertise an extensive set of reproductive health services, yet this content has not been well-studied. PRCs are increasingly being “converted to medical clinics” and offering medical services, such as ultrasound examinations and sexually transmitted infection (STI) testing (Lin & Dailard, 2002). Prevailing U.S. medical guidelines define a core set of family planning services for women and men to minimize missed opportunities for comprehensive prevention and care. These include pregnancy testing; accurate, unbiased pregnancy options counseling; counseling about a full range of contraceptive methods; provision of one or more selected contraceptive methods; STI testing and treatment services; counseling about condom use; and easy and inexpensive access to condoms (Felice et al., 1998; Gavin et al., 2014; American College of Obstetricians and Gynecologists, 2014). Although PRCs are not standard medical clinics, national guidelines seem to extend to PRCs. The guidelines specify that the recommendations are applicable to “all providers or potential providers of family planning services,” including pregnancy testing and counseling services, across all practice settings, and that “the term ‘provider’ refers to any staff member who is involved in providing family planning services to a client. This includes physicians, physician assistants, nurse practitioners, nurse-midwives, nursing staff, and health educators” (Gavin et al., 2014).

We sought to examine how PRCs portray their services online relative to national guidelines and “typical” services provided at traditional reproductive health clinics (Bornstein, Carter, Gavin, & Moskosky, 2015; Wood et al., 2014). Such an assessment is of particular interest and a timely concern given findings of

previous studies and investigations, increasing medicalization of PRCs, the new grant program, and potential but unstudied implications for individual and population health. This study systematically identified and analyzed all Georgia PRC websites to describe the scope of PRC services advertised online and informational content relevant to those services. In addition to inventorying advertised services, we particularly considered services and information related to pregnancy options counseling, contraception, STI testing and treatment, and condom promotion.

Material and Methods

Search Protocol

In April 2016, we accessed online PRC directories (Care Net, 2016b; Heartbeat International, 2016b; National Institute of Family and Life Advocates, 2016; Ramah International, 2016) and created a single unduplicated list of Georgia PRCs. We also conducted a Google search, entering “Georgia” with “pregnancy resource center,” “crisis pregnancy center,” and “pregnancy care center.” These searches yielded 4,740,000 hits. We reviewed the first five pages of results for each search (approximately 50 links per keyword search; Minzer-Conzetti et al., 2007; Rahnavardi et al., 2008) and added unique entries to the master list. In total, 87 centers were included on the master list and assessed for eligibility.

Eligibility

Eligible websites 1) were live (i.e., accessible), 2) provided information about a center with a physical address in Georgia, and 3) provided information about a center included on one or more PRC directory and/or identified the center as a “pregnancy resource center,” “crisis pregnancy center,” or “pregnancy care center.” For organization websites that included a link to a site specifically for clients (i.e., individuals who may be pregnant), we included the client website only. For PRCs with multiple client websites, we only included the site with the most content. Two evaluators independently reviewed websites for eligibility. Sixty-four websites for 80 PRCs with unique physical addresses were included.

Data Management and Analysis

We downloaded each eligible site’s entire website between April and June 2016, using PDFmyURL.com, and followed a standard protocol to ensure completeness. We then uploaded the sites into MAXQDA qualitative analysis software. We conducted a content analysis (Hsieh & Shannon, 2005), analyzing website descriptions of services and other information provided on the sites. We first developed a set of deductive codes grouped by “Services” and “Information” (e.g., STI testing, condom information). We also developed codes for disclosures about PRC services (e.g., PRC does not provide abortion services or referrals). A set of inductive codes was further developed based on emergence of key themes and additional services identified.

Five coders each reviewed the same 11 websites (17%) to attain coding consistency, after which coding was split among team members. We used summary statistics to describe PRC services. We also qualitatively analyzed codes, identified key

themes, and selected representative quotes relevant to the types and quality of PRC services and information on the sites.

Results

Table 1 presents advertised PRC services. The most common types of services included pregnancy tests/testing, counseling/information, classes and programs, and referrals. Approximately two-thirds of sites advertised medical services, including ultrasound examination services. Below we describe information and services related to pregnancy options counseling, contraception, STI testing and treatment, condom promotion, and education, referrals, and support services. We also summarize PRC and website characteristics.

Table 1
Services Advertised on Georgia Pregnancy Resource Center Websites ($n = 64$)

Service	% (n)
Pregnancy tests/testing	98.4 (63)
Counseling/information	98.4 (63)
Pregnancy options	84.4 (54)
Adoption	59.4 (38)
Abortion recovery	64.1 (41)
Peer counseling	35.9 (23)
STIs	26.6 (17)
Parenting	25.0 (16)
Sexual health	23.4 (15)
Abstinence	18.8 (12)
Contraceptives: Emergency contraception	14.1 (9)
Contraceptives: Natural family planning	3.1 (2)
Classes, educational programs, and groups	84.4 (54)
Parenting	67.2 (43)
Earn While You Learn	60.9 (39)
Abortion recovery	45.3 (29)
Prenatal and pregnancy	40.6 (26)
Bible studies and religious classes	31.3 (20)
Abstinence	20.3 (13)
Sexual health	14.1 (9)
Mentoring	17.2 (11)
Referrals	73.4 (47)
Medical care	46.9 (30)
Adoption information and resources	34.4 (22)
Social support services	18.8 (12)
STI testing	9.4 (6)
STI treatment	3.1 (2)
Contraceptives	0 (0)
Ultrasound examinations	62.5 (40)
Social services	32.8 (21)
Financial	25.0 (16)
Employment	10.9 (7)
Housing	10.9 (7)
Legal	1.6 (1)
STI testing	21.9 (14)
Chlamydia	14.1 (9)
Gonorrhea	14.1 (9)
HIV	6.3 (4)
Syphilis	3.1 (2)
Herpes	3.1 (2)
Hepatitis B	3.1 (2)
Hepatitis C	3.1 (2)
Bacterial vaginosis	3.1 (2)
HPV	3.1 (2)
Trichomonas	1.6 (1)
School-based programs and activities	10.9 (7)
STI treatment	4.7 (3)
Mobile unit	4.7 (3)
Abortion pill reversal	3.1 (2)
Contraceptive methods	0 (0)
Condoms	0 (0)
Other services	23.4 (15)

Abbreviations: HIV, human immunodeficiency virus; HPV, human papilloma-virus; STI, sexually transmitted infection.

Pregnancy Options Counseling

Pregnancy options counseling was the most commonly advertised PRC service, following pregnancy tests/testing. Eleven websites (17%) included the words “options,” “choice,” or “abortion” in the website name. However, fewer than one-half (42%; $n = 27$) provided notice that the centers do not provide or refer for abortion services. As presented in Table 2, which shows the frequency of selected false and misleading statements, 11 sites (17%) included misleading statements about making a decision about abortion, citing that 15% to 25% of pregnancies end in miscarriage. Pregnancy loss is actually estimated to occur in approximately 10% of clinically recognized pregnancies (American College of Obstetricians and Gynecologists, 2015). Examples of such statements are presented in Table 3. Of these 11 sites, 6 (55%) also included false statements that ultrasound examination can predict miscarriage; all 6 were sites that advertised ultrasound services. A small number of sites advertised “abortion pill reversal” services.

Approximately one-third of PRC websites (34%, $n = 22$) included information about adoption, whereas almost two-thirds (63%, $n = 40$) included abortion-related informational content. Using inductive coding, we classified information about significant mental health problems (e.g., depression, anxiety, suicide, post-traumatic stress disorder) and breast cancer as consequences of abortion as “inaccurate or misleading” given statements from scientific review groups concluding no increased risk of these outcomes due to abortion (American Psychological Association, 2008; National Cancer Institute, 2003). As shown in Table 2, we found that 36% of all sites ($n = 23$) purported links between abortion and mental health problems, and 8% ($n = 5$) purported links between abortion and breast cancer. In total, 41% of all sites ($n = 26$) and 65% of sites with abortion-related content included statements about mental health problems and breast cancer as consequences of abortion; examples are presented in Table 3. Overall, 53% of sites ($n = 34$) included false or misleading statements regarding the need to make a decision about abortion or links between abortion and mental health problems or breast cancer.

Contraception

No site advertised provision of or referrals for contraceptive methods approved by the U.S. Food and Drug Administration. Seven (11%) included an explicit statement indicating that the PRCs do not provide or refer for contraceptives. A minority of sites advertised counseling on natural family planning methods (3%) or emergency contraception (14%). Twenty (31%) included informational content about contraceptives, the majority of which was dedicated to emergency contraception. No site included information about highly effective contraceptives (e.g., intrauterine devices, implants), except to indicate that they are not 100% effective against unwanted pregnancy or STIs.

STI Testing and Treatment

Approximately one-fifth of websites advertised STI testing. An additional 9% of sites advertised referrals for STI testing. Three websites advertised STI treatment services. Twenty-six sites (41%) included informational content about STIs. Of the 14 sites that advertised STI testing services, 7 (50%) presented information about the importance of STI testing before undergoing an abortion procedure.

Table 2
Frequency of Selected False or Misleading Information on Georgia Pregnancy Resource Center Websites ($n = 64$)

False or Misleading Statement	% (n)
Abortion leads to mental health problems.	36 (23)
Misleading statements about the need to make a decision about abortion, citing inflated statistics about the proportion of pregnancies that end in miscarriage.	17 (11)
Ultrasound examination can predict miscarriage.	9 (6)
Abortion leads to breast cancer.	8 (5)
Any of the above statements.	53 (34)

Condom Promotion

No website indicated availability of condoms at PRCs. Eighteen (28%) included information about condom use. No website promoted consistent and correct condom use to prevent STI transmission or pregnancy. Rather, 78% ($n = 14$) with condom content included statements that seemed to be designed to undermine confidence in condom effectiveness or false statements about condom effectiveness; examples are presented in [Table 3](#).

Education, Referrals, and Support Services

Most sites offered educational classes and programs. Nearly two-thirds advertised “Earn While You Learn” programs, through which individuals earn credit to obtain material items (e.g., diapers, formula, clothes) by completing activities such as participating in pregnancy and parenting classes, watching videos related to pregnancy and parenting, and attending Bible studies. Of websites that described Earn While You Learn programs, 23% ($n = 9$) indicated that individuals could earn items by participating in Bible studies or religious classes. Parenting and “abortion recovery” classes and programs were also common; 24% ($n = 7$) of “abortion recovery” classes were described as having a religious focus.

Almost three-quarters of sites (70%, $n = 45$) indicated the availability of referrals for services other than STI treating and treatment. Medical care was the primary type of referral advertised. This primarily included general referrals for providers, physicians, clinics, and medical and health care (34%, $n = 22$); only four sites (6%) specifically advertised prenatal care referrals. Approximately one-third advertised referrals for adoption information and resources, and less than one-fifth advertised referrals for social support services (e.g., housing). Approximately one-third advertised social services provided by PRCs, such as job training or assistance registering for Medicaid.

Website and PRC Characteristics

Approximately one-fifth of the websites evaluated (22%, $n = 14$) advised that the information contained on the site should not be relied on as a substitute for professional counseling or medical or prenatal care. Just more than one-third (38%, $n = 24$) indicated the centers were staffed by licensed medical care providers. Most sites (81%, $n = 52$) included religious language. One-half ($n = 37$) seemed to directly target adolescents and emerging adults, including directions to the PRCs from high schools or colleges, information about “how to tell your parents” about a pregnancy, special teen section, and so on. Approximately one-half (52%, $n = 33$) had content and/or services explicitly for men.

Discussion

Women and men facing and at risk for unintended pregnancy require comprehensive, quality health services and unbiased, scientifically accurate information. This study performed a statewide analysis of all accessible PRC websites and identified concerns regarding advertised services and health information presented, especially given Georgia's exceptionally poor sexual and reproductive health indicators. Sixty percent of births in Georgia are unintended, the third highest in the country ([Kost, 2015](#)). Georgia also has one of the highest maternal mortality rates in the country and high infant mortality, human immunodeficiency virus infection, and STI rates ([Amnesty International, 2010](#); [Centers for Disease Control and Prevention, 2015, 2016](#); [Matthews, MacDorman, & Thoma, 2015](#)).

The vast majority of Georgia PRC websites advertised pregnancy options counseling. Prevailing medical guidelines concerning pregnancy options counseling recommend providing referrals for follow-up care, as requested ([Gavin et al., 2014](#)). Only a minority of sites provided notice that the PRCs do not offer abortion services or referrals. Many websites provided inaccurate information about abortion risks, purporting links between abortion and mental health problems and breast cancer. The provision of inaccurate information about abortion risks may be a common PRC practice. A 2014 study reported that 80% of PRC websites reviewed included inaccurate or misleading information about abortion risks ([Bryant et al., 2014](#)). Relatedly, some sites seem to encourage individuals to delay abortion decision making, citing inflated statistics for miscarriage after the detection of pregnancy. Early pregnancy loss is estimated to occur in 10% of clinically recognized pregnancies ([American College of Obstetricians and Gynecologists, 2015](#)), rather than the 15% to 25% cited by some PRC websites. Further, 15% of sites that advertised ultrasound examination services falsely claimed that ultrasound examination can predict miscarriage.

Related to pregnancy options counseling is the concern that PRC websites are promoting unproven “abortion pill reversal” and “abortion recovery” services. Given the lack of scientific evidence for abortion reversal and the potential risks ([Grossman et al., 2015](#)), the promotion and availability of such services should be monitored. A majority of PRC websites reviewed advertised “abortion recovery” programs. PRCs have long offered Christian lay counseling programs to women who have had an abortion, claiming that abortion leads to significant psychological morbidity despite clear scientific evidence against this claim ([Kelly, 2014](#)).

National recommendations advise that individuals with negative pregnancy test results who do not wish to become pregnant should be offered contraceptive services, ideally at the same visit as the pregnancy test ([Gavin et al., 2014](#)). Despite positions against promoting or providing contraceptives ([Care Net, 2016a](#); [Heartbeat International, 2016a](#)), only a minority of websites provided notice that PRCs do not offer contraceptive services or referrals. Failing to provide sexually active women who do not wish to become pregnant information about and to facilitate access to contraceptives are important missed opportunities to prevent unintended pregnancy and reduce abortion rates.

With regard to recommended STI services ([Gavin et al., 2014](#)), only a minority of websites advertised STI testing services or referrals, and fewer advertised STI treatment services. No site encouraged correct and consistent condom use, and many sites included information that seemed to be designed to undermine readers' confidence in condom effectiveness, a significant

Table 3
Examples of False and Misleading Statements About Abortion and Condom Effectiveness on Georgia Pregnancy Resource Center Websites

Topic	Quote
Avoiding a decision about abortion due to miscarriage	<p>“What do you mean that I ‘may not need and abortion’? How can you tell? Many women can avoid having to decide what to do with their unintended pregnancy, because 1 in 5 of all pregnancies end naturally. Pregnancies that end naturally are not viable, and result in what are called miscarriages. Who wants to go through the pain, cost and risk of an abortion if it's not necessary? A good way to check if you'll miscarry is by ultrasound technology.” http://www.whisperinghope.org/faqs/</p> <p>“You may not need an abortion. If you're pregnant and considering abortion, you may not need one. Studies show that up to 25% of all pregnancies end in natural miscarriage – avoiding the need for an abortion. A free ultrasound at Atlanta Care Center will tell you if your pregnancy is viable (living) or at risk for a natural miscarriage.” http://www.atlantacare.com/Abortion.aspx</p>
Mental health problems as a consequence of abortion	<p>“More than 50% of all post-abortive women report experiencing emotional and psychological disturbances lasting for months and even years. This includes feelings of grief, depression, anger, fear of disclosure, preoccupation with babies, nightmares, sexual inhibition, termination of relationships, emotional coldness, increased alcohol use, and even thoughts of suicide, not to mention the physical side-effects that are possible.” http://www.refugepregnancycenter.com/services</p> <p>“There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years. This psychological response is a form of post-traumatic stress disorder. Some of the symptoms are:</p> <ul style="list-style-type: none"> • Eating disorders • Relationship problems • Guilt • Depression • Flashbacks of abortion • Suicidal thoughts • Sexual dysfunction • Alcohol and drug abuse” http://prcwalton.com/issues/abortion/
Breast cancer as a consequence of abortion	<p>“Medical experts continue to debate the association between abortion and breast cancer. Did you know that carrying a pregnancy to full term gives a measure of protection against breast cancer? Terminating a pregnancy results in loss of that protection. Despite the controversy around this issue, it is important for women to know what some experts say: a number of reliable studies have demonstrated a connection between abortion and later development of breast cancer.” http://www.abortiondecisionatlanta.com/abortion_education.php</p> <p>“Abortion and Breast Cancer Medical experts are still researching and debating the link between abortion and breast cancer. However, here are some important facts:</p> <ol style="list-style-type: none"> 1. Carrying a pregnancy to full term gives protection against breast cancer that cannot be gained if abortion is chosen. 2. Abortion causes a sudden drop in estrogen levels that may make breast cells more prone to cancer. 3. Most studies conducted so far show a significant linkage between abortion and breast cancer. 4. A 1994 study in the journal of the National Cancer Institute found: “Among women who had pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women. <p>Abortion is offered as a simple solution. Abortion clinics may not take medical information you would have to give for any other kind of surgery, and they may not tell you the risks. Yet it is your body. You have a right to know all of the risks and consequences of an abortion. Otherwise, it isn't a choice.” https://mypregnancysolutions.com/about-abortion/</p>
Condom effectiveness	<p>“Condoms can only reduce the chance of infection with STDs like Chlamydia and Gonorrhea. Herpes and HPV are found on the external genitalia; a place condoms don't cover. The only guaranteed protection from these two STDs is refraining from any genital to genital or oral to genital contact.” http://www.whisperinghope.org/faqs/</p> <p>“Condoms may reduce the risk of pregnancy and STDs, but do not prevent pregnancy or STDs even if used 100% of the time. In fact, inconsistent condom use provides no risk reduction for STDs, with the possible exception of Herpes Simplex 2 and HIV.” http://www.augustacpc.org/STDs</p>

Abbreviations: HPV, human papillomavirus; STD, sexually transmitted disease.

concern, given Georgia's extraordinarily high human immunodeficiency virus infection and STI rates.

Through the new grant program, Georgia PRCs can receive public funds to provide parenting education, birth classes, and material items supportive of pregnancy and childbirth (e.g., formula, clothing). Our study found that many PRCs already provide such services and material resources through “Earn While You Learn” programs. Quality parenting classes and other classes and provision of needed material items could provide both individual and public health benefit; however, it is unclear that the Earn While You Learn curriculum and other classes offered by PRCs are medically and factually accurate or have been evaluated for public health benefit. The new grant program also

allows funding for housing, education, and employment assistance. Currently, a minority of sites advertise such services.

Overall, services advertised on PRC websites and informational content related to those services do not seem to be consistent with recommendations for quality, comprehensive sexual and reproductive health care (Gavin et al., 2014) or to reflect typical services provided with pregnancy testing (Wood et al., 2014), a service offered by all PRCs (Munson, 2008). The extent to which individuals seeking online information to assist with pregnancy-related decisions view PRC websites and appreciate that PRCs are distinct from traditional clinics providing sexual and reproductive health services is unclear but a concern. Inaccurate information and the promotion of services

that do not adhere to quality standards of care could delay or prevent receipt of prenatal care and other sexual and reproductive health services and exacerbate the state's poor sexual and reproductive health indicators. Potential negative public health effects, if they exist, may be heightened among young people given that unintended pregnancy rates are highest among this population and many PRCs seem to target adolescents and young adults.

There is a need to better understand the implications of how PRCs advertise services and provide information online. Future studies should evaluate decision making regarding seeking PRC services, PRC services actually delivered, client and patient satisfaction, the public's expectations for state-funded sexual and reproductive health services, and public health impact.

This study is subject to several limitations. We were not able to assess the number of people who viewed these websites or accessed PRC services, or the impact of PRC sites or services. Websites may not comprehensively or accurately depict PRC services, and our study cannot make conclusions about actual services provided at PRCs. Strengths include systematic identification of accessible websites for all Georgia PRCs and implementation of a rigorous methodology for analyzing website content. Importantly, this study extends evidence about PRC information and services in the context of increasing public funding and global expansion.

Implications for Policy and/or Practice

This study identified several concerns regarding portrayal of health services that do not appear to be consistent with national standards used to monitor other publicly funded sexual and reproductive health programs. Governments providing or considering funding PRCs should take into account public health benefit and potential harm in future funding decisions. Increased regulation may be warranted. Some local areas have sought to require PRCs to disclose limitations of their services and whether they have licensed health professionals on staff, although some ordinances have been revised after the threat of lawsuit or enjoined after facing legal challenge (Ahmed, 2015). Notably, however, California's Reproductive Freedom, Accountability, Comprehensive Care, and Transparency (FACT) Act—which requires PRCs to post notice about the availability of public programs that provide free or low-cost comprehensive family planning, prenatal, and abortion services to eligible women—took effect in 2016 despite PRCs' attempts to block implementation (Knight, 2016). Georgia and other states publicly funding PRCs may be able to regulate disclosures, transparency in advertising, presentation and provision of accurate health information, and the quality of PRC services through their grant programs. Regulations and monitoring to ensure that public funds do not support religious instruction or proselytization and publicly funded services are delivered separately from religiously based services may also be warranted. Increased public health attention and evidence are needed to inform policies that ensure women and men have access to quality sexual and reproductive health care.

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EXHIBIT C



Position paper

Crisis Pregnancy Centers in the U.S.: 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

Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology



A B S T R A C T

Crisis pregnancy centers (CPCs) attempt to dissuade pregnant people from considering abortion, often using misinformation and unethical practices. While mimicking health care clinics, CPCs provide biased, limited, and inaccurate health information, including incomplete pregnancy options counseling and unscientific sexual and reproductive health information. The centers do not provide or refer for abortion or contraception but often advertise in ways that give the appearance that they do provide these services without disclosing the biased nature and marked limitations of their services. Although individuals working in CPCs in the U.S. have First Amendment rights to free speech, their provision of misinformation may be harmful to young people and adults. The Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology support the following positions: (1) CPCs pose risk by failing to adhere to medical and ethical practice standards, (2) governments should only support health programs that provide accurate, comprehensive information, (3) CPCs and individuals who provide CPC services should be held to established standards of ethics and medical care, (4) schools should not outsource sexual education to CPCs or other entities that do not provide accurate and complete health information, (5) search engines and digital platforms should enforce policies against misleading advertising by CPCs, and (6) health professionals should educate themselves, and young people about CPCs and help young people identify safe, quality sources of sexual and reproductive health information and care.

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Positions

The Society for Adolescent Health and Medicine (SAHM) and North American Society for Pediatric and Adolescent Gynecology (NASPAG):

1. Assert that crisis pregnancy centers (CPCs) pose risk by failing to adhere to prevailing medical standards of sexual and reproductive health care and informed consent.
2. Encourage federal, state, and local governments to only support programs that provide adolescents and young adults experiencing or at risk for unplanned pregnancy with medically accurate, unbiased, and complete health information including comprehensive information about Food and Drug Administration–approved methods of contraception and the full range of pregnancy options, including abortion.
3. 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.
4. Discourage school boards and administrators from outsourcing sexuality education to CPCs or any entity that does not provide complete and medically accurate information or that provides sexual and reproductive health information that is inconsistent with recommendations of professional medical organizations and medical standards of care.

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5. Urge companies that own digital platforms and search engines to regularly monitor how CPCs represent their services and implement practices that prevent and disallow misrepresentation and misleading advertising.
6. Encourage health professionals, health organizations, and state and local health departments to educate themselves and young people about the limitations of CPC services and provide young people opportunities to learn how to identify and access medically accurate sexual health information and safe, evidence-based care.

Methods

This position statement was developed through (1) review of academic publications and human rights and advocacy writing related to CPC policies, practices, and services and (2) discussions among a team of adolescent sexual and reproductive health experts. These discussions focused on adolescent needs for and rights to sexual and reproductive health information, standards for medical ethics including informed consent, concerns about young people's informed decision-making, and government's role in promoting adolescent health.

Background

Sexual and reproductive health are key aspects of overall health. Adolescents and young adults in the U.S. and elsewhere have disproportionately high rates of unintended pregnancy, HIV, and other sexually transmitted infections (STIs). Most people start having sex during adolescence and emerging adulthood. With an increasing age of first marriage globally, fewer individuals remain sexually abstinent until marriage. To protect and maintain their health and avoid adverse consequences, young people require comprehensive, medically accurate sexual and reproductive health information and quality, evidence-based clinical services. Programs that exclusively promote sexual abstinence before marriage (also known as "sexual risk avoidance") are ineffective, ethically problematic, and may be harmful [1,2]. CPCs (also known as "pregnancy resource centers" and "pregnancy support centers") purport to provide help to people facing and at risk for unintended pregnancy and are increasingly becoming medicalized [3,4]. The centers particularly market their services to young people, people of color, and individuals with low incomes [4–7]. Government funding and support for CPCs is an increasing trend in the U.S. [3,4].

CPCs: Prevalence, Objectives, and Types of Services

CPCs exist in at least 84 countries [8]. Approximately 2,500 CPCs are currently operating in the U.S. [9], more than three times the number of facilities that provide abortion care. Most are affiliated with national religious organizations that oppose both abortion and contraception. CPCs' primary mission is to dissuade pregnant women from considering abortion [4,6]. Other aims include religious proselytization and promoting sexual abstinence before marriage [10]. The centers offer free pregnancy tests and "pregnancy options" counseling with the aim of influencing individuals' pregnancy decisions [10,11]. They often mimic health care centers by offering free limited medical services, such as limited obstetric ultrasounds and STI testing [4,6]. CPCs also provide information about sexual and reproductive health topics, and many offer resources (e.g., maternity and infant clothes and diapers) and

programs (e.g., parenting classes) that support childbirth and the prospect of parenting [5,8,10]. CPC services are typically free of charge; however, receipt of material resources typically requires clients to participate in activities such as parenting classes, Bible studies, and abstinence seminars [5,10]. Despite the potentially coercive nature of CPC services and resources, many clients report needing and valuing them. The availability of free material resources is the primary reason some clients engage with CPCs [12], perhaps suggesting a need for greater access to social services and resources in and through settings that provide safe, evidence-based care to people with low or no income. Many CPCs also teach sexuality education in public schools and youth-serving organizations using an abstinence-only-until-marriage approach [3,4,13].

Governmental Support and Regulation of CPCs

Governmental bodies in the U.S. fund and support CPCs through various mechanisms. The centers have received funding for abstinence-only-until-marriage programs through various federal grants for decades [3,4,13]. In 2019, a CPC network was awarded funding through the Title X grant program [14], the only federal program dedicated to providing adolescents and low-income adults with access to family planning and related prevention services. The award followed major rules changes contrary in nature to the founding principles that guided the federal program since its enactment in 1970. Some states have designated grant programs that publicly fund CPCs [3,5]. A number of these states support CPCs by diverting funds from Temporary Assistance for Needy Families programs. Complaints and reports of CPC organizations misusing state funds have been filed in multiple states. In addition, some states raise revenue for CPCs through the sale of "Choose Life" license plates [3,13,15]. Some states refer women to CPCs by mandating that individuals seeking abortion be offered information about facilities that provide pregnancy-related services and making available resource directories that include CPC listings without notice about which listings are CPCs and limitations of CPC services [16]. Numerous states have passed measures commending the work of CPCs. In addition, a few states offer specific tax credits for charitable donations to CPCs [3]. Many school districts allow the centers to teach abstinence-only-until-marriage programs in public schools [3].

CPCs typically do not charge for their services, and most are not licensed medical practices. Although some centers are licensed, most CPCs are not subject to the same regulatory, licensing, and oversight requirements as health care facilities, including Health Insurance Portability and Accountability Act regulations for patient privacy protection [17]. Some jurisdictions have attempted to regulate CPCs by mandating that centers post signage with notification that the center is not a health facility and other notifications [13]. In 2018, a 5–4 decision of the U.S. Supreme Court (*NIFLA v. Becerra*) supported CPCs' free speech rights and overturned a California state law that required CPCs to post or distribute notices onsite about the limitations of their services (if unlicensed) and the availability of state-funded reproductive health services (if licensed) [15]. The decision in support of CPCs' free speech rights contrasts with legal precedents upholding state-mandated speech laws that compel health care providers to counsel patients seeking abortion using scripts that include inaccurate and deceptive statements not in keeping with medical evidence. SAHM and NASPAG affirm that professional ethical standards and principles, including honesty,

respect, and responsibility, should be paramount in offering and delivering medical care and services that may affect the health and well-being of adolescents and young adults. CPCs are subject to professional ethical standards regardless of regulatory environment, but fail to meet such standards.

Quality of Health Information and Services Provided by CPCs

CPCs are typically staffed by volunteers without clinical training or licensure [3,4,6]; however, licensed medical professionals serve as paid staff or volunteer at some centers [5,6]. Because CPCs prioritize their own religious beliefs over client needs and preferences and prevailing medical guidelines, the centers do not promote informed consent and do not provide client-centered care or recommended evidence-based services [3,5–7,15–20]. CPCs do not adhere to prevailing medical standards. National guidelines define a core set of family planning services to minimize missed opportunities for comprehensive prevention and care, including pregnancy testing; accurate, unbiased pregnancy options counseling and provision of referrals for follow-up services requested by clients, including for abortion; counseling about a full range of contraceptive methods; provision of one or more selected contraceptive methods; STI testing and treatment services; counseling about condom use; and easy and inexpensive access to condoms [21,22]. In contrast, CPCs do not refer for abortion services, and most have policies against promoting and providing contraceptives [6,15,19]. Only some centers provide STI testing, and few offer STI treatment [5].

CPCs provide biased, misleading, and, frequently, inaccurate sexual and reproductive health information in service of their goals [3–7,13,15–20]. For example, CPCs frequently provide inaccurate information about the risks of abortion (e.g., abortion leads to breast cancer and mental health problems) and misinformation about contraceptives (e.g., inaccurate information about condom effectiveness and risks and side effects of contraceptive use), which risk causing harm [3,5–7,15–20]. They also frequently provide inaccurate information about fetal development and make unfounded claims about fetal pain to discourage abortion. In addition, many centers inform clients that they “have plenty of time” to make pregnancy decisions [5,17,18], which could endanger people who ultimately decide to terminate their pregnancies by exposing them to slightly riskier procedures later in pregnancy and obstruct their opportunity to obtain an abortion due to state-imposed gestational age limits, increased costs, and limited access to later-term abortion services [17]. Such advice may also risk maternal and infant health through delayed prenatal care. However, there is limited evidence to date about the impact of CPC services on individual decision-making and health and well-being outcomes.

Many CPCs also disseminate misinformation about sexual and reproductive health topics through implementation of abstinence-only-until-marriage programs. Such programs provide misinformation, are not evidence-based, and are ethically flawed [1,2]. Abstinence-only-until-marriage programs fail to provide accurate information about contraceptives and condoms, focus exclusively on failure rates, and provide inaccurate information about the risks and side effects of use [1,2]. Evidence shows abstinence-only-until-marriage programs are not effective at delaying sexual activity and reducing sexual risk behavior [2]. They may even cause harm. Evidence suggests that young people who take virginity pledges are less likely to use condoms

and contraceptives at first intercourse and have higher rates of human papillomavirus and nonmarital pregnancies [2]. National professional public health and medical organizations, including SAHM [1] and NASPAG, oppose abstinence-only-until-marriage programs and endorse comprehensive, medically accurate sexuality education.

CPCs frequently provide and promote unproven services, such as “abortion recovery” programs and “abortion reversal” services. CPCs have long-offered lay counseling to women who have had an abortion claiming that abortion leads to significant psychological morbidity [20], despite clear scientific evidence to the contrary [23]. “Abortion reversal” is another unproven service promoted and provided by CPCs [5]. “Abortion reversal” is an intervention of high-dose progesterone purported to reverse a medication abortion after individuals have taken the initial dose of the two drug regimen [24]. However, there is a lack of scientific evidence supporting the efficacy of the intervention, and the intervention poses risks [24]. The American College of Obstetricians and Gynecologists deems “abortion reversal” procedures “unproven and unethical” [25].

CPCs frequently portray their services in misleading ways and give the appearance that they are comprehensive medical clinics [4,5,15,18]. CPCs often advertise their services to pregnant women and people of reproductive age without providing notice that they do not provide or refer for abortion or contraceptive services [4,5,18]. The centers also frequently use Web addresses that may confuse individuals searching for health services online. For example, many centers use URL addresses that contain the words “options,” “choice,” and “abortion” [5]. In addition, CPCs use digital marketing strategies to direct people to their centers. For instance, the centers often optimize their Web sites using keywords related to abortion and contraception and purchase advertising that places their sites at the top of search results related to abortion and contraception [4]. Such strategies often identify CPCs in geographic-based search results and maps. Some CPCs also locate adjacent to reproductive health clinics and adopt similar-sounding names in attempt to attract individuals seeking abortion and other sexual and reproductive health services [4]. Thus, some people may seek services at CPCs based on misconceptions, which could delay or prevent receipt of appropriate, quality, evidence-based health care [6,17]. Such impediments to care could result in unwanted childbearing and negative health consequences for individuals and families and could exacerbate population-level health disparities [17].

Summary

CPCs often provide inaccurate health information and attempt to thwart the use of safe, acceptable, desired health care services, particularly contraception and abortion. CPC practices and services do not align with a public health approach and are inconsistent with recommendations of professional medical organizations and medical and ethical standards of care. Government-funded health programs have a responsibility to protect and promote health and provide accurate information. SAHM and NASPAG support regulation and action to address CPCs’ lack of adherence to medical and ethical practice standards and prevent potential harms caused by CPC services and practices.

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EXHIBIT D

The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research

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Abstract: Crisis pregnancy centers (CPCs) are nonprofit organizations that present themselves as healthcare clinics while providing counseling explicitly intended to discourage and limit access to abortion. These facilities engage in purposefully manipulative and deceptive practices that spread misinformation on sexual health and abortion. CPCs have also been shown to delay access to medically legitimate prenatal and abortion care, which negatively impacts maternal health. Along with increasing anti-abortion legislation, the proliferation of CPCs paired with the closure of abortion clinics exacerbates the ongoing harmful impact these centers have on the reproductive healthcare landscape; however, despite their growing influence, there is still limited research on patients' understanding of and experiences with CPCs. This article provides a review of academic literature on CPCs and suggests future directions for research. Ongoing scholarship may aid in improving patient awareness and education regarding CPCs, an important step toward protecting reproductive autonomy.

Keywords: reproductive health, reproductive justice, abortion, advocacy

Background

Crisis Pregnancy Centers (CPCs) are nonprofit organizations that present themselves as healthcare clinics while providing counseling explicitly intended to discourage and limit access to abortion.^{1,2} These facilities, sometimes referred to as “pregnancy resource centers” or “pregnancy support centers,” attract patients by offering free services such as onsite ultrasounds and STI testing; however, their primary purpose is to discourage abortion, often through manipulative and misleading tactics.³ Most CPCs have strong ties to evangelical Christian organizations and often further their goal of religious proselytism by promoting anti-abortion and anti-contraception propaganda not supported by medical evidence.⁴

CPCs often directly usurp state and federal dollars directed to reproductive health, which has helped encourage their proliferation. The first CPC in the United States opened in Hawaii in 1967, after the state legalized abortion. Today, the country has an estimated 2500–4000 operational CPCs, approximately triple the number of abortion clinics, which see over 1 million patients annually.⁵ CPCs are not a strictly American phenomenon, as evidenced by the presence of these centers in at least 84 countries; however, their evolution has played an important role in shaping the political landscape of abortion in the United States.⁶ In the early days of the so called pro-life movement, legal and legislative strategies aimed at restricting abortion were primarily focused on fetal rights.⁷ After *Roe v. Wade* was decided in 1973, CPCs played an important part in centering pregnant women within the pro-life movement and framing abortion as a byproduct of “an unjust system that did not value motherhood.”⁸ CPCs proliferated in the 1970s and 1980s as accessible spaces for primarily women volunteers to affirm their religious opposition to abortion, reinforce traditional gender expectations, and “save” other women from the harms of abortion. This ethos, which promotes strict, evangelical gender roles and

positions abortion as a moral harm, remains central not only to the operation of CPCs but also to anti-choice activism more broadly.⁴

The majority of CPCs are supported by religious associations such as Care Net, Heartbeat International, Birthright International, or the National Institute of Family and Life Advocates.⁹ A recent study aimed at characterizing the geographic distribution of crisis pregnancy centers in the US determined that CPCs exist in every state, but are largely concentrated in the South and Midwest.¹⁰ Evidence suggests that CPCs have a negative individual and public health impact through dissemination of medically inaccurate information and delaying access to legitimate medical care.¹¹ Alongside increasing anti-abortion legislation, the proliferation of CPCs paired with the closure of abortion clinics perpetuates the ongoing harmful impact these centers have on the reproductive healthcare landscape. However, despite their growing influence, there is still limited research on patients' understanding of and experiences with CPCs. In this review of the academic literature on CPCs, we explore both the impact of these centers on patient care and reproductive autonomy and suggest future directions for research.

Services Provided by CPCs

The operation of CPCs relies on over 40,000 volunteers, the majority of whom are laypersons; however, some medical professionals work in select clinics on either a paid or volunteer basis.^{12,13} Staff in CPCs are primarily white and middle class.⁴ Comparatively, CPCs target their marketing towards and are attended most frequently by young people, people of color, and individuals of lower socioeconomic status.^{14,15} This focus on disenfranchised communities highlights the exploitative practices of CPCs, especially when considering that these centers often offer free services in exchange for participation in abstinence seminars or Bible studies.¹⁶ While comprehensive reproductive health clinics have strict requirements regarding patient confidentiality, quality of medical care, and hygiene and safety practices, CPCs are not held to any regulatory standards and enjoy significantly less government oversight despite often being listed in state-sponsored pregnancy resource lists.¹⁰

Though the primary offering of CPCs is biased, medically inaccurate counseling, some also provide pregnancy tests, STI testing, and ultrasounds. Free ultrasonography is often a particularly strong and problematic enticement, especially since this service can otherwise be financially prohibitive and difficult to access.¹⁷ In offering ultrasounds, CPCs suggest they are legitimate medical facilities; however, the images are frequently non-diagnostic and often obtained by untrained, unlicensed staff.¹⁷ Moreover, the practice can be deliberately or inadvertently misleading or dangerous when clients receive inaccurate gestational age dating or if CPC staff miss a diagnosis such as ectopic pregnancy.¹⁸ Apart from these medicalized services, CPCs offer pregnant patients maternity clothes, diapers, parenting classes, information on adoption, social service referrals, and even housing, frequently in exchange for participation in religion-based seminars.¹⁶ These free services are often cited as the primary reason clients interact with CPCs, which suggests a lack of access to social services and resources via settings that provide high-quality, medically sound care to socioeconomically disadvantaged patients.¹¹ CPCs do not consistently provide transparent information about their services. One study analyzing the content of CPC websites found that 84% of sites stated that abortion information would be available at their respective centers while only 13% provided a disclaimer that the center was not a medical facility.¹⁹

Lack of Patient Awareness About CPCs and Risk of Deception

CPCs engage in deliberately misleading practices to convey legitimacy and credibility, which they are otherwise lacking. From their websites, which emphasize "all options" counseling to the white coats worn by layperson volunteers, CPCs are dangerously lacking in transparency.¹⁸ Notably, CPCs have developed strategies to trick abortion seeking patients into mistaking these centers for comprehensive clinics. These include naming themselves similarly to abortion clinics and using a method called "co-location" which refers to the purposeful opening of CPCs near reproductive health clinics. In several cases, CPCs are within a few blocks or even right across the street from legitimate abortion clinics.¹³ CPCs also concentrate their advertising efforts on groups of women that they feel to be the most "abortion-minded."²⁰ This includes young women, women of color, and women of lower socioeconomic classes targeted with strategically placed billboards near high schools and colleges and advertising on public transportation and bus shelters.²⁰ Care Net has an "Urban

Initiative” which focuses on bringing Black and Latina women to centers by advertising on the Black Entertainment Network (BET) and drawing comparisons between abortion and slavery.²⁰

Evidence is accumulating on how CPCs recruit clients and how those clients feel about the services. While CPCs are more prevalent than abortion clinics, only 60% of respondents among a national, representative sample of reproductive-aged women knew of their existence.^{10,21} Many CPCs appear in internet searches for abortion, which adds to patient confusion regarding what types of services and counseling they will be provided if they present to one of these facilities.²² Websites of CPCs can be difficult to differentiate from those of abortion clinics, and lacking prior awareness of the existence of CPCs and low health literacy are risk factors for misidentification.²¹ While one study found that most women who sought care at a CPC “generally recognized the CPC was antiabortion, ideologically Christian, and not a medical establishment,” the potential for confusion and deception is high.²³ Furthermore, CPCs intentionally use scientific language while making false claims directly contradicted by research and medical guidelines, furthering intentional deception. This includes exaggerating the likelihood of miscarriage in early pregnancy to downplay the urgency in seeking abortion care, and emphasizing non-factual relationships between abortion and infertility, breast cancer and adverse mental health effects.^{14,17,24}

Other evidence both on prevalence of attendance and the client experience is mixed. Studies from Louisiana and Maryland report low prevalence of CPC attendance and that those who sought care at CPCs were looking for a supportive environment for their pregnancy or resources such as free ultrasound, clothes or diapers.^{23,25} In contrast, a representative sample from Ohio reported a relatively high prevalence of CPC ever attendance, more frequent among those who were Black/non-Hispanic and low socioeconomic status.¹⁵ Thus, more research is needed both on how clients choose to attend a CPC and the effects of that care, particularly given concerns that biased counseling may undermine reproductive autonomy.²⁶

Funding and Regulation of CPCs versus Abortion Clinics

CPCs receive funding from a variety of mechanisms, including state and federal funding in addition to private donations. CPCs are written into state budgets of several states with a regulatory environment hostile to abortion.^{27,28} The sale of “Choose Life” license plates supports CPCs or other explicitly anti-abortion organizations in 18 states, 10 of which specifically prohibit any of these funds from aiding organizations that provide abortion, abortion counseling or referrals.²⁹ Several states also fund CPCs through the Temporary Assistance for Needy Families (TANF) program, an annual block grant from the Federal government intended to assist state residents below the poverty line.^{30–32} In this way, CPCs directly steal funding from the intended recipients of TANF, thus decreasing the financial and structural support available for low-income families.

Federal funding for anti-abortion organizations such as CPCs expanded in the early 2000s under the Bush administration via allotments from federal programs supporting abstinence only education and the administration’s Compassion Capital Fund, an initiative designed to support faith- and community-based organizations through capacity building grants.¹ More recently, changes to the Title X family planning program under the Trump administration allowed CPCs to receive funding from this entity for the first time, while limiting participation of organizations that provide induced abortion.³³ Federal grants to several large explicitly anti-abortion organizations, such as the California-based Obria Group, were approved in 2019. While Obria runs licensed clinics and brands itself as a comprehensive healthcare center, the group’s website contains stigmatizing language such as references to “post-abortion trauma symptoms” and promotes non-evidence-based medicine such as abortion reversal.³⁴

Funding awarded under Title X for family planning services has long been unavailable for abortion. Some healthcare organizations that provide abortion, such as Planned Parenthood, receive Title X funding for other services such as contraception and screening for breast cancer, cervical cancer, and sexually transmitted infections while other, non-Title X funding, is used for abortion. The 2019 changes to Title X, which many called the “domestic gag rule,” made existing regulations even more stringent and prohibited Title X providers from providing comprehensive options counseling for pregnancy or making referrals for abortion.³³ More critically, the ban on discussion of and referral for abortion meant clients could not rely on their providers to be an accurate and comprehensive information source. Though reversed as of November 2021, these changes to Title X led to departures of numerous grantees including Planned Parenthood, which

previously served approximately 40% of patients relying on Title X for family planning services, and temporarily left six states with no Title X-funded services.³⁵ This demonstrates the concrete ways in which anti-abortion political sentiments may have a deleterious effect on overall reproductive health access.

Federal funding for abortion provision is also strictly limited. The Hyde Amendment, which has been included in annual Congressional spending bills since 1976, explicitly prohibits use of federal funds to cover abortion services.³⁶ At the patient level, the Hyde Amendment prohibits insurance coverage of abortion for individuals who obtain healthcare coverage through Medicaid, Medicare, the Indian Health Service, the Children's Health Insurance Program (CHIP) or who are employed by the federal government, except in instances of rape, incest and life endangerment.³⁶ Although some states use their own Medicaid funds to cover abortion services or require abortion coverage by private health insurance plans, no form of public insurance can be used to cover abortion in 33 states, and nearly half of states further restrict federal marketplace or private plans from covering abortion.³⁷ Medicaid is the largest obstetric payor in the United States,³⁸ making abortion an important and costly gap in coverage for a large population of reproductive-age individuals. These restrictions disproportionately impact low-income women and women of color, who are more likely to rely on public insurance.

There is also a marked disparity in regulation of abortion clinics and CPCs. In contrast to abortion clinics, which are regulated as licensed medical facilities, CPCs have varying levels of licensure and accreditation. In a landmark decision in 2018, the Supreme Court struck down a California law that required CPCs to post information about available abortion and contraceptive services and required unlicensed CPCs to disclose that they were not licensed medical clinics, claiming that the law violated CPCs' First Amendment rights to free speech.³⁹ This decision greatly limits the ability of states to regulate CPCs and safeguard public health.⁴⁰ Abortion providers, in contrast, are frequently mandated by state laws to provide scripted counseling that contains medically inaccurate information, including claims that abortion is associated with mental health risks, increased risk of breast cancer, and detriments to future fertility.⁴¹

Additional Harms Associated with CPCs

In addition to disinformation and deception regarding abortion, disinformation regarding hormonal contraception, condom use, sexually transmitted diseases and sexuality is widespread among CPCs.^{14,16} Few CPCs provide education about contraception, and fewer still provide FDA-approved contraceptive methods.^{14,16,17} Those that do provide information focus primarily on potential harms of contraception while downplaying the effectiveness of prescription methods.¹⁴ Unfortunately, CPCs do not limit the spread of harmful misinformation to their websites and clinics. Several CPCs have arrangements in their local communities to provide off-site "sexual education" programs, which primarily consist of abstinence-only messaging, gender essentialism, and anti-LGBTQ philosophies.⁴² Because they are not medical facilities, CPCs are not subject to the Health Insurance Portability and Accountability Act and many are collecting private client data, which could be used for a range of purposes, from evangelizing to informing anti-abortion lawsuits for bounty in Texas.¹⁷

In addition to the purposefully deceptive nature and explicit anti-abortion objectives of CPCs, engagement with CPCs may also lead to direct harms for both pregnant and non-pregnant women. Individuals seeking pregnancy confirmation at CPCs not only experience delays in accessing abortion care when desired,^{23,43} but in the case of desired pregnancies, may also experience delayed entry into prenatal care or delayed recognition of pregnancy complications or medical conditions as a result of visiting a non-licensed clinic.^{23,43} A recent survey study conducted with 607 CPCs in 9 states found that only 5% directly offered prenatal care, while only 40% provided referrals for prenatal care.¹⁷ The same study found that only 26% and 16% of CPCs have a registered nurse or physician on staff, respectively, which underscores that individuals attending CPCs are not receiving medical care, and potentially dangerous diagnoses such as ectopic pregnancy may be missed. Thus, rather than helping refer to early prenatal care, which is associated with improved maternal and neonatal outcomes, or providing tangible resources such as assisting individuals to obtain pregnancy Medicaid benefits as applicable, CPCs distract and divert pregnant women from the legitimate medical system to promote their own ideologic ends.^{44,45}

For patients who are considering pregnancy termination, CPCs not only misrepresent the health-risks of abortion but also may intentionally lie to their clients by reporting incorrect gestational ages of their pregnancies.⁴⁶ At best, this tactic

forces an increase in second-trimester abortions, which are harder to obtain, more expensive, and less safe than abortions in the first trimester.⁴⁷ At worst, it prevents patients from accessing abortion altogether, a situation that will become more common as abortion becomes more difficult to access, thus robbing them of their reproductive autonomy.

Directions for Future Research

While scholarship on CPCs is beginning to increase, there are still several gaps in knowledge regarding the impact of these centers on reproductive justice and public health overall. With access to abortion likely to become much more limited throughout the US, diverse investigation of the harms of CPCs remaining the only alternative for people experiencing unplanned pregnancy is essential. General trends, such as delays in prenatal and abortion care, are evident; however, further quantification of these interruptions in care as well as elaboration on their effects is still ongoing and much needed. There is also limited information regarding how patient interactions with CPCs impact pregnancy-related decision-making and sexual health behaviors. Equally important to increasing investigation of the influence of CPCs is developing a deeper understanding of how misinformation about miscarriage, anti-LGBTQ+ bias, and new strategies to digitally recruit and store data about clients may cause harm.¹⁷ A research agenda with a broad focus also requires voices outside academics, such as the leadership of feminist activists working to decrease public funding of CPCs and increase oversight.⁴⁸ Research insights into what makes a website trustworthy or approachable should also be leveraged by legitimate reproductive health clinics.

Conclusion

CPCs are a unique and disconcerting hybrid of anti-choice activism, religious propagandism, and pseudo-medical practice. Their modes of operation are fundamentally unethical and undermine the respect to human life that they claim to protect. Currently, the government faces significant barriers to implementing regulation of CPCs. The overall protected status of CPCs exists in stark contrast to that of abortion clinics. As states across the country threaten to severely restrict, and in some cases eliminate, access to abortion, efforts to limit the influence of CPCs will become increasingly vital. Initiatives to promote transparency and protect people seeking unbiased medical care from deception by CPCs will require creative solutions. On a grassroots level, healthcare providers and pro-choice organizations need to remain knowledgeable about CPC operations within their communities and serve as reliable sources of information for patients. Structurally, in addition to pushing for greater oversight of these organizations, Americans should demand increased accountability from search engines and social media outlets regarding advertising of CPCs and the medical accuracy of their online content. There also needs to be widespread social and political support of public health policies that create legitimate, safe access to medical and financial resources that are currently offered under threat of coercion by CPCs. While reproductive rights advocates continue to demand responsible, appropriate action from local and national governing bodies, increasing patient awareness and education about these centers will hopefully protect anyone capable of pregnancy from erosion of their reproductive freedoms by CPCs.

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Disclosure

Dr Jonas J Swartz reports personal fees for being a Nexplanon trainer from Organon, outside the submitted work. The author reports no other conflicts of interest in this work.

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EXHIBIT E

PERSPECTIVE

Crisis Pregnancy Centers: Faith Centers Operating in Bad Faith

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On June 26, 2018, the Supreme Court of the United States issued its long-awaited ruling on a California law that required licensed crisis pregnancy centers (CPCs) to post information about affordable abortion and contraception services offered by the state. The California law also required unlicensed CPCs to disclose that they were not licensed medical clinics.¹ In a 5–4 vote, the Supreme Court ruled that both provisions of the law violated the clinics' free speech rights under the First Amendment.² Antiabortion advocates celebrated the decision, as CPCs are designed to intercept women with unintended or “crisis” pregnancies and dissuade them from undergoing abortion,³ and California's law interfered with this mission.

The moral and legal aspects of abortion have always been hotly contested, and both sides of the ideological divide are entitled to promote their perspective. Crisis pregnancy centers, also known as “pregnancy resource centers” or “pregnancy support centers,” are organizations that provide pregnancy-related counseling and support from an antiabortion perspective. While CPCs have a right to exist and can provide valued emotional, spiritual, and material (e.g., diapers and formula) support for some women,⁴ they often engage in practices that are dubious at best and unethical at worst.⁵

Most CPCs are affiliated with evangelical Christian networks and national antiabortion organizations. Rather than being transparent about their ideological position, however, they typically advertise their services (most famously on highway billboards) using language and images that present themselves as unbiased, comprehensive health centers.^{5, 6} Some have their staff wear white coats, although they typically have no medical training. A growing number of centers have obtained licenses to conduct (medically unnecessary) ultrasounds, presumably for the purpose of using fetal images to dissuade women from abortion.⁵ Further, CPCs often employ

sophisticated strategies to draw in women who are seeking abortion services, including locating themselves near abortion clinics and using Internet search optimization techniques to elevate their visibility when people search for abortion services.⁷ Women may present to these centers only to find that they neither provide abortion nor refer to abortion providers.

Once a woman has entered a CPC, rather than using solely moral arguments to dissuade her from abortion, staffers use scientific language to advance their mission. Secret shopper studies of CPCs' practices and reviews of their public-facing websites demonstrate that they commonly draw links between abortion and adverse mental health sequelae, breast cancer, and future infertility,^{8–11} (all of which have been discredited by research), with the goal of diverting women with undesired pregnancies from abortion toward adoption or parenting. In one study evaluating CPC practices in Ohio, staff at some centers greatly overstated the risk of miscarriage, suggesting that abortion may therefore be unnecessary or even explicitly recommending to delay abortion given the high likelihood of spontaneous pregnancy loss.⁹

In clouding transparency about the provision of abortion services at their site, withholding information about abortion referral, and providing inaccurate information about the frequency of miscarriage and the safety of abortion, CPCs can obstruct access to timely abortion. Because abortions are medically safer and more accessible within the first trimester, delays in seeking abortion may have significant consequences. Moreover, as CPCs disproportionately attract low-income women and women of color because they advertise free pregnancy-related services,⁶ they can exacerbate observed socioeconomic and racial/ethnic disparities in the ability to access abortion in a safe and timely manner.¹²

Because most CPCs do not charge for services and are not licensed medical practices, they can slip through the cracks of many states' consumer protection statutes and regulations that govern the practice of medicine. While they may not be operating in violation of the law, numerous lawmakers, women's health advocacy organizations, and scholars have decried them as being unethical given their engagement in deceptive practices targeting women at a vulnerable time to propel a particular ideology. Moreover, given their commonplace practice of disseminating inaccurate medical information to women seeking out reproductive health services, CPCs can inappropriately influence women's reproductive health decisions and impact subsequent health outcomes, leading some to

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argue that they pose a public health hazard,^{3, 13} though scholarly research on the public health impact of CPCs is limited.

CPCs have been around since the late 1960s, primarily in states that permitted abortion, but their numbers grew significantly during the 1980s and 1990s after the national legalization of abortion. According to the National Abortion Rights Action League (NARAL), an advocacy organization committed to ensuring abortion access, there are an estimated 2500 CPCs in the US, compared to only 800 abortion clinics. In some states, CPCs outnumber abortion providers by ratios as high as 15:1.¹⁴ Numerous states fund CPCs either directly or indirectly through the sale of “Choose Life” license plates.¹⁵ For example, in Pennsylvania, taxpayer money directly funds CPCs via legislation that creates grants for “nonprofit agencies whose primary function is to assist pregnant women seeking alternatives to abortion.”¹⁶ Through this mechanism, the Pennsylvania Department of Human Services gave over \$30 million in grant money to Real Alternatives, a funding conduit for CPCs, from 2012 to 2017. Pennsylvania was also the first of a handful of states to use federal Temporary Assistance for Needy Families (TANF) dollars, which are intended to provide safety-net monies for low-income families, to fund CPCs. Many CPCs throughout the country also receive state and federal funds to promote and conduct abstinence-only sexual education in public schools.

The rise in number of CPCs has coincided with a decrease in abortion clinic numbers primarily due to targeted laws, informed more by ideology than science, designed to shut down abortion clinics or heavily curb their scope of practice.¹³ Numerous states have also mandated scripted counseling by abortion providers that contains unscientific claims about abortion risks.¹⁵ Thus, women seeking abortion are at risk of being caught between CPCs that choose to provide misleading information and abortion providers who are mandated to do so, curtailing women’s ability to make well-informed decisions about their reproductive health.

In the midst of abortion politics and warring ideologies, our mandate as health care professionals is to ensure that patients’ interests are at the center of health service delivery and policy and protect their ability to make informed, autonomous health decisions. For some women, especially those who have chosen to parent and/or who share a similar ideological position, CPCs can provide a meaningful support system. Being transparent about their antiabortion commitment, lack of medically trained staff (if applicable), and the limitations of the services they provide are critical first steps that would allow CPCs to operate more ethically. Until they do that, we as primary care providers must help our patients navigate a fraught abortion service climate. For those of us who are uncomfortable or unable to provide pregnancy options counseling and refer women elsewhere, we need to be aware of the prevalence and practices of these centers and educate our patients about where they can get unbiased comprehensive counseling and services. As physician-advocates, we can pressure our federal officials and state representatives to withhold funding from

CPCs until they can assure transparent advertising and refrain from providing scientifically invalid information. As physician-researchers, we can investigate more rigorously the impact of CPCs on women’s reproductive decision-making and outcomes. More broadly, we need to be aware of the intrusion on medical practice that CPCs and the Supreme Court ruling create and fight to ensure that informed medical decision making is protected at every opportunity.

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Compliance with ethical standards:

Conflict of interest: The authors declare no conflicts of interest.

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EXHIBIT F



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February 7, 2023

Mr. Jeremy Stoppelman, CEO
Yelp, Inc.
140 New Montgomery Street, 9th Floor
San Francisco, CA 94105

Re: Yelp Must Not Discriminate Against Crisis Pregnancy Centers

Dear Mr. Stoppelman:

Last year, some Democrats in Congress pressured the CEO of Alphabet¹ to discriminate against pro-life crisis pregnancy centers in Google search results, in online advertising, and in other products, such as Google Maps.² Attorneys General from 17 states responded, making clear that if Google failed to resist such pressure they would “act swiftly to protect American consumers from this dangerous axis of corporate and government power.”³ Yelp appears to be trending down this same path.

Late last year, Yelp announced that it would do what Google had been pressured to do: engage in discrimination against crisis pregnancy centers.⁴ Specifically, Yelp

¹ Alphabet Inc., is the parent company of Google.

² Letter from U.S. Senator Mark Warner et al. to Sundar Pichai, CEO of Alphabet Inc. (June 17, 2022), *available at* <https://bit.ly/3RMi28f>.

³ Letter from Attorney General Jason S. Miyares and Attorney General Daniel Cameron, et al. to Sundar Pichai, CEO of Alphabet Inc. (July 21, 2022), <https://ag.ky.gov/Press%20Release%20Attachments/State%20Attorneys%20General%20Letter%20to%20Google%20July%2021,%202022.pdf>.

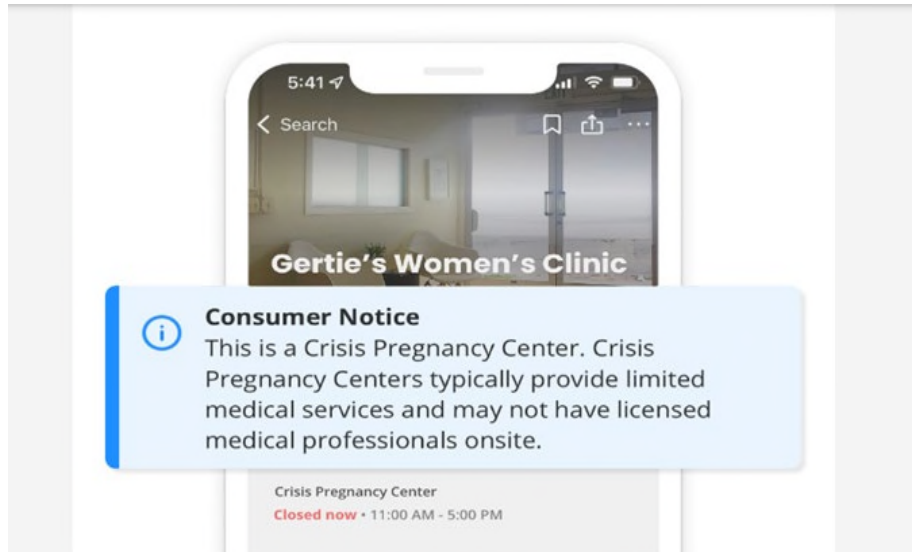
⁴ Noorie Malik, *Providing Consumers with Reliable Information about Reproductive Health Services*, YELP BLOG (Aug. 23, 2022), <https://blog.yelp.com/news/providing-consumers-with-reliable-information-about-reproductive-health-services/>. The announcement’s first sentence—which begins, “Following the Supreme Court decision to overturn *Roe v. Wade* and *Planned Parenthood v. Casey*”—suggests political motivations, rather than consumer concerns, drove Yelp’s decision.

Mr. Jeremy Stoppelman

February 7, 2023

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declared that it would begin issuing so-called “Consumer Notices” for the business pages of crisis pregnancy centers.⁵ Yelp contends that these notices will “inform[] consumers that [crisis pregnancy centers] typically provide limited medical services and may not have licensed medical professionals onsite.”⁶ Below is an example of the Consumer Notice:



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The announcement goes on to say that Yelp will “reategoriz[e] business pages to distinguish crisis pregnancy centers from other reproductive healthcare providers on Yelp.”⁸

Together, these benignly labeled “reategorizations” and “Consumer Notices” constitute a scheme to discredit crisis pregnancy centers and to discourage women and families from accessing their services. For the following reasons, Yelp should rescind its August announcement immediately and stop discriminating against crisis pregnancy centers:

- The information in Yelp’s Consumer Notice is misleading;
- Yelp seemingly has failed to issue Consumer Notices for abortion facilities operated by Planned Parenthood and related organizations, which typically provide limited medical services and may not have licensed medical professionals onsite; and

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Id.* (noting that Yelp has engaged in such reategorizations since 2018) (cleaned up).

Mr. Jeremy Stoppelman

February 7, 2023

Page 3

- Recategorizing crisis pregnancy centers diverts women and families from services that they need and that crisis pregnancy centers provide.

First, Yelp’s Consumer Notice is misleading because it is overbroad. The notice flags *every* crisis pregnancy center as “typically provid[ing] limited medical services,” regardless of the kind of medical services a center actually offers. Likewise, the notice flags *every* crisis pregnancy center as one that “may not have licensed medical professionals onsite,” regardless of whether the center actually has licensed medical professionals onsite.

Dozens of crisis pregnancy centers operate in Kentucky.⁹ New Hope Pregnancy Center,¹⁰ Haven Care Center,¹¹ First Choice Clinic,¹² and Alpha Pregnancy Care Center are but four examples.¹³ Yelp has issued a Consumer Notice for each of these centers.¹⁴ Yet all four centers offer free pregnancy tests and free ultrasounds. New Hope Pregnancy Center offers “lab-quality” pregnancy tests that are 99.9% accurate.¹⁵ First Choice Clinic offers testing for sexually transmitted infections (STIs).¹⁶ Haven Care Center lists two registered nurses, one advanced practice registered nurse, and one physician assistant as members of its team.¹⁷ And at Alpha Pregnancy Care Center, they “guarantee a licensed medical professional conducts all of [their] services.”¹⁸ Clearly, these centers should not be flagged for “provid[ing] limited medical services” or for not “hav[ing] licensed medical professionals onsite.”

The staffing and services provided by these four centers are representative of the staffing and services provided by crisis pregnancy centers nationwide. In 2019, the Charlotte Lozier Institute surveyed 2,700 crisis pregnancy centers across America. The survey revealed that 80% of locations offered free ultrasounds, 810 locations

⁹ *Kentucky – KY Pregnancy Resource Centers, Help in Your Area* (2022), <https://helpinyourarea.com/kentucky/>.

¹⁰ NEW HOPE PREGNANCY CENTER (2022), <https://newhopecenter.com>.

¹¹ HAVEN CARE CENTER (2022), <https://havencarecenter.org/>.

¹² FIRST CHOICE CLINIC (2022), <https://www.fccofsomerset.org/>.

¹³ ALPHA (2022), <https://alphapcc.org/>.

¹⁴ *New Hope Center*, YELP, <https://www.yelp.com/biz/new-hope-center-falmouth?osq=New+Hope+Pregnancy+Center> (last visited Oct. 17, 2022); *Haven Care Center*, YELP, <https://www.yelp.com/biz/haven-care-center-danville?osq=Haven+Care+Center> (last visited Oct. 17, 2022); *First Choice Clinic of Somerset*, YELP, <https://www.yelp.com/biz/first-choice-clinic-of-somerset-somerset?osq=First+Choice+Clinic> (last visited Oct. 27, 2022); *Alpha Pregnancy Care Center*, YELP, <https://www.yelp.com/biz/alpha-pregnancy-care-center-hopkinsville?osq=Alpha> (last visited Oct. 27, 2022).

¹⁵ *Pregnancy Tests*, NEW HOPE PREGNANCY CENTER (2022), <https://newhopecenter.com/services/pregnancy-tests/>.

¹⁶ *Services*, FIRST CHOICE CLINIC, <https://www.fccofsomerset.org/services>.

¹⁷ *About*, HAVEN CARE CENTER (2022), <https://havencarecenter.org/about/>.

¹⁸ *Pregnancy Testing*, ALPHA (2022), <https://alphapcc.org/services/pregnancy-testing/>.

Mr. Jeremy Stoppelman

February 7, 2023

Page 4

offered testing for sexually transmitted diseases (STDs), and, collectively, the centers employed 10,215 licensed medical professionals.¹⁹ The survey also found that in 2019 these crisis pregnancy centers served nearly two million people, providing services and material assistance worth over \$266 million.²⁰ Flagging such centers for “provid[ing] limited medical services” or for not “hav[ing] licensed medical professionals onsite” is misleading.

Second, Yelp discriminates against crisis pregnancy centers when Yelp issues a Consumer Notice for their business pages but refuses to issue notices for the pages of Planned Parenthood and related facilities. Recent statistics indicate that 46% of abortions occur via surgery and 54% are drug-induced.²¹ Yet, many abortion facilities do not operate onsite emergency rooms to handle surgery-related complications.²² And we are aware of no data showing that all abortion facilities are consistently staffed with the clinicians who prescribe and dispense abortion-inducing drugs.²³ In fact, reports indicate that some abortion sites rely on out-of-state physicians who fly in from “1,800 miles away.”²⁴ Consequently, to the extent that any business should be flagged for “provid[ing] limited medical services” or for not “hav[ing] licensed medical professionals onsite,” it should be Planned Parenthood and other abortion facilities. The fact that Yelp has apparently applied the Consumer Notice only to crisis pregnancy centers means that Yelp has singled out crisis pregnancy centers for disparate treatment.²⁵ This sort of discrimination is unacceptable.

Third, recategorizing crisis pregnancy centers in a way that diverts women and families from such centers is misguided. Crisis pregnancy centers provide medical services that are needed, and, in many instances, crisis pregnancy centers are better

¹⁹ Moira Gaul, *Fact Sheet: Pregnancy Centers – Serving Women and Saving Lives (2020 Study)*, Charlotte Lozier Institute (July 19, 2021), <https://lozierinstitute.org/fact-sheet-pregnancy-centers-serving-women-and-saving-lives-2020/>. The 10,215 licensed medical professionals accounted for 25% of all paid staff and 12% of all volunteers.

²⁰ *Id.*

²¹ Brittany Shammass et al., *The most common abortion procedures and when they occur*, THE WASHINGTON POST (last updated June 24, 2022), <https://www.washingtonpost.com/health/2022/06/21/abortion-procedures/>.

²² This is why over twenty states require abortion facilities and providers to maintain a relationship with a hospital. See *Targeted Regulation of Abortion Providers*, GUTTMACHER INSTITUTE (last updated Sept. 1, 2022), <https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>.

²³ See *id.* (observing that just 19 states require the clinician providing the abortion-inducing drug to be physically present when the medication is administered).

²⁴ Sharon Bernstein & Gabriella Borter, *In post-Roe U.S., abortion providers seek licenses across state lines*, REUTERS (June 25, 2022), <https://www.reuters.com/world/us/post-roe-us-abortion-providers-seek-licenses-across-state-lines-2022-06-25/> (noting that one physician plans to fly 1,800 miles from California to Kansas to staff an abortion facility).

²⁵ As noted previously, many crisis pregnancy centers *do* provide considerable medical services and *do* have licensed medical professionals onsite.

Mr. Jeremy Stoppelman

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positioned than any other facility to deliver those services.²⁶ In 2021, there were over 3,600,000 births in the United States.²⁷ That same year, sexually transmitted infections (STIs) hit a record high.²⁸ And as of November 1, 2022, at least ten states required the performance of an ultrasound before an abortion.²⁹ In sum, the ultrasounds, STI/STD testing, and pregnancy tests offered at crisis pregnancy centers are in great demand. Yelp should not discourage access to those services because it seemingly disapproves of the provider.

For these reasons, we, the 24 undersigned Attorneys General, demand that Yelp rescind its August announcement immediately and stop discriminating against crisis pregnancy centers.

Sincerely,



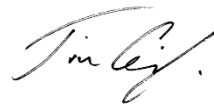
DANIEL CAMERON
Attorney General of Kentucky



STEVE MARSHALL
Attorney General of Alabama



TREG TAYLOR
Attorney General of Alaska



TIM GRIFFIN
Attorney General of Arkansas



ASHLEY MOODY
Attorney General of Florida



CHRIS M. CARR
Attorney General of Georgia

²⁶ *Women Have Real Choices*, CHARLOTTE LOZIER INSTITUTE (2022), <https://lozierinstitute.org/realchoices/#quick-facts> (indicating there are over four times as many pro-life pregnancy centers as Planned Parenthood facilities).

²⁷ Brady E. Hamilton et al., *Births: Provisional Data for 2021*, VITAL STATISTICS RAPID RELEASE REP. NO. 20 (May 2022), available at <https://www.cdc.gov/nchs/data/vsrr/vsrr020.pdf>.

²⁸ Alice Miranda Ollstein, *New CDC data: STD rates shot up in 2021*, POLITICO (Sept. 15, 2022), <https://www.politico.com/news/2022/09/15/cdc-data-std-rates-2021-00056811>. Though there are slight differences between STDs and STIs, the terms are often used interchangeably, which is the case here.

²⁹ *Requirements for Ultrasound*, GUTTMACHER INSTITUTE (last updated Sept. 1, 2022), <https://www.guttmacher.org/state-policy/explore/requirements-ultrasound>.

Mr. Jeremy Stoppelman

February 7, 2023


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Attorney General of Idaho



TODD ROKITA
Attorney General of Indiana



BRENNA BIRD
Attorney General of Iowa



KRIS W. KOBACH
Attorney General of Kansas



JEFF LANDRY
Attorney General of Louisiana



LYNN FITCH
Attorney General of Mississippi



ANDREW BAILEY
Attorney General of Missouri



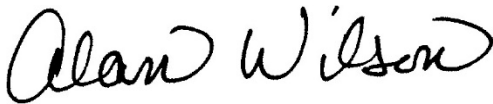
AUSTIN KNUDSEN
Attorney General of Montana



MIKE HILGERS
Attorney General of Nebraska



DREW H. WRIGLEY
Attorney General of North Dakota



ALAN WILSON
Attorney General of South Carolina



MARTY JACKLEY
Attorney General of South Dakota



JONATHAN SKRMETTI
Attorney General of Tennessee

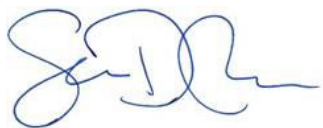


KEN PAXTON
Attorney General of Texas

Mr. Jeremy Stoppelman

February 7, 2023

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SEAN D. REYES
Attorney General of Utah



JASON S. MIYARES
Attorney General of Virginia



PATRICK MORRISEY
Attorney General of West Virginia



BRIDGET HILL
Attorney General of Wyoming

EXHIBIT G



February 8, 2023

Via FedEx and Email

Daniel Cameron
Attorney General
Commonwealth of Kentucky
Capital Building, Suite 118
Frankfort, Kentucky 40601

(Additional Recipients Below)

Dear Mr. Cameron et al.,

Yelp writes in response to your February 7, 2023 letter and to clear up any misconceptions you may have when it comes to Yelp providing relevant and reliable information to consumers who search for reproductive health or pregnancy-related services on its platform. In short, Yelp's mission focuses on connecting members of the public with the businesses that they seek to find, and Yelp's categorization of businesses, including Crisis Pregnancy Centers, and associated notification, reflect that mission.

Yelp's recategorization and notification relating to Crisis Pregnancy Centers arose from some Centers' reported attempts to mislead consumers about the services that they offer, and to avoid potential deception on the part of certain providers, not from any supposed Congressional pressure. Specifically, Yelp learned several years ago that some Crisis Pregnancy Centers were misleading consumers seeking abortion care; for example, by gaming keywords on other platforms to appear first in results for user-initiated searches like "Where can I get an abortion?", diverting those users seeking abortion services away from the facilities that actually offered abortion services.¹

According to leading research, most of those efforts to mislead the public began well before the Supreme Court's recent decision to overturn *Roe v. Wade* and *Planned Parenthood v. Casey*. For example, a 2014 study found that, out of a sample of 253 websites referring to Crisis Pregnancy Centers, 208 (80%) of the websites provided at least one false or misleading piece of

¹ "How Google Maps Leads Women Seeking Abortions Astray," *Gizmodo Media Group* (February 12, 2018), available at <https://gizmodo.com/how-google-maps-leads-women-seeking-abortions-astray-1822882758>; "UGA researcher launches web-based directory to improve crisis pregnancy center transparency," *University of Georgia College of Public Health* (September 10, 2018), available at <https://publichealth.uga.edu/uga-launches-web-based-directory-to-improve-crisis-pregnancy-center-transparency/>.

information.² Similarly, a 2018 study undertaken by researchers at the University of Georgia and Emory University found that 58% of the Georgia pregnancy resource center websites did not provide notice to website visitors that the centers do not provide abortions or refer patients to facilities that offer abortions.³

Since 2018, thousands of Yelp business pages have been evaluated and where appropriate businesses have been categorized as Crisis Pregnancy Centers, which applies to businesses that offer pregnancy-related services but not abortion services or referrals to abortion providers.⁴ Yelp's Crisis Pregnancy Center notification, which it implemented in August 2022, is another way Yelp helps connect members of the public with the actual healthcare services that they seek: while some people come to Yelp to find businesses that offer pregnancy resources, there are others who turn to Yelp to find reliable information about abortion providers.⁵

Together, the categorization and notification relating to Crisis Pregnancy Centers appropriately inform people looking for information they can trust when they search for healthcare and pregnancy-related services on Yelp. The data that you cite in your letter from the Charlotte Lozier Institute⁶ underscores this point. Its 2019 survey of 2,700 Crisis Pregnancy Centers shows that fully 75% of their paid staff and 88% of their volunteers are not licensed medical professionals. None of the surveyed Crisis Pregnancy Centers offer abortions or referrals to abortion providers, and neither do any of the Kentucky-specific examples that you identify in your letter. Accordingly, the notification that "businesses in those categories typically provide

² Bryant AG, Narasimhan S, Bryant-Comstock K, Levi EE. "Crisis pregnancy center websites: Information, misinformation and disinformation," *Contraception* (December 2014), available at <https://pubmed.ncbi.nlm.nih.gov/25091391/>.

³ Swartzendruber A, Newton-Levinson A, Feuchs AE, Phillips AL, Hickey J, Steiner RJ. "Sexual and Reproductive Health Services and Related Health Information on Pregnancy Resource Center Websites: A Statewide Content Analysis," *Women's Health Issues* (Jan-Feb 2018), available at <https://pubmed.ncbi.nlm.nih.gov/29158038/>.

⁴ "Yelp Fixed Its Anti-Choice Clinic Problem. Why Can't Google Do the Same?" *Rewire News Group* (October 1, 2019), available at <https://rewirenewsgroup.com/2019/10/01/yelp-fixed-its-anti-choice-clinic-problem-why-cant-google-do-the-same/>.

⁵ Your letter mistakenly suggests that Yelp merely "announced" the notification "late last year." To be clear, they have been a feature of the Yelp platform for nearly six months as of the date of this letter.

⁶ The Charlotte Lozier Institute describes itself as "advis[ing] and lead[ing] the pro-life movement with groundbreaking scientific, statistical, and medical research." <https://lozierinstitute.org/about/>.

limited medical services and may not have licensed medical professionals onsite” is accurate and not misleading.

By the same token, Yelp users who initiate searches on the platform for pregnancy resources or services, or even specifically for Crisis Pregnancy Centers, have no difficulty reaching pages for Crisis Pregnancy Centers, thanks in part to the specific category that exists for those businesses. Yelp has taken no action to remove Crisis Pregnancy Center business pages from Yelp, and consumers have the ability to provide reviews, ratings and other contributions to the Centers’ business pages, just as they would other businesses listed on Yelp. Any claim that Yelp users interested in Crisis Pregnancy Centers are being “diverted” from those businesses due to Yelp’s recategorization efforts or “discriminated against” due to the notification is not credible.

Nevertheless, Yelp has seriously considered your concerns, and while Yelp maintains that its notification is not misleading, in a good faith effort to address your concerns, Yelp is taking this opportunity to update its notification. As shown below and effective today, the notice states that “Crisis Pregnancy Centers do not offer abortions or referrals to abortion providers.”:



Consumer Notice

This is a Crisis Pregnancy Center. Crisis Pregnancy Centers do not offer abortions or referrals to abortion providers.

We trust that the information contained in this letter clears up any misconceptions that you may have had about users’ ability to find information about reproductive health or pregnancy-related services on Yelp based on searches that they initiate, and that the update to the description of Crisis Pregnancy Centers resolves your concerns.

Sincerely,

Aaron Schur
General Counsel
Yelp Inc.
350 Mission Street, 10th Floor
San Francisco, CA 94105

cc: Jeremy Stoppelman

Additional Recipients

Steve Marshall
Attorney General of Alabama

Treg Taylor
Attorney General of Alaska

Tim Griffin
Attorney General of Arkansas

Ashley Moody
Attorney General of Florida

Chris M. Carr
Attorney General of Georgia

Raul R. Labrador
Attorney General of Idaho

Todd Rokita
Attorney General of Indiana

Brenna Bird
Attorney General of Iowa

Kris W. Kobach
Attorney General of Kansas

Jeff Landry
Attorney General of Louisiana

Lynn Fitch
Attorney General of
Mississippi

Andrew Bailey
Attorney General of Missouri

Austin Knudsen
Attorney General of Montana

Mike Hilgers
Attorney General of Nebraska

Drew H. Wrigley
Attorney General of North Dakota

Alan Wilson
Attorney General of South
Carolina

Marty Jackley
Attorney General of South
Dakota

Jonathan Skrmetti
Attorney General of Tennessee

Ken Paxton
Attorney General of Texas

Sean D. Reyes
Attorney General of Utah

Jason S. Miyares
Attorney General of Virginia

Patrick Morrisey
Attorney General of West
Virginia

Bridget Hill
Attorney General of Wyoming

EXHIBIT H



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

September 22, 2023

National Registered Agents, Inc.
1999 Bryan Street, Suite 900
Dallas, Texas 75201

Via CMRRR: 7019 1120 0000 5730 8231

RE: Notice of Intent to File Suit against Yelp, Inc.

Dear National Registered Agents, Inc. Representative:

Pursuant to section 17.47(a) of the Texas Business and Commerce Code, the Consumer Protection Division of the Office of the Attorney General of Texas provides notice to Yelp, Inc. (herein "Yelp") that our office believes that Yelp's business practices have violated the Texas Deceptive Trade Practices – Consumer Protection Act, sections 17.41 - 17.63 (hereinafter "DTPA"), by engaging in false, misleading, or deceptive acts and practices related to Yelp's "consumer notices" on the Yelp business pages of pregnancy resource centers, misleadingly stating that these centers "typically provide limited medical services and may not have licensed medical professionals onsite."

Under sections 17.46(a) and 17.46(b) of the Texas Business and Commerce Code, it is unlawful to use false, misleading, or deceptive acts or practices in the conduct of any trade or commerce including: (a) causing confusion or misunderstanding as to the source sponsorship, approval, or certification of goods or services; (b) causing confusion or misunderstanding as to affiliation connection, or association with, or certification by, another; (c) disparaging the goods, services, or business of another by providing a false or misleading representation of facts; and (d) failing to disclose information concerning goods or services which was known at the time of the transaction if such failure to disclose such information was intended to induce the consumer into a transaction into which the consumer would not have entered had the information been disclosed. A violation of these sections is a violation of the DTPA. The Consumer Protection Division of the Office of the Attorney General of Texas has investigated Yelp's business practices and provides notice to you that we have concluded that Yelp has violated the DTPA.

The Office of the Attorney General of Texas is authorized to seek the following for DTPA violations: civil penalties of up to \$10,000.00 per violation, an injunction to enjoin the deceptive trade practices, attorneys' fees, court costs, and restitution of all money unlawfully taken from consumers. The above-referenced statute authorizes the Office of the Attorney General of Texas to file suit after seven days from the date on which you are contacted and informed of the alleged unlawful conduct.

Please contact me if you have any questions or would like to discuss this matter.

Sincerely,

Scott Froman
Assistant Attorney General
Consumer Protection Division
(512) 463-1264 (telephone)
(512) 473-8301 (facsimile)

1 THOMAS R. BURKE (CA Bar No. 141930)
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11

12 Attorneys for Plaintiff
YELP INC.
13

14
15 IN THE UNITED STATES DISTRICT COURT
16 THE NORTHERN DISTRICT OF CALIFORNIA
17 SAN FRANCISCO DIVISION

18 YELP INC.,

19 Plaintiff,

20 v.

21 KEN PAXTON, ATTORNEY GENERAL
OF THE STATE OF TEXAS,
22 in his official capacity,

23 Defendant.
24

Case No. 3:23-cv-04977-TLT

**DECLARATION OF ADAM S. SIEFF IN
SUPPORT OF YELP INC.'S MOTION
FOR PRELIMINARY INJUNCTION**

Date: November 7, 2023

Time: 9:00 AM

Dept.: Courtroom 9

Action Filed: September 27, 2023

25
26
27
28

1 I, Adam S. Sieff, declare:

2 1. I am an attorney at the law firm of Davis Wright Tremaine LLP, counsel for
3 Plaintiff Yelp Inc. I am admitted to practice before all the courts of the State of California and
4 before this Court. I make this Declaration from personal knowledge and review of the files and
5 records in this matter.

6 2. Attached as **Exhibit 1** to this Declaration is a true and correct copy of a February
7 12, 2018 Gizmodo article, *How Google Maps Leads Women Seeking Abortions Astray*, which my
8 office obtained by visiting [https://gizmodo.com/how-google-maps-leads-women-seeking-](https://gizmodo.com/how-google-maps-leads-women-seeking-abortions-astray-1822882758)
9 [abortions-astray-1822882758](https://gizmodo.com/how-google-maps-leads-women-seeking-abortions-astray-1822882758) on October 2, 2023.

10 3. Attached as **Exhibit 2** to this Declaration is a true and correct copy of a 2014
11 journal article by Amy G. Bryant et al. published in *Contraception, Crisis pregnancy center*
12 *websites: Information, misinformation, and disinformation*.

13 4. Attached as **Exhibit 3** to this Declaration is a true and correct copy of a 2018
14 journal article by Andrea Swartzendruber et al. published in *Women's Health Issues, Sexual and*
15 *Reproductive Health Services and Related Health Information on Pregnancy Resource Center*
16 *Websites: A Statewide Content Analysis*.

17 5. Attached as **Exhibit 4** to this Declaration is a true and correct copy of a 2018
18 journal article by Sonya Borrero et al. published in the *Journal of General Internal Medicine, Crisis*
19 *Pregnancy Centers: Faith Centers Operating in Bad Faith*.

20 6. Attached as **Exhibit 5** to this Declaration is a true and correct copy of a March 2018
21 journal article by Amy G. Bryant et al. published in the *AMA Journal of Ethics, Why Crisis*
22 *Pregnancy Centers Are Legal but Unethical*, which my office obtained by visiting <pfor1-1803.pdf>
23 [pfor1-1803.pdf](https://ama-assn.org) on September 29, 2023.

24 7. Attached as **Exhibit 6** to this Declaration is a true and correct copy of a 2019 journal
25 article by Abigail English et al. published in the *Journal of Adolescent Health, Crisis Pregnancy*
26 *Centers in the U.S.: Lack of Adherence to Medical and Ethical Practice Standards*.

27 8. Attached as **Exhibit 7** to this Declaration is a true and correct copy of a 2022 journal
28 article by Melissa N. Montoya et al. published in the *International Journal of Women's Health*,

1 *The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New*
2 *Directions for Future Research*, which my office obtained by visiting
3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9189146/> on September 29, 2023.

4 9. Attached as **Exhibit 8** to this Declaration is a true and correct copy of a 2021 report
5 published by The Alliance: State Advocates for Women’s Rights & Gender Equality, *Designed to*
6 *Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States*, which my office obtained
7 by visiting [https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance-CPC-Study-](https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance-CPC-Study-Designed-to-Deceive.pdf)
8 [Designed-to-Deceive.pdf](https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance-CPC-Study-Designed-to-Deceive.pdf) on September 29, 2023.

9 10. Attached as **Exhibit 9** to this Declaration is a true and correct copy of a 2020 article
10 by Carly Polcyn et al. published in Women’s Health Reports, *Truth and Transparency in Crisis*
11 *Pregnancy Centers*, which my office obtained by visiting
12 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7784822/> on September 29, 2023.

13 11. Attached as **Exhibit 10** to this Declaration is a true and correct copy of a February
14 14, 2023, press release from the Office of the Attorney General of Texas, Paxton Condemns Yelp
15 for Discriminating Against Crisis Pregnancy Centers, which my office obtained by visiting
16 [https://www.texasattorneygeneral.gov/news/releases/paxton-condemns-yelp-discriminating-](https://www.texasattorneygeneral.gov/news/releases/paxton-condemns-yelp-discriminating-against-crisis-pregnancy-centers)
17 [against-crisis-pregnancy-centers](https://www.texasattorneygeneral.gov/news/releases/paxton-condemns-yelp-discriminating-against-crisis-pregnancy-centers) on September 29, 2023.

18 12. Attached as **Exhibit 11** to this Declaration is a true and correct copy of the Petition
19 filed in *Texas v. Yelp, Inc.*, Case No. 2519-335 (Bastrop Cnty. Dist. Ct.), on September 28, 2023.

20 13. Attached as **Exhibit 12** to this Declaration is a true and correct copy of a webpage
21 listing press releases issued by the Office of the Attorney General of Texas under the category
22 “Protect Life/Unborn,” which my office obtained by visiting
23 <https://www.texasattorneygeneral.gov/news/categories/protect-lifeunborn> on September 29, 2023.

24 14. Attached as **Exhibit 13** to this Declaration is a true and correct copy of the June
25 2022 California Department of Justice Consumer Alert, *Know the Difference: Crisis in Pregnancy*
26 *Centers v. Reproductive Health Care Facilities*, which was obtained by my office by visiting
27 [https://oag.ca.gov/system/files/attachments/press-docs/Crisis%20Pregnancy%20Center%20Bulle](https://oag.ca.gov/system/files/attachments/press-docs/Crisis%20Pregnancy%20Center%20Bulletin_0.pdf)
28 [tin_0.pdf](https://oag.ca.gov/system/files/attachments/press-docs/Crisis%20Pregnancy%20Center%20Bulletin_0.pdf) on September 29, 2023.

1 15. Attached as **Exhibit 14** to this Declaration is a true and correct copy of a webpage
2 on Heartbeat International’s website titled “What is a Pregnancy Center?”, which my office
3 obtained by visiting <https://www.heartbeatinternational.org/our-work/what-is-a-pregnancy-center>
4 on October 1, 2023.

5 16. Attached as **Exhibit 15** to this Declaration is a true and correct copy of a webpage
6 associated with the Oxford Pregnancy Center, which my office obtained by visiting
7 <https://oxfordpregnancycenter.org/> on October 1, 2023.

8 17. Attached as **Exhibit 16** to this Declaration is a true and correct copy of a webpage
9 associated with the Pregnancy Resource Center of Charlotte, which my office obtained by visiting
10 <https://prccharlotte.com/> on October 1, 2023.

11 18. Attached as **Exhibit 17** to this Declaration is a true and correct copy of a webpage
12 associated with Reachout Women’s Center, which my office obtained by visiting
13 <https://reachoutwomenscenter.com/> on October 1, 2023.

14 19. Attached as **Exhibit 18** to this Declaration is a true and correct copy of a news
15 article publishing a February 9, 2023, statement by the Kentucky Attorney General, which my
16 office obtained by visiting [https://www.953wiki.com/news/local-news/ky-attorney-general-](https://www.953wiki.com/news/local-news/ky-attorney-general-cameron-leads-24-states-in-letter-urging-yelp-not-to-discriminate-against-crisis-pregnancy-centers/)
17 [cameron-leads-24-states-in-letter-urging-yelp-not-to-discriminate-against-crisis-pregnancy-](https://www.953wiki.com/news/local-news/ky-attorney-general-cameron-leads-24-states-in-letter-urging-yelp-not-to-discriminate-against-crisis-pregnancy-centers/)
18 [centers/](https://www.953wiki.com/news/local-news/ky-attorney-general-cameron-leads-24-states-in-letter-urging-yelp-not-to-discriminate-against-crisis-pregnancy-centers/) on October 1, 2023.

19 20. Attached as **Exhibit 19** to this Declaration is a true and correct copy of a 2020
20 journal article by Andrea Swartzendruber et al. published in JMIR Public Health and Surveillance,
21 *A Web-Based Geolocated Directory of Crisis Pregnancy Centers (CPCs) in the United States:*
22 *Description of CPC Map Methods and Design Features and Analysis of Baseline Data*, which my
23 office obtained by visiting [https://www.researchgate.net/publication/340265452_A_Web-](https://www.researchgate.net/publication/340265452_A_Web-Based_Geolocated_Directory_of_Crisis_Pregnancy_Centers_CPCs_in_the_United_States_Description_of_CPC_Map_Methods_and_Design_Features_and_Analysis_of_Baseline_Data)
24 [Based_Geolocated_Directory_of_Crisis_Pregnancy_Centers_CPCs_in_the_United_States_Descr](https://www.researchgate.net/publication/340265452_A_Web-Based_Geolocated_Directory_of_Crisis_Pregnancy_Centers_CPCs_in_the_United_States_Description_of_CPC_Map_Methods_and_Design_Features_and_Analysis_of_Baseline_Data)
25 [iption_of_CPC_Map_Methods_and_Design_Features_and_Analysis_of_Baseline_Data](https://www.researchgate.net/publication/340265452_A_Web-Based_Geolocated_Directory_of_Crisis_Pregnancy_Centers_CPCs_in_the_United_States_Description_of_CPC_Map_Methods_and_Design_Features_and_Analysis_of_Baseline_Data) on
26 October 1, 2023.

27 21. Attached as **Exhibit 20** to this Declaration is a true and correct copy of AMA Code
28 of Medical Ethics Opinion 4.2.7, “Abortion,” which my office obtained by visiting <https://code->

1 [medical-ethics.ama-assn.org/ethics-opinions/abortion](https://www.medical-ethics.ama-assn.org/ethics-opinions/abortion) on October 1, 2023.

2 22. Attached as **Exhibit 21** to this Declaration is a true and correct copy of a webpage
3 on the State of California's California Abortion Access website titled "About Abortion," which
4 my office obtained by visiting [https://abortion.ca.gov/getting-an-abortion/about-abortion/#how-](https://abortion.ca.gov/getting-an-abortion/about-abortion/#how-to-get-an-abortion)
5 [to-get-an-abortion](https://abortion.ca.gov/getting-an-abortion/about-abortion/#how-to-get-an-abortion) on October 1, 2023.

6 23. Attached as **Exhibit 22** to this Declaration is a true and correct copy of a July 13,
7 2023, letter to "Fortune 100 CEOs" signed by 13 state attorneys' general, which my office obtained
8 by visiting [https://www.tn.gov/content/dam/tn/attorneygeneral/documents/pr/2023/pr23-27-](https://www.tn.gov/content/dam/tn/attorneygeneral/documents/pr/2023/pr23-27-letter.pdf)
9 [letter.pdf](https://www.tn.gov/content/dam/tn/attorneygeneral/documents/pr/2023/pr23-27-letter.pdf) on October 1, 2023.

10 24. Attached as **Exhibit 23** to this Declaration is a true and correct copy of a May 4,
11 2023, San Antonio Express-News article, *Texas AG Ken Paxton calls Target's transgender*
12 *bathroom policy a crime risk in letter to execs*, which my office obtained by visiting
13 [https://www.mysanantonio.com/news/politics/texas_legislature/article/Paxton-Target-bathroom-](https://www.mysanantonio.com/news/politics/texas_legislature/article/Paxton-Target-bathroom-gender-Texas-7393432.php)
14 [gender-Texas-7393432.php](https://www.mysanantonio.com/news/politics/texas_legislature/article/Paxton-Target-bathroom-gender-Texas-7393432.php) on October 2, 2023.

15 25. Attached as **Exhibit 24** to this Declaration is a true and correct copy of an October
16 20, 2022, Dallas Morning News article, *Plano police say no laws broken after AG Ken Paxton*
17 *calls for drag show prosecutions*, which my office obtained by visiting
18 [https://www.dallasnews.com/news/2022/10/20/texas-ag-ken-paxton-calls-for-prosecutions-after-](https://www.dallasnews.com/news/2022/10/20/texas-ag-ken-paxton-calls-for-prosecutions-after-viral-video-of-plano-drag-brunch/)
19 [viral-video-of-plano-drag-brunch/](https://www.dallasnews.com/news/2022/10/20/texas-ag-ken-paxton-calls-for-prosecutions-after-viral-video-of-plano-drag-brunch/) on October 2, 2023.

20
21 I declare under penalty of perjury under the laws of the United States of America that the
22 foregoing is true and correct to the best of my knowledge.

23 Executed on October 2, 2023, in Los Angeles, California.

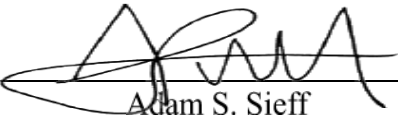
24
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GOOGLE

How Google Maps Leads Women Seeking Abortions Astray

By Robin Marty Published February 12, 2018 | Comments (163)



If you're searching for abortion care, be careful using Google Maps—you might end up at a crisis pregnancy center instead of a legit clinic. These facilities, where staff pressures clients to "choose life," have been gaming results at the local level using keywords and the maps function. Gizmodo and Damn Joan have partnered to investigate; read what it's like to [visit a crisis pregnancy center](#) on their site, and read about what happens when you search for abortion care in Google Maps below.

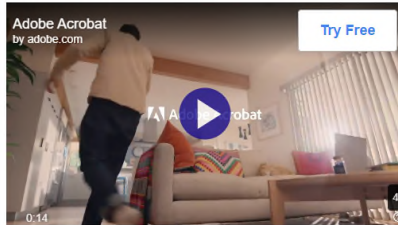
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If you are pregnant and looking for an abortion clinic in Jackson, Mississippi, you might initially think you are in luck. A quick trip to Google on your phone and typing in, "Where can I get an abortion near me?" brings up a Google map with eight different pins, all located within 10 miles of your location.

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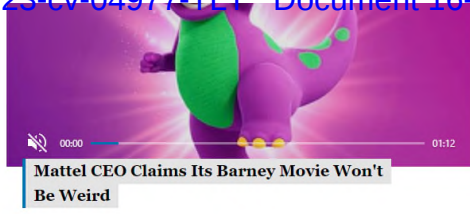
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It's once you click on the map itself and see the list—including their names, distances from you and customer reviews—that you learn that your real choices are far, far fewer. Your first result is Birthright of Jackson, a local crisis pregnancy center [CPC] that doesn't do terminations. The third result is Center for Pregnancy Choices, which is the same story. The fourth result is CPC Fondren, yet another crisis pregnancy center. The fifth is Dr. Beverly McMillan, [a former abortion provider turned anti-abortion activist](#), and whose [late husband](#) was a frequent protester on the sidewalks in front Jackson Women's Health Organization—the only actual place in the listings (or in the state itself) where a person can actually obtain a legal abortion. That's better than usual, said Derenda Hancock, a clinic escort for JWHO. "In the past JWHO was at the bottom of the list, like eight CPC's and then us," she said. "Nice to know the only abortion clinic in the state has made it to the top five!"

Gaming the system

Google has a complicated relationship with crisis pregnancy centers. [In 2014](#), NARAL Pro-Choice America pressured Google to stop accepting advertising for the entities—which are often religiously affiliated, do not always have licensed medical staff on site and never provide abortions or refer patients to clinics that do—saying that the advertisements violated Google's service terms against "misleading, inaccurate and deceitful ads."

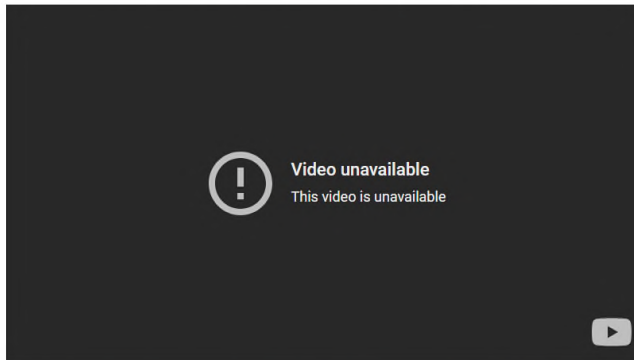




Anti-abortion pregnancy centers were purchasing advertising on Google in order to insert links to their own clinics as top results based on keyword searches for terms involving abortion. The ads would be marked with a small “ad” next to them to show that they were paid results, but otherwise looked like organic results. They also often used ambiguous phrases like “Think you are pregnant? Get answers,” or “Considering abortion?” to lead people to click on them and draw them away from abortion providers and to their anti-abortion pregnancy centers instead. According to NARAL’s research, using the search engine to find “abortion clinics” led users to a crisis pregnancy center about 79 percent of the time, creating mass confusion considering the CPC’s often deliberate use of names similar to existing abortion clinics. Google agreed to remove the ads, but that just left CPC’s looking for an alternative way to promote themselves online and reach out to their “abortion-vulnerable” clients, as they refer to pregnant people seeking terminations.

Enter the Google Maps function, an increasingly popular way for internet searchers to discover goods, services, and other nearby necessities. With business and non-profit listings that can be created by anyone and a public ratings system open to all, this partially crowd-sourced list of results should offer the best variety of options when it comes to searching for anything local.

But when it comes to abortion clinics, it simply doesn’t work. To test, I entered “Where can I get an abortion?” into the Google and then clicked on the map to view all of its results within five miles of my home in Minneapolis. The first was an ad for Planned Parenthood. The second—which was both the closest and the highest ranking result—was “Abortion Advice,” listed as a “Women’s Health Clinic,” and which on its website offers a “Free Pre-Termination appointment,” all implying either it offers or at least refers for legal abortion care.



I am by no means alone, either. I contacted 20 people in cities and states across the U.S. to ask them to go to Google, either on desktop or on their phones, enter “Where can I get an abortion near me?” and then click on the resulting map to see what happens in their locations. In all but two (Little Rock, Arkansas and Queens, New York) crisis pregnancy centers were offered up as abortion clinic options whenever that sentence was entered.

“Like playing Whack-a-Mole”

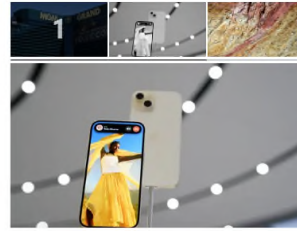
Under normal circumstances, a system that relies mostly on user input should be an accurate way to draw results on Google Maps. After all, there is no advantage to a steakhouse trying to convince someone looking specifically for vegetarian food to come eat at their restaurant—all you would get are bad reviews and lower sales numbers.

But crisis pregnancy centers don’t have a financial dependence on their “customers.” Because their patient base relies primarily on those who are intending to go to abortion clinics to end their pregnancies, it is essential for them to insert themselves into those clinic searches in order to find targets. CPCs that aren’t already in the system are using “add a missing place” to insert their own listings to the pool. Google itself offers a number of practices to improve a listing’s rankings in the results, such as entering extensive business info, full contact info, photos, and responding to reviews—as well as using their [Google My Business](#) suite of tools to maintain their profiles.

A pregnant person looking for an abortion clinic is most likely going to turn on the computer, open up Google, type in “Where can I get an abortion?” and see a long list of results on the page, some far more relevant than others. The Maps section offers a simple way to sort through all of the information—how far away a clinic is, when it is open, and how highly it is rated by others who have used it—all in one easy glance.

However, because of mostly unmonitored and unlimited user intervention, not every result is actually an abortion clinic, and many are actually trying to

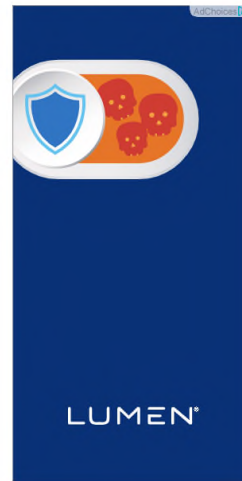
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deceive potential patients into believing they are. Some categorize themselves as “Women’s Health Centers,” something that some abortion clinics do as well, making them impossible to separate from actual medical abortion providers. Others more truthfully list themselves as “Pregnancy Centers” but the category designation is small and easily overlooked, and with names like “Choices” and “Women’s Care” it becomes increasingly hard to tell them apart. The star rating system offers another way to create a more visible CPC and a less visible abortion clinic, with abortion opponents offering two and one star reviews for local abortion providers, and writing three and four star reviews for the pregnancy care centers, often while deliberately avoiding mentioning abortion is not included in their services.

The ability for individuals to manipulate results can actually create a crisis for abortion access in some areas of the country. Toledo, Ohio is home to the last remaining clinic in Western Ohio, but searching “Where can I get an abortion near me?” in Google and bringing up the resulting map of that area brings three results—and only the third one is Capital Care Network, the actual abortion clinic. What is even more difficult for those who are seeking a termination is that according to Kristin Hady, the escort coordinator at the clinic, someone keeps editing the clinic details to say that the clinic has been closed.

“We often have to go and edit the Google listing that the clinic is open, as well, because it seems they will submit that the clinic has closed for good,” said Hady. “Depending on what browser clients use to view Capital Care and in which devices, they are still sometimes told it is closed for good. It is very confusing and kind of like playing Whack-a-Mole.”

Can Google stop the abuse?

According to Google Communications Manager Liz Davidoff, Google Maps results are algorithm-based and not impacted by ad sales or keywords in listings. “We don’t share more information on how local rankings work to minimize people gaming the system,” Davidoff said via email. If a user discovers an issue with a listing she said they can report it by clicking “send feedback” and then “report a problem” from desktop maps, but that route only works if you are on Google Maps itself, not a map created after doing a search in the Google browser. Even if it were more accessible, it is unclear how many patients would be inclined to report having been misled while still in the midst of trying to obtain an actual abortion.

After being presented with the results from the searches, Google agreed to investigate why the CPCs are being included in the abortion search queries. “We’re looking into the issues you’ve flagged,” Davidoff said in a statement. “We strive for business results that are relevant, accurate and help users find what they’re looking for.” But until Google can close their loopholes, abortion opponents will continue to manipulate and game the search results algorithm system. And it is the people struggling to find a place to easily and legally end a pregnancy who remain the ultimate losers.


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Robin Marty is a freelance writer focused on abortion legislation, clinic access, and anti-abortion movement history. Her articles have appeared in Cosmopolitan.com, Rolling Stone, Politico, Ms. Magazine and other publications.

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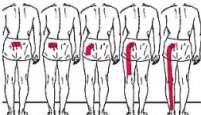
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EXHIBIT 2



Original research article

Crisis pregnancy center websites: Information, misinformation and disinformation^{☆,☆☆}

Amy G. Bryant^{a,*}, Subasri Narasimhan^a, Katelyn Bryant-Comstock^b, Erika E. Levi^a

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Received 28 January 2014; revised 16 June 2014; accepted 8 July 2014

Abstract

Objective: Most states with 24-h waiting periods prior to abortion provide state resource directories to women seeking abortion. Our objective was to evaluate the information on abortion provided on the websites of crisis pregnancy centers listed in these resource directories.

Study design: We performed a survey of the websites of crisis pregnancy centers referenced in state resource directories for pregnant women. We searched for these state-provided resource directories online. We contacted state Departments of Health and Human Services for a print copy when a directory could not be found online. The crisis pregnancy center websites were evaluated for the information provided on abortion. Standardized data collection tools were used. Descriptive statistics were generated.

Results: Resource directories of 12 states were procured. A total of 254 websites referring to 348 crisis pregnancy centers were identified. Overall, a total of 203/254 [80%, 95% confidence interval (CI) 75%–84%] of websites provided at least one false or misleading piece of information. The most common misleading or false information included on the websites were a declared link between abortion and mental health risks (122/254 sites; 48%, 95% CI 42%–54%), preterm birth (54/254; 21%, 95% CI 17%–27%), breast cancer (51/254; 20%, 95% CI 16%–25%) and future infertility (32/254; 13%, 95% CI 9%–17%).

Conclusion: Most crisis pregnancy centers listed in state resource directories for pregnant women provide misleading or false information regarding the risks of abortion. States should not list agencies that provide inaccurate information as resources in their directories.

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Keywords: Crisis pregnancy center; Abortion; Misinformation; Abortion restrictions

1. Introduction

Twenty-six states currently have laws requiring waiting periods between contacting an abortion provider and obtaining an abortion. These laws are similar across states and are often known as “Woman’s Right to Know” laws. “Woman’s Right to Know” laws prescribe that counseling be performed prior to an abortion, that women either receive a mandatory ultrasound or are offered to see an ultrasound or

hear fetal heart tones, and that women wait a specified amount of time before undergoing an abortion [1]. In most states, the mandatory preabortion counseling includes telling women that agencies offer “alternatives to abortion.” In some states, such as North Carolina, women are told that they can receive a free ultrasound or hear fetal heart tones at an agency that provides this service. These agencies are privately owned, not affiliated with hospitals and commonly known as crisis pregnancy centers.

In states with a “Woman’s Right to Know” law, women are offered written materials, including information about abortion and often a “Resource Directory” that lists services and agencies available to pregnant women seeking abortion in the state. These directories include crisis pregnancy centers in their listings. Crisis pregnancy centers are nonprofit organizations that offer free services to women facing unintended pregnancies, such as pregnancy testing, ultrasound, counseling, and baby and maternity items. Some

[☆] Presented at the Society of Family Planning Annual Meeting, Denver, Colorado, October 27–28, 2012.

^{☆☆} Implications: Eighty percent of crisis pregnancy centers listed in state resource directories for pregnant women provide misleading or false information regarding abortion.

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promote themselves as women's health clinics, and a few imply that they offer abortion services. The tactics used by crisis pregnancy centers to dissuade women from having abortions often include providing misleading or false information about abortion [2,3]. Because crisis pregnancy centers do not provide medical care, they are not governed by the same rules and regulations that govern health clinics.

The information provided on the websites of the crisis pregnancy centers may be difficult for women to evaluate, given the extremely varied quality of information available on the Internet [4,5]. Most states provide a disclaimer that they do not specifically endorse the views of any particular agency. However, because crisis pregnancy centers are listed by a state resource directory as simply centers for "alternatives to abortion," they may be viewed by patients as sources of accurate information or as health centers.

The objective of this survey was to evaluate the medical information on abortion provided by websites of crisis pregnancy centers listed in states' resource directories for pregnant women.

2. Materials and methods

We developed a protocol to systematically evaluate the websites of crisis pregnancy centers listed in state-provided resource directories for women with unintended pregnancies. No institutional review board permission was required. Twenty-six states with abortion counseling and waiting period laws were identified through the Guttmacher Institute's Brief on "Abortion Counseling and Waiting Periods" (initially accessed March 12, 2012) [6]. We performed a Google search using the terms "women's resource directory," "women's right to know resource directory" and "women's right to know department of health and human services." If a directory was not available online but a phone number was available, we called and ordered the resource directory. Additionally, individual searches of state health department sites were performed using the terms "woman's right to know," "resource directory," "abortion" and "pregnancy counseling." These terms were generated by reviewing the literature to find commonly used terms for our search criteria. The a priori list was modified with new keywords found on the websites we searched.

We identified all agencies listed in each state directory that were listed as, or appeared to be a crisis pregnancy center, a nonprofit organization with the stated purpose of counseling women not to have an abortion. For agencies with no website listed, the web address was searched on Google using the name, city and state. We included websites of crisis pregnancy centers as well as pregnancy resource centers, pregnancy care centers or centers offering alternatives to abortion, which are other names for this type of organization. We excluded websites if they referred to a maternity home (a live-in facility for pregnant women waiting to give birth), Catholic or other religious relief

services, adoption agencies or other organization not identified as a crisis pregnancy center. Each website was reviewed independently by two authors, and data were doubly entered into a database. If a discrepancy between the two authors' entries was found, the other two authors also reviewed the website, and a consensus among the four authors was achieved.

A standardized data collection tool was used to record information from each website. Information recorded included services and information offered and the information regarding abortion on each website. We recorded whether the website had specific information on abortion or abortion methods. We also recorded whether the website described an association between abortion and specific outcomes, particularly mental health disorders, breast cancer and poor pregnancy outcomes such as infertility and preterm birth. The outcomes were chosen based on prior findings that these outcomes are often used by organizations or groups attempting to dissuade women from abortion, but are not risks supported by scientific evidence or professional organizations [1–3]. Descriptive statistics are reported, with proportions and 95% confidence intervals (CIs) where appropriate [7]. All data were analyzed using Stata 11.0 (StataCorp LP, College Station, TX, USA).

3. Results

Resource directories for 12 states were obtained. Online resource directories were found for Alaska, Georgia, Idaho, Louisiana, Minnesota, North Carolina, South Carolina, Oklahoma, Texas, West Virginia and Kansas. The state directory for Alabama was obtained by calling the state health department. Directories for the 14 remaining states with mandatory counseling or waiting period laws were not located after searching the Internet and calling the state departments of health and human services. Three states, Pennsylvania, South Dakota and Ohio, had websites that stated the page could not be found. The health department in Indiana was contacted and found to have only a directory of licensed abortion providers. The health department in Kentucky was contacted by phone but had a nonworking number. Missouri, Utah and North Dakota did not have resource directories. State health departments were contacted in Arkansas, Massachusetts, Montana, Michigan, Nebraska and Mississippi. We made three phone calls to each of these state health departments but did not receive any return calls. The majority of resource directories did not include any agencies that provide abortion. The resource directories for a few states (North Carolina, South Carolina and Kansas) also included comprehensive women's health centers in their resource directory listings.

From the 12 state resource directories we found, we identified a total of 601 agencies that at first appeared to be crisis pregnancy centers. We found 456 websites for these agencies. Screening of the websites revealed that 348

websites referred to crisis pregnancy centers and 108 websites referred to agencies that were not crisis pregnancy centers. Ninety-four websites referred to more than one crisis pregnancy center. We collected data for each crisis pregnancy center website only once, even if the website referred to more than one crisis pregnancy center. This left a total of 254 websites that were reviewed and included in this analysis (Fig. 1).

The websites contained varying amounts of information. Some were a simple one-page website containing no information on women's health (40/254 websites; 16%). Almost all websites stated that free pregnancy testing was available at the

clinic (245/254; 97%). Just over half offered free ultrasounds (136/254; 54%). Many were religious (146/254; 58%), stating directly that they were a Christian organization or offering Bible study. Many websites (144/254; 57%) contained information on abortion. Most websites did not provide a disclaimer that the crisis pregnancy center was not a medical facility (221/254; 87%). A small proportion (43/254; 17%) mentioned that someone on the staff or advisory board of the center was a doctor or nurse (Table 1). Overall, a total of 203/254 (80%, 95% CI 75%–84%) of websites provided at least one false or misleading statement (Table 2).

The most common medical inaccuracies included on the websites were a declared link between abortion and mental health risks, preterm birth, breast cancer, future infertility, miscarriage and ectopic pregnancy. Additionally, a significant proportion of websites linked abortion and suicidal thoughts and/or suicide. Almost three quarters of sites mentioned that abortion leads to a condition described as “postabortion stress” (Table 2). Of the 120 websites providing information on abortion, 110 had at least one false or misleading assertion (92%; 95% CI 85%–95%).

4. Discussion

The websites for 80% of crisis pregnancy centers contain misleading or inaccurate information regarding the risks associated with abortion. This is alarming because many states currently list these organizations as places to seek information on alternatives to abortion. Some states even provide funding to crisis pregnancy centers through license plates and other programs [8].

Abortion is a safe medical procedure and is less risky than carrying a pregnancy to term [9]. Overstating the risks of abortion may lead to unwarranted fears among women seeking abortion [10,11]. Deterring women from seeking abortion by providing them with inaccurate information about risks of abortion such as preterm birth, infertility, breast cancer and suicide is unethical. The evidence for the poor outcomes often asserted on these websites is lacking.

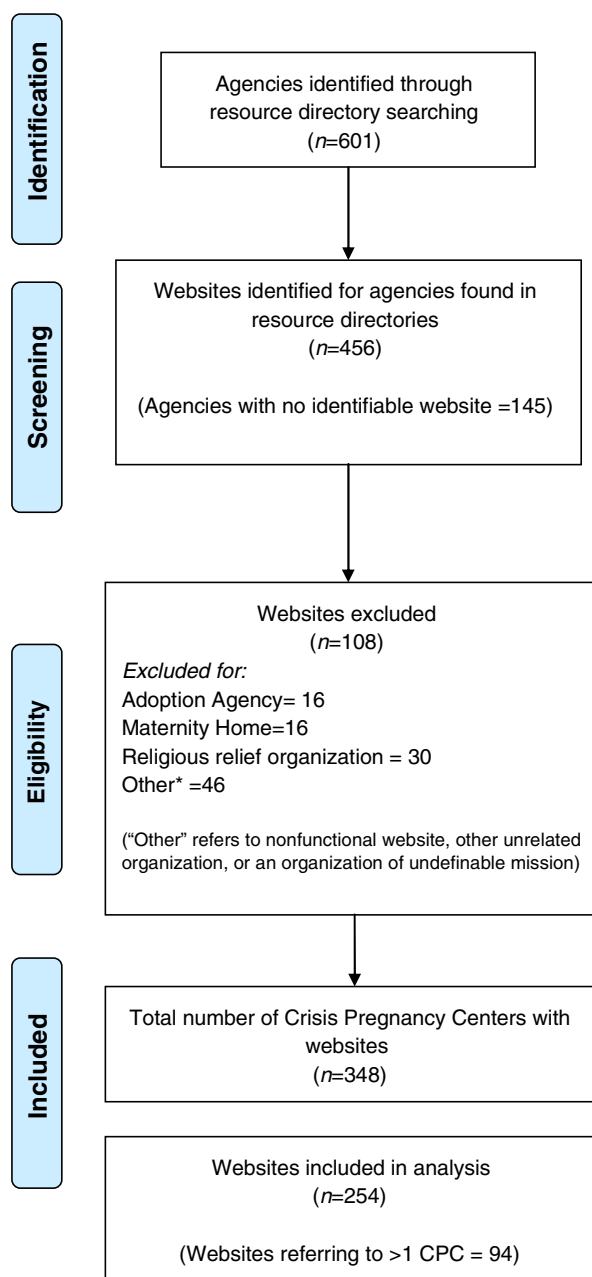


Fig. 1. Flow of websites included in the study.

Table 1
Baseline characteristics of crisis pregnancy center websites.

Characteristic (n=254)	n (%)
Offers free pregnancy test	245 (97)
Offers free ultrasound	136 (54)
Offers free STI testing	48 (19)
States that it is religiously affiliated	143 (56)
Provides a disclaimer that it is not a medical facility	33 (13)
Mentions the medical qualifications of staff	43 (17)
States that it does not refer for abortion	229 (90)
Offers maternity or baby items	207 (82)
Offers Bible study	77 (30)
Offers counseling on “postabortion stress” at CPC	189 (74)
States that abortion information is available at CPC	213 (84)
Provides general abortion information on website	120 (47)
Provides information on abortion methods on website	92 (36)

Table 2
Information provided on crisis pregnancy center websites.

Characteristic	n(%)	95% CI (%)
Any misleading or false information on website	203 (80)	75–84
Asserts a link between abortion and:		
Preterm birth	54 (21)	17–27
Breast cancer	51 (20)	16–25
“Postabortion stress”	186 (73)	68–78
Placenta previa	4 (2)	1–4
Infertility	32 (13)	9–17
Suicidal thoughts	66 (26)	21–32
Suicide	56 (22)	17–28
Mental health risks	122 (48)	42–54
Other risks	124 (49)	43–55
Fetal pain	15 (6)	4–10
Miscarriage	16 (6)	4–10
Ectopic pregnancy	13 (5)	3–9

Poor mental health outcomes for women undergoing abortion are often asserted on the websites of crisis pregnancy centers. Extensive research into a link between induced abortion and poor mental health outcomes has shown no association between a single, legal, first-trimester abortion and an increased risk of mental health problems. Women experiencing mental health problems after abortion in most cases have other pre-existing and co-occurring risk factors for mental health problems [12,13]. The American Psychological Society and the American Psychiatric Association have both issued statements regarding mental health and abortion based on a comprehensive review of the literature [14,15]. Research on abortion and mental health problems such as suicide and “postabortion stress” does not show that abortion leads to these outcomes. A recent meta-analysis of mental health outcomes and abortion was found to have serious flaws in its methodology [16,17]. The concept of “postabortion stress” is not recognized by the *Diagnostic and Statistical Manual of Mental Disorders (DSM), Fourth Edition* or the newer *DSM, Fifth Edition* as a mental health disorder [12,18]. Similarly, claims that abortion leads to suicide or suicidal thoughts have been based on research that was found to have methodological flaws such as failing to control for prepregnancy mental health and using inappropriate control groups [12,13,19].

An association between abortion and future poor pregnancy outcomes is not fully supported by the scientific evidence. Studies that have found a link between abortion and preterm birth have found a minimal increase in the risk of preterm birth following surgical abortion [20–22]. These studies do not meet criteria for establishing causality and are problematic due to lack of controlling for confounding factors [23,24]. The World Health Organization, the Centers for Disease Control, the American College of Obstetricians and Gynecologists, the March of Dimes, or the Royal College of Obstetricians and Gynecologists does not list abortion as a risk factor for preterm birth or other poor obstetrical outcomes, such as infertility or placenta previa [25–29].

The assertion that abortion leads to breast cancer is also not substantiated. Early case–control studies that found a link between breast cancer and abortion were found to have extensive recall bias, and a large collaborative reanalysis of epidemiological studies found no association between breast cancer and abortion [30]. The American Cancer Society and the National Cancer Institute have issued statements refuting a link between breast cancer and abortion [31,32].

Our study has both strengths and weaknesses. We performed a comprehensive search to include all of the websites that could be located by such a search. Rigorous, standardized criteria were used to review each website. Each website was reviewed by two authors, and consensus was reached when discrepancies were found. This study provides a comprehensive view of the types of information and services offered by the crisis pregnancy centers represented by these websites. It is possible that some resource directories were missed in our survey, as we were not able to locate resource directories for every state that might have one. Assessing how many women use these web resources to obtain information about abortion is also difficult. The number of women who obtain resource directories in the first place is unclear, as is the number who would then view the websites of the agencies listed, as we did.

The area of reproductive rights is fraught with strong and deeply held convictions on both sides, but scientific evidence does not support the notion that abortion is harmful to women or has multiple long-term health consequences. Crisis pregnancy centers have the stated goal of preventing abortions and, based on many of their websites, appear to use tactics that scare women in order to dissuade them. Women choosing abortion should be allowed to make a truly informed decision based on medically accurate, evidence-based information. States should not include agencies that provide inaccurate information on abortion in their resource directories for pregnant women.

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EXHIBIT 3



Policy Matters

Sexual and Reproductive Health Services and Related Health Information on Pregnancy Resource Center Websites: A Statewide Content Analysis



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A B S T R A C T

Background: Pregnancy resource centers (PRCs) are nonprofit organizations with a primary mission of promoting childbirth among pregnant women. Given a new state grant program to publicly fund PRCs, we analyzed Georgia PRC websites to describe advertised services and related health information.

Methods: We systematically identified all accessible Georgia PRC websites available from April to June 2016. Entire websites were obtained and coded using defined protocols.

Results: Of 64 reviewed websites, pregnancy tests and testing (98%) and options counseling (84%) were most frequently advertised. However, 58% of sites did not provide notice that PRCs do not provide or refer for abortion, and 53% included false or misleading statements regarding the need to make a decision about abortion or links between abortion and mental health problems or breast cancer. Advertised contraceptive services were limited to counseling about natural family planning (3%) and emergency contraception (14%). Most sites (89%) did not provide notice that PRCs do not provide or refer for contraceptives. Two sites (3%) advertised unproven “abortion reversal” services. Approximately 63% advertised ultrasound examinations, 22% sexually transmitted infection testing, and 5% sexually transmitted infection treatment. None promoted consistent and correct condom use; 78% with content about condoms included statements that seemed to be designed to undermine confidence in condom effectiveness. Approximately 84% advertised educational programs, and 61% material resources.

Conclusions: Georgia PRC websites contain high levels of false and misleading health information; the advertised services do not seem to align with prevailing medical guidelines. Public funding for PRCs, an increasing national trend, should be rigorously examined. Increased regulation may be warranted to ensure quality health information and services.

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Pregnancy resource centers (PRCs), also known as “crisis pregnancy centers,” are nonprofit organizations with a primary mission of promoting childbirth among pregnant women and offer, at a minimum, pregnancy tests/testing and counseling; they do not provide or refer for abortion services (Munson, 2008; Rosen, 2012). PRCs are expanding globally, with locations in at least 84 countries (Hussey, 2013). An estimated 2,500 to 4,000

currently operate in the United States (Lin & Dailard, 2002). Most PRCs in the United States are affiliated with religious antiabortion organizations, such as Heartbeat International and Care Net (Hussey, 2013). Heartbeat International's vision “is to make abortion unwanted today and unthinkable for future generations” (Heartbeat International, 2017). Care Net's vision is “a culture where women and men faced with pregnancy decisions are transformed by the gospel of Jesus Christ and empowered to choose life for their unborn children and abundant life for their families” (Care Net, 2017). Both organizations also have policies against providing or promoting contraceptives (Care Net, 2016a; Heartbeat International, 2016a).

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In 2016, Georgia signed into law a new program to publicly fund PRCs. To qualify for funding consideration, the legislation specifies that PRCs must have provided pregnancy support services for a minimum of 1 year and meet several criteria related to operations (e.g., have a board, director, and annual budget) and services (e.g., provide free services, provide each pregnant client with information about fetal and infant development and available assistance after a birth). Services funded by the program include medical care and information (e.g., pregnancy tests, ultrasound screening, birth classes); housing, education, and employment assistance and parenting education and support services during pregnancy and up to 1 year after birth; nutritional services and education; adoption education and services; material items [e.g., cribs, car seats, clothing]; and information about health care benefits [e.g., available Medicaid coverage]. A total of 14 states directly fund PRCs (NARAL Pro-Choice America, 2017a).

Despite a growing trend in public funding, PRCs have been widely criticized by advocacy groups and others for deceptive practices, misrepresenting their services, creating the appearance that they are comprehensive reproductive health clinics, and providing false and misleading medical information (Lin & Dailard, 2002; NARAL Pro-Choice America, 2017b; Waxman, 2006). However, PRCs have received little attention in the public health literature (Ahmed, 2015; Rosen, 2012). Several studies have evaluated the accuracy of medical information on sampled PRC websites and found high levels of false and misleading information (Bryant & Levi, 2012; Bryant, Narasimhan, Bryant-Comstock, & Levi, 2014; Bryant-Comstock, Bryant, Narasimhan, & Levi, 2016). Such findings are concerning given that pregnant women commonly use online health information to assist with pregnancy-related decision making (Lagan, Sinclair, & George Kernohan, 2010; Lagan, Sinclair, & Kernohan, 2011).

PRC websites also generally advertise an extensive set of reproductive health services, yet this content has not been well-studied. PRCs are increasingly being “converted to medical clinics” and offering medical services, such as ultrasound examinations and sexually transmitted infection (STI) testing (Lin & Dailard, 2002). Prevailing U.S. medical guidelines define a core set of family planning services for women and men to minimize missed opportunities for comprehensive prevention and care. These include pregnancy testing; accurate, unbiased pregnancy options counseling; counseling about a full range of contraceptive methods; provision of one or more selected contraceptive methods; STI testing and treatment services; counseling about condom use; and easy and inexpensive access to condoms (Felice et al., 1998; Gavin et al., 2014; American College of Obstetricians and Gynecologists, 2014). Although PRCs are not standard medical clinics, national guidelines seem to extend to PRCs. The guidelines specify that the recommendations are applicable to “all providers or potential providers of family planning services,” including pregnancy testing and counseling services, across all practice settings, and that “the term ‘provider’ refers to any staff member who is involved in providing family planning services to a client. This includes physicians, physician assistants, nurse practitioners, nurse-midwives, nursing staff, and health educators” (Gavin et al., 2014).

We sought to examine how PRCs portray their services online relative to national guidelines and “typical” services provided at traditional reproductive health clinics (Bornstein, Carter, Gavin, & Moskosky, 2015; Wood et al., 2014). Such an assessment is of particular interest and a timely concern given findings of

previous studies and investigations, increasing medicalization of PRCs, the new grant program, and potential but unstudied implications for individual and population health. This study systematically identified and analyzed all Georgia PRC websites to describe the scope of PRC services advertised online and informational content relevant to those services. In addition to inventorying advertised services, we particularly considered services and information related to pregnancy options counseling, contraception, STI testing and treatment, and condom promotion.

Material and Methods

Search Protocol

In April 2016, we accessed online PRC directories (Care Net, 2016b; Heartbeat International, 2016b; National Institute of Family and Life Advocates, 2016; Ramah International, 2016) and created a single unduplicated list of Georgia PRCs. We also conducted a Google search, entering “Georgia” with “pregnancy resource center,” “crisis pregnancy center,” and “pregnancy care center.” These searches yielded 4,740,000 hits. We reviewed the first five pages of results for each search (approximately 50 links per keyword search; Minzer-Conzetti et al., 2007; Rahnavardi et al., 2008) and added unique entries to the master list. In total, 87 centers were included on the master list and assessed for eligibility.

Eligibility

Eligible websites 1) were live (i.e., accessible), 2) provided information about a center with a physical address in Georgia, and 3) provided information about a center included on one or more PRC directory and/or identified the center as a “pregnancy resource center,” “crisis pregnancy center,” or “pregnancy care center.” For organization websites that included a link to a site specifically for clients (i.e., individuals who may be pregnant), we included the client website only. For PRCs with multiple client websites, we only included the site with the most content. Two evaluators independently reviewed websites for eligibility. Sixty-four websites for 80 PRCs with unique physical addresses were included.

Data Management and Analysis

We downloaded each eligible site’s entire website between April and June 2016, using PDFmyURL.com, and followed a standard protocol to ensure completeness. We then uploaded the sites into MAXQDA qualitative analysis software. We conducted a content analysis (Hsieh & Shannon, 2005), analyzing website descriptions of services and other information provided on the sites. We first developed a set of deductive codes grouped by “Services” and “Information” (e.g., STI testing, condom information). We also developed codes for disclosures about PRC services (e.g., PRC does not provide abortion services or referrals). A set of inductive codes was further developed based on emergence of key themes and additional services identified.

Five coders each reviewed the same 11 websites (17%) to attain coding consistency, after which coding was split among team members. We used summary statistics to describe PRC services. We also qualitatively analyzed codes, identified key

themes, and selected representative quotes relevant to the types and quality of PRC services and information on the sites.

Results

Table 1 presents advertised PRC services. The most common types of services included pregnancy tests/testing, counseling/information, classes and programs, and referrals. Approximately two-thirds of sites advertised medical services, including ultrasound examination services. Below we describe information and services related to pregnancy options counseling, contraception, STI testing and treatment, condom promotion, and education, referrals, and support services. We also summarize PRC and website characteristics.

Table 1
Services Advertised on Georgia Pregnancy Resource Center Websites ($n = 64$)

Service	% (n)
Pregnancy tests/testing	98.4 (63)
Counseling/information	98.4 (63)
Pregnancy options	84.4 (54)
Adoption	59.4 (38)
Abortion recovery	64.1 (41)
Peer counseling	35.9 (23)
STIs	26.6 (17)
Parenting	25.0 (16)
Sexual health	23.4 (15)
Abstinence	18.8 (12)
Contraceptives: Emergency contraception	14.1 (9)
Contraceptives: Natural family planning	3.1 (2)
Classes, educational programs, and groups	84.4 (54)
Parenting	67.2 (43)
Earn While You Learn	60.9 (39)
Abortion recovery	45.3 (29)
Prenatal and pregnancy	40.6 (26)
Bible studies and religious classes	31.3 (20)
Abstinence	20.3 (13)
Sexual health	14.1 (9)
Mentoring	17.2 (11)
Referrals	73.4 (47)
Medical care	46.9 (30)
Adoption information and resources	34.4 (22)
Social support services	18.8 (12)
STI testing	9.4 (6)
STI treatment	3.1 (2)
Contraceptives	0 (0)
Ultrasound examinations	62.5 (40)
Social services	32.8 (21)
Financial	25.0 (16)
Employment	10.9 (7)
Housing	10.9 (7)
Legal	1.6 (1)
STI testing	21.9 (14)
Chlamydia	14.1 (9)
Gonorrhea	14.1 (9)
HIV	6.3 (4)
Syphilis	3.1 (2)
Herpes	3.1 (2)
Hepatitis B	3.1 (2)
Hepatitis C	3.1 (2)
Bacterial vaginosis	3.1 (2)
HPV	3.1 (2)
Trichomonas	1.6 (1)
School-based programs and activities	10.9 (7)
STI treatment	4.7 (3)
Mobile unit	4.7 (3)
Abortion pill reversal	3.1 (2)
Contraceptive methods	0 (0)
Condoms	0 (0)
Other services	23.4 (15)

Abbreviations: HIV, human immunodeficiency virus; HPV, human papilloma-virus; STI, sexually transmitted infection.

Pregnancy Options Counseling

Pregnancy options counseling was the most commonly advertised PRC service, following pregnancy tests/testing. Eleven websites (17%) included the words “options,” “choice,” or “abortion” in the website name. However, fewer than one-half (42%; $n = 27$) provided notice that the centers do not provide or refer for abortion services. As presented in Table 2, which shows the frequency of selected false and misleading statements, 11 sites (17%) included misleading statements about making a decision about abortion, citing that 15% to 25% of pregnancies end in miscarriage. Pregnancy loss is actually estimated to occur in approximately 10% of clinically recognized pregnancies (American College of Obstetricians and Gynecologists, 2015). Examples of such statements are presented in Table 3. Of these 11 sites, 6 (55%) also included false statements that ultrasound examination can predict miscarriage; all 6 were sites that advertised ultrasound services. A small number of sites advertised “abortion pill reversal” services.

Approximately one-third of PRC websites (34%, $n = 22$) included information about adoption, whereas almost two-thirds (63%, $n = 40$) included abortion-related informational content. Using inductive coding, we classified information about significant mental health problems (e.g., depression, anxiety, suicide, post-traumatic stress disorder) and breast cancer as consequences of abortion as “inaccurate or misleading” given statements from scientific review groups concluding no increased risk of these outcomes due to abortion (American Psychological Association, 2008; National Cancer Institute, 2003). As shown in Table 2, we found that 36% of all sites ($n = 23$) purported links between abortion and mental health problems, and 8% ($n = 5$) purported links between abortion and breast cancer. In total, 41% of all sites ($n = 26$) and 65% of sites with abortion-related content included statements about mental health problems and breast cancer as consequences of abortion; examples are presented in Table 3. Overall, 53% of sites ($n = 34$) included false or misleading statements regarding the need to make a decision about abortion or links between abortion and mental health problems or breast cancer.

Contraception

No site advertised provision of or referrals for contraceptive methods approved by the U.S. Food and Drug Administration. Seven (11%) included an explicit statement indicating that the PRCs do not provide or refer for contraceptives. A minority of sites advertised counseling on natural family planning methods (3%) or emergency contraception (14%). Twenty (31%) included informational content about contraceptives, the majority of which was dedicated to emergency contraception. No site included information about highly effective contraceptives (e.g., intrauterine devices, implants), except to indicate that they are not 100% effective against unwanted pregnancy or STIs.

STI Testing and Treatment

Approximately one-fifth of websites advertised STI testing. An additional 9% of sites advertised referrals for STI testing. Three websites advertised STI treatment services. Twenty-six sites (41%) included informational content about STIs. Of the 14 sites that advertised STI testing services, 7 (50%) presented information about the importance of STI testing before undergoing an abortion procedure.

Table 2
Frequency of Selected False or Misleading Information on Georgia Pregnancy Resource Center Websites ($n = 64$)

False or Misleading Statement	% (n)
Abortion leads to mental health problems.	36 (23)
Misleading statements about the need to make a decision about abortion, citing inflated statistics about the proportion of pregnancies that end in miscarriage.	17 (11)
Ultrasound examination can predict miscarriage.	9 (6)
Abortion leads to breast cancer.	8 (5)
Any of the above statements.	53 (34)

Condom Promotion

No website indicated availability of condoms at PRCs. Eighteen (28%) included information about condom use. No website promoted consistent and correct condom use to prevent STI transmission or pregnancy. Rather, 78% ($n = 14$) with condom content included statements that seemed to be designed to undermine confidence in condom effectiveness or false statements about condom effectiveness; examples are presented in [Table 3](#).

Education, Referrals, and Support Services

Most sites offered educational classes and programs. Nearly two-thirds advertised “Earn While You Learn” programs, through which individuals earn credit to obtain material items (e.g., diapers, formula, clothes) by completing activities such as participating in pregnancy and parenting classes, watching videos related to pregnancy and parenting, and attending Bible studies. Of websites that described Earn While You Learn programs, 23% ($n = 9$) indicated that individuals could earn items by participating in Bible studies or religious classes. Parenting and “abortion recovery” classes and programs were also common; 24% ($n = 7$) of “abortion recovery” classes were described as having a religious focus.

Almost three-quarters of sites (70%, $n = 45$) indicated the availability of referrals for services other than STI treating and treatment. Medical care was the primary type of referral advertised. This primarily included general referrals for providers, physicians, clinics, and medical and health care (34%, $n = 22$); only four sites (6%) specifically advertised prenatal care referrals. Approximately one-third advertised referrals for adoption information and resources, and less than one-fifth advertised referrals for social support services (e.g., housing). Approximately one-third advertised social services provided by PRCs, such as job training or assistance registering for Medicaid.

Website and PRC Characteristics

Approximately one-fifth of the websites evaluated (22%, $n = 14$) advised that the information contained on the site should not be relied on as a substitute for professional counseling or medical or prenatal care. Just more than one-third (38%, $n = 24$) indicated the centers were staffed by licensed medical care providers. Most sites (81%, $n = 52$) included religious language. One-half ($n = 37$) seemed to directly target adolescents and emerging adults, including directions to the PRCs from high schools or colleges, information about “how to tell your parents” about a pregnancy, special teen section, and so on. Approximately one-half (52%, $n = 33$) had content and/or services explicitly for men.

Discussion

Women and men facing and at risk for unintended pregnancy require comprehensive, quality health services and unbiased, scientifically accurate information. This study performed a statewide analysis of all accessible PRC websites and identified concerns regarding advertised services and health information presented, especially given Georgia's exceptionally poor sexual and reproductive health indicators. Sixty percent of births in Georgia are unintended, the third highest in the country ([Kost, 2015](#)). Georgia also has one of the highest maternal mortality rates in the country and high infant mortality, human immunodeficiency virus infection, and STI rates ([Amnesty International, 2010](#); [Centers for Disease Control and Prevention, 2015, 2016](#); [Matthews, MacDorman, & Thoma, 2015](#)).

The vast majority of Georgia PRC websites advertised pregnancy options counseling. Prevailing medical guidelines concerning pregnancy options counseling recommend providing referrals for follow-up care, as requested ([Gavin et al., 2014](#)). Only a minority of sites provided notice that the PRCs do not offer abortion services or referrals. Many websites provided inaccurate information about abortion risks, purporting links between abortion and mental health problems and breast cancer. The provision of inaccurate information about abortion risks may be a common PRC practice. A 2014 study reported that 80% of PRC websites reviewed included inaccurate or misleading information about abortion risks ([Bryant et al., 2014](#)). Relatedly, some sites seem to encourage individuals to delay abortion decision making, citing inflated statistics for miscarriage after the detection of pregnancy. Early pregnancy loss is estimated to occur in 10% of clinically recognized pregnancies ([American College of Obstetricians and Gynecologists, 2015](#)), rather than the 15% to 25% cited by some PRC websites. Further, 15% of sites that advertised ultrasound examination services falsely claimed that ultrasound examination can predict miscarriage.

Related to pregnancy options counseling is the concern that PRC websites are promoting unproven “abortion pill reversal” and “abortion recovery” services. Given the lack of scientific evidence for abortion reversal and the potential risks ([Grossman et al., 2015](#)), the promotion and availability of such services should be monitored. A majority of PRC websites reviewed advertised “abortion recovery” programs. PRCs have long offered Christian lay counseling programs to women who have had an abortion, claiming that abortion leads to significant psychological morbidity despite clear scientific evidence against this claim ([Kelly, 2014](#)).

National recommendations advise that individuals with negative pregnancy test results who do not wish to become pregnant should be offered contraceptive services, ideally at the same visit as the pregnancy test ([Gavin et al., 2014](#)). Despite positions against promoting or providing contraceptives ([Care Net, 2016a](#); [Heartbeat International, 2016a](#)), only a minority of websites provided notice that PRCs do not offer contraceptive services or referrals. Failing to provide sexually active women who do not wish to become pregnant information about and to facilitate access to contraceptives are important missed opportunities to prevent unintended pregnancy and reduce abortion rates.

With regard to recommended STI services ([Gavin et al., 2014](#)), only a minority of websites advertised STI testing services or referrals, and fewer advertised STI treatment services. No site encouraged correct and consistent condom use, and many sites included information that seemed to be designed to undermine readers' confidence in condom effectiveness, a significant

Table 3
Examples of False and Misleading Statements About Abortion and Condom Effectiveness on Georgia Pregnancy Resource Center Websites

Topic	Quote
Avoiding a decision about abortion due to miscarriage	<p>“What do you mean that I ‘may not need and abortion’? How can you tell? Many women can avoid having to decide what to do with their unintended pregnancy, because 1 in 5 of all pregnancies end naturally. Pregnancies that end naturally are not viable, and result in what are called miscarriages. Who wants to go through the pain, cost and risk of an abortion if it's not necessary? A good way to check if you'll miscarry is by ultrasound technology.” http://www.whisperinghope.org/faqs/</p> <p>“You may not need an abortion. If you're pregnant and considering abortion, you may not need one. Studies show that up to 25% of all pregnancies end in natural miscarriage – avoiding the need for an abortion. A free ultrasound at Atlanta Care Center will tell you if your pregnancy is viable (living) or at risk for a natural miscarriage.” http://www.atlantacare.com/Abortion.aspx</p>
Mental health problems as a consequence of abortion	<p>“More than 50% of all post-abortive women report experiencing emotional and psychological disturbances lasting for months and even years. This includes feelings of grief, depression, anger, fear of disclosure, preoccupation with babies, nightmares, sexual inhibition, termination of relationships, emotional coldness, increased alcohol use, and even thoughts of suicide, not to mention the physical side-effects that are possible.” http://www.refugepregnancycenter.com/services</p> <p>“There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years. This psychological response is a form of post-traumatic stress disorder. Some of the symptoms are:</p> <ul style="list-style-type: none"> • Eating disorders • Relationship problems • Guilt • Depression • Flashbacks of abortion • Suicidal thoughts • Sexual dysfunction • Alcohol and drug abuse” http://prcwalton.com/issues/abortion/
Breast cancer as a consequence of abortion	<p>“Medical experts continue to debate the association between abortion and breast cancer. Did you know that carrying a pregnancy to full term gives a measure of protection against breast cancer? Terminating a pregnancy results in loss of that protection. Despite the controversy around this issue, it is important for women to know what some experts say: a number of reliable studies have demonstrated a connection between abortion and later development of breast cancer.” http://www.abortiondecisionatlanta.com/abortion_education.php</p> <p>“Abortion and Breast Cancer Medical experts are still researching and debating the link between abortion and breast cancer. However, here are some important facts:</p> <ol style="list-style-type: none"> 1. Carrying a pregnancy to full term gives protection against breast cancer that cannot be gained if abortion is chosen. 2. Abortion causes a sudden drop in estrogen levels that may make breast cells more prone to cancer. 3. Most studies conducted so far show a significant linkage between abortion and breast cancer. 4. A 1994 study in the journal of the National Cancer Institute found: “Among women who had pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women. <p>Abortion is offered as a simple solution. Abortion clinics may not take medical information you would have to give for any other kind of surgery, and they may not tell you the risks. Yet it is your body. You have a right to know all of the risks and consequences of an abortion. Otherwise, it isn't a choice.” https://mypregnancysolutions.com/about-abortion/</p>
Condom effectiveness	<p>“Condoms can only reduce the chance of infection with STDs like Chlamydia and Gonorrhea. Herpes and HPV are found on the external genitalia; a place condoms don't cover. The only guaranteed protection from these two STDs is refraining from any genital to genital or oral to genital contact.” http://www.whisperinghope.org/faqs/</p> <p>“Condoms may reduce the risk of pregnancy and STDs, but do not prevent pregnancy or STDs even if used 100% of the time. In fact, inconsistent condom use provides no risk reduction for STDs, with the possible exception of Herpes Simplex 2 and HIV.” http://www.augustacpc.org/STDs</p>

Abbreviations: HPV, human papillomavirus; STD, sexually transmitted disease.

concern, given Georgia's extraordinarily high human immunodeficiency virus infection and STI rates.

Through the new grant program, Georgia PRCs can receive public funds to provide parenting education, birth classes, and material items supportive of pregnancy and childbirth (e.g., formula, clothing). Our study found that many PRCs already provide such services and material resources through “Earn While You Learn” programs. Quality parenting classes and other classes and provision of needed material items could provide both individual and public health benefit; however, it is unclear that the Earn While You Learn curriculum and other classes offered by PRCs are medically and factually accurate or have been evaluated for public health benefit. The new grant program also

allows funding for housing, education, and employment assistance. Currently, a minority of sites advertise such services.

Overall, services advertised on PRC websites and informational content related to those services do not seem to be consistent with recommendations for quality, comprehensive sexual and reproductive health care (Gavin et al., 2014) or to reflect typical services provided with pregnancy testing (Wood et al., 2014), a service offered by all PRCs (Munson, 2008). The extent to which individuals seeking online information to assist with pregnancy-related decisions view PRC websites and appreciate that PRCs are distinct from traditional clinics providing sexual and reproductive health services is unclear but a concern. Inaccurate information and the promotion of services

that do not adhere to quality standards of care could delay or prevent receipt of prenatal care and other sexual and reproductive health services and exacerbate the state's poor sexual and reproductive health indicators. Potential negative public health effects, if they exist, may be heightened among young people given that unintended pregnancy rates are highest among this population and many PRCs seem to target adolescents and young adults.

There is a need to better understand the implications of how PRCs advertise services and provide information online. Future studies should evaluate decision making regarding seeking PRC services, PRC services actually delivered, client and patient satisfaction, the public's expectations for state-funded sexual and reproductive health services, and public health impact.

This study is subject to several limitations. We were not able to assess the number of people who viewed these websites or accessed PRC services, or the impact of PRC sites or services. Websites may not comprehensively or accurately depict PRC services, and our study cannot make conclusions about actual services provided at PRCs. Strengths include systematic identification of accessible websites for all Georgia PRCs and implementation of a rigorous methodology for analyzing website content. Importantly, this study extends evidence about PRC information and services in the context of increasing public funding and global expansion.

Implications for Policy and/or Practice

This study identified several concerns regarding portrayal of health services that do not appear to be consistent with national standards used to monitor other publicly funded sexual and reproductive health programs. Governments providing or considering funding PRCs should take into account public health benefit and potential harm in future funding decisions. Increased regulation may be warranted. Some local areas have sought to require PRCs to disclose limitations of their services and whether they have licensed health professionals on staff, although some ordinances have been revised after the threat of lawsuit or enjoined after facing legal challenge (Ahmed, 2015). Notably, however, California's Reproductive Freedom, Accountability, Comprehensive Care, and Transparency (FACT) Act—which requires PRCs to post notice about the availability of public programs that provide free or low-cost comprehensive family planning, prenatal, and abortion services to eligible women—took effect in 2016 despite PRCs' attempts to block implementation (Knight, 2016). Georgia and other states publicly funding PRCs may be able to regulate disclosures, transparency in advertising, presentation and provision of accurate health information, and the quality of PRC services through their grant programs. Regulations and monitoring to ensure that public funds do not support religious instruction or proselytization and publicly funded services are delivered separately from religiously based services may also be warranted. Increased public health attention and evidence are needed to inform policies that ensure women and men have access to quality sexual and reproductive health care.

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EXHIBIT 4

PERSPECTIVE

Crisis Pregnancy Centers: Faith Centers Operating in Bad Faith

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On June 26, 2018, the Supreme Court of the United States issued its long-awaited ruling on a California law that required licensed crisis pregnancy centers (CPCs) to post information about affordable abortion and contraception services offered by the state. The California law also required unlicensed CPCs to disclose that they were not licensed medical clinics.¹ In a 5–4 vote, the Supreme Court ruled that both provisions of the law violated the clinics' free speech rights under the First Amendment.² Antiabortion advocates celebrated the decision, as CPCs are designed to intercept women with unintended or “crisis” pregnancies and dissuade them from undergoing abortion,³ and California's law interfered with this mission.

The moral and legal aspects of abortion have always been hotly contested, and both sides of the ideological divide are entitled to promote their perspective. Crisis pregnancy centers, also known as “pregnancy resource centers” or “pregnancy support centers,” are organizations that provide pregnancy-related counseling and support from an antiabortion perspective. While CPCs have a right to exist and can provide valued emotional, spiritual, and material (e.g., diapers and formula) support for some women,⁴ they often engage in practices that are dubious at best and unethical at worst.⁵

Most CPCs are affiliated with evangelical Christian networks and national antiabortion organizations. Rather than being transparent about their ideological position, however, they typically advertise their services (most famously on highway billboards) using language and images that present themselves as unbiased, comprehensive health centers.^{5, 6} Some have their staff wear white coats, although they typically have no medical training. A growing number of centers have obtained licenses to conduct (medically unnecessary) ultrasounds, presumably for the purpose of using fetal images to dissuade women from abortion.⁵ Further, CPCs often employ

sophisticated strategies to draw in women who are seeking abortion services, including locating themselves near abortion clinics and using Internet search optimization techniques to elevate their visibility when people search for abortion services.⁷ Women may present to these centers only to find that they neither provide abortion nor refer to abortion providers.

Once a woman has entered a CPC, rather than using solely moral arguments to dissuade her from abortion, staffers use scientific language to advance their mission. Secret shopper studies of CPCs' practices and reviews of their public-facing websites demonstrate that they commonly draw links between abortion and adverse mental health sequelae, breast cancer, and future infertility,^{8–11} (all of which have been discredited by research), with the goal of diverting women with undesired pregnancies from abortion toward adoption or parenting. In one study evaluating CPC practices in Ohio, staff at some centers greatly overstated the risk of miscarriage, suggesting that abortion may therefore be unnecessary or even explicitly recommending to delay abortion given the high likelihood of spontaneous pregnancy loss.⁹

In clouding transparency about the provision of abortion services at their site, withholding information about abortion referral, and providing inaccurate information about the frequency of miscarriage and the safety of abortion, CPCs can obstruct access to timely abortion. Because abortions are medically safer and more accessible within the first trimester, delays in seeking abortion may have significant consequences. Moreover, as CPCs disproportionately attract low-income women and women of color because they advertise free pregnancy-related services,⁶ they can exacerbate observed socioeconomic and racial/ethnic disparities in the ability to access abortion in a safe and timely manner.¹²

Because most CPCs do not charge for services and are not licensed medical practices, they can slip through the cracks of many states' consumer protection statutes and regulations that govern the practice of medicine. While they may not be operating in violation of the law, numerous lawmakers, women's health advocacy organizations, and scholars have decried them as being unethical given their engagement in deceptive practices targeting women at a vulnerable time to propel a particular ideology. Moreover, given their commonplace practice of disseminating inaccurate medical information to women seeking out reproductive health services, CPCs can inappropriately influence women's reproductive health decisions and impact subsequent health outcomes, leading some to

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argue that they pose a public health hazard,^{3, 13} though scholarly research on the public health impact of CPCs is limited.

CPCs have been around since the late 1960s, primarily in states that permitted abortion, but their numbers grew significantly during the 1980s and 1990s after the national legalization of abortion. According to the National Abortion Rights Action League (NARAL), an advocacy organization committed to ensuring abortion access, there are an estimated 2500 CPCs in the US, compared to only 800 abortion clinics. In some states, CPCs outnumber abortion providers by ratios as high as 15:1.¹⁴ Numerous states fund CPCs either directly or indirectly through the sale of “Choose Life” license plates.¹⁵ For example, in Pennsylvania, taxpayer money directly funds CPCs via legislation that creates grants for “nonprofit agencies whose primary function is to assist pregnant women seeking alternatives to abortion.”¹⁶ Through this mechanism, the Pennsylvania Department of Human Services gave over \$30 million in grant money to Real Alternatives, a funding conduit for CPCs, from 2012 to 2017. Pennsylvania was also the first of a handful of states to use federal Temporary Assistance for Needy Families (TANF) dollars, which are intended to provide safety-net monies for low-income families, to fund CPCs. Many CPCs throughout the country also receive state and federal funds to promote and conduct abstinence-only sexual education in public schools.

The rise in number of CPCs has coincided with a decrease in abortion clinic numbers primarily due to targeted laws, informed more by ideology than science, designed to shut down abortion clinics or heavily curb their scope of practice.¹³ Numerous states have also mandated scripted counseling by abortion providers that contains unscientific claims about abortion risks.¹⁵ Thus, women seeking abortion are at risk of being caught between CPCs that choose to provide misleading information and abortion providers who are mandated to do so, curtailing women’s ability to make well-informed decisions about their reproductive health.

In the midst of abortion politics and warring ideologies, our mandate as health care professionals is to ensure that patients’ interests are at the center of health service delivery and policy and protect their ability to make informed, autonomous health decisions. For some women, especially those who have chosen to parent and/or who share a similar ideological position, CPCs can provide a meaningful support system. Being transparent about their antiabortion commitment, lack of medically trained staff (if applicable), and the limitations of the services they provide are critical first steps that would allow CPCs to operate more ethically. Until they do that, we as primary care providers must help our patients navigate a fraught abortion service climate. For those of us who are uncomfortable or unable to provide pregnancy options counseling and refer women elsewhere, we need to be aware of the prevalence and practices of these centers and educate our patients about where they can get unbiased comprehensive counseling and services. As physician-advocates, we can pressure our federal officials and state representatives to withhold funding from

CPCs until they can assure transparent advertising and refrain from providing scientifically invalid information. As physician-researchers, we can investigate more rigorously the impact of CPCs on women’s reproductive decision-making and outcomes. More broadly, we need to be aware of the intrusion on medical practice that CPCs and the Supreme Court ruling create and fight to ensure that informed medical decision making is protected at every opportunity.

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Compliance with ethical standards:

Conflict of interest: The authors declare no conflicts of interest.

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EXHIBIT 5

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POLICY FORUM

Why Crisis Pregnancy Centers Are Legal but Unethical

Amy G. Bryant, MD, MSCR, and Jonas J. Swartz, MD, MPH

Abstract

Crisis pregnancy centers are organizations that seek to intercept women with unintended pregnancies who might be considering abortion. Their mission is to prevent abortions by persuading women that adoption or parenting is a better option. They strive to give the impression that they are clinical centers, offering legitimate medical services and advice, yet they are exempt from regulatory, licensure, and credentialing oversight that apply to health care facilities. Because the religious ideology of these centers' owners and employees takes priority over the health and well-being of the women seeking care at these centers, women do not receive comprehensive, accurate, evidence-based clinical information about all available options. Although crisis pregnancy centers enjoy First Amendment rights protections, their propagation of misinformation should be regarded as an ethical violation that undermines women's health.

What Are Crisis Pregnancy Centers?

Drive down any highway in America, and you might see a sign: "Pregnant? Scared? Call 1-800-555-5555." Most often, these signs are advertisements for crisis pregnancy centers (CPCs). CPCs, sometimes known as "pregnancy resource centers," "pregnancy care centers," "pregnancy support centers," or simply "pregnancy centers," are organizations that seek to intercept women with unintended or "crisis" pregnancies who might be considering abortion. Their mission is typically to prevent abortions by persuading women that adoption or parenting is a better option [1, 2]. One of the first CPCs opened in 1967 in Hawaii [3].

Most CPCs are religiously affiliated [4], and a majority are affiliated with a network or umbrella organization such as Birthright International, Care Net, Heartbeat International, or the National Institute of Family and Life Advocates [1, 3]. These umbrella organizations offer legal support, ultrasound training, and other services to CPCs. With an estimated 1,969 network-affiliated CPCs in the US in 2010 [1], CPCs outnumber abortion clinics, which were estimated at 327 as of 2011 [5]. Many state governments fund CPCs through mechanisms such as "Choose Life" specialty license plates and grants, and many also receive federal funding [3, 6].

In this article, we will argue that both the lack of patient-centered care and deceptive practices make CPCs unethical. We will first highlight the discrepancy between the lack of standards for quality of care provided by CPCs and the innumerable restrictions on abortion clinics. We then show that CPCs violate principles of medical ethics, despite purporting to dispense medical advice. Finally, we will review legal challenges to CPCs, including an upcoming Supreme Court case, and regulatory challenges in an industry that seeks to be perceived as providing health care while simultaneously seeking to elude the need to be held to evidence-based standards of caring for women with unexpected pregnancies.

What Do Crisis Pregnancy Centers Do?

What might not be immediately apparent to someone seeking help at a CPC is that these centers take a distinct anti-abortion approach to pregnancy in that unintended or “crisis” pregnancies have two viable options, adoption or parenting. Multiple “undercover” or “secret shopper” surveys of CPCs and detailed reviews of the centers’ promotional materials and websites reveal that these centers give the impression of being medical clinics or having medical expertise [3, 7-9]. Often using neutral-sounding language, these centers offer to help women with free pregnancy tests, [ultrasounds](#), testing for sexually transmitted infections, and counseling on “all options” for pregnancy. In addition, pregnant women are often offered resources such as maternity clothes, diapers, and parenting classes. These centers often offer to give a “pregnancy verification” form, which women can use to enroll in prenatal care or to apply for government assistance with medical care (e.g., Medicaid or the Special Supplemental Nutrition Program for Women, Infants, and Children) [3, 8, 9].

CPCs, as a rule, not only discourage abortion but also refuse to provide referrals to abortion clinics, although they often provide “counseling” about “dangers associated with premarital sexual activity” [10]. Women who visit CPCs typically do not realize that they are not in an abortion clinic and are surprised to find that abortion is not considered an option at these centers [3]. As obstetrician-gynecologists, we have had several disgruntled patients come to us who were disappointed and felt deceived by the care that they had received at CPCs.

Arguments against Crisis Pregnancy Centers

CPCs have received criticism from lawmakers, physicians, scholars, and reproductive rights organizations for many of their practices [2, 3, 11]. They strive to appear as sites offering clinical services and unbiased advice. Lay volunteers who are not licensed clinicians at CPCs often wear white coats and see women in exam rooms [3, 8]. They also purport to provide medical advice on a variety of issues, including sexually transmitted infections, early pregnancy, and abortion [3, 8]. Because centers are sometimes located close to abortion clinics and have names and logos similar to nearby abortion clinics,

women could mistakenly seek care there rather than at the intended clinic. They also seek to target women who are most likely to seek abortion, particularly low-income women and women of color [12]. These strategic practices appear designed to mislead abortion clinic clients [3, 8].

Despite looking like legitimate clinics, most CPCs are not licensed [9, 13], and their staff are not licensed medical professionals [13]. CPCs that are not licensed medical clinics cannot legally be held to the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA) [3], which could lead to violations of [client privacy](#). For example, client information might not be kept confidential, and information about pregnancy or abortion intentions might be shared with people outside the clinic [14, 15]. Some CPCs have adopted a “Commitment of Care and Competence” statement that is provided by umbrella organizations, such as Heartbeat International and Care Net [16, 17]. This statement includes provisions on patient confidentiality and accurate clinical information; however, adoption of these guidelines is optional and adherence is not regulated or enforced [3].

Perhaps most worrisome, regardless of whether a particular location is licensed, CPCs engage in counseling that is misleading or false [8]. Despite claims to the contrary, these centers do not meet the standard of patient-centered, quality medical care [18]. The counseling provided on abortion and contraception by CPCs falls outside accepted medical standards and guidelines for providing evidence-based information and treatment options. For example, CPCs often suggest a link between abortion and subsequent serious mental health problems [3], while multiple studies have invalidated this assertion [19-21]. Similarly, centers cite debunked literature showing an association between abortion and breast cancer [22]. Although abortion has been shown to be safer than childbirth [23], it is portrayed as a dangerous or even deadly procedure [7].

Contrary to the claim that many CPCs make that they provide comprehensive services and offer women “all options,” most of these centers do not provide comprehensive women’s reproductive health care, abortion care, or referrals for abortion [1, 3]. For example, CPCs tend to avoid discussion of contraception and dismiss the role of condoms in preventing sexually transmitted infections [24].

Are Crisis Pregnancy Centers Legal?

The question of whether CPCs are “legal” is complicated. Centers lack regulatory oversight as they are not medical practices and do not charge for services. This exempts them not only from laws and statutes specific to medical clinics but also from Federal Trade Commission or state regulations that apply to commercial enterprises. Their practices are considered to fall under the classification of free speech, which is protected by the First Amendment [2, 11]. This makes them much harder to regulate and provides

them with a loophole to avoid scrutiny while providing information that does not conform to medical standards of care.

Multiple, largely unsuccessful legal challenges have been brought against CPCs, mainly in the form of local ordinances that require them to disclose that they are not medical centers and that they do not refer for abortion [4, 9]. One notable exception is the Reproductive FACT Act in California, which requires CPCs to offer information on where clients can obtain a full scope of low-cost or free reproductive health services. CPCs without a physician on staff must also disclose their unlicensed status [13]. This law was upheld by the Ninth Circuit Court of Appeals in October 2016 [13], but it is likely to be heard before the Supreme Court in March 2018 [25]. A ruling by the Supreme Court in favor of CPCs could definitively hamper efforts to curb deceptive practices by considering them free speech. This would be unjust because of the harms to women incurred by inaccurate information provision and by an organization's noncompliance with regulations such as HIPAA. Seeking abortion is time-sensitive; providing inaccurate information causes delays that can lead to higher costs and risks or even an inability to receive care [8]. The safety and well-being of women seeking abortion or any reproductive health care should take precedence over free speech, particularly when exercising that right can harm patients.

In stark contrast, despite receiving no federal and often no state funding [26], abortion clinics face increasingly high legal barriers [11]. Abortion clinics are strictly regulated, and abortion practice is often restricted by waiting periods, gestational age limits, and targeted regulation of abortion providers (TRAP) laws [11, 27]. Moreover, several states require medically inaccurate scripts and counseling that fail to protect free speech for abortion providers [27]. In North Carolina, where we practice, the state requires directed counseling, and informed consent must be given 24 hours prior to an abortion procedure [28]. This mandated counseling includes information on how women can see real-time images of the fetus and hear the heartbeat through an agency that provides this service for free; in other words, health care professionals must let women seeking abortion know about the existence of CPCs.

Are Crisis Pregnancy Centers Unethical?

Because CPCs purport to offer medical advice and care, it seems reasonable to expect them to abide by medical ethical principles. Four fundamental principles are widely recognized as guides to practice: beneficence, nonmaleficence, respect for autonomy, and justice [29]. Beneficence requires that treatment and care do more good than harm; that the benefits outweigh the risks, and that the greater good for the patient is upheld [29]. Providing inaccurate and misleading information violates the principle of beneficence because it is not patient-centered and does not fully consider the patient's well-being. Anti-abortion ideology thus supersedes the needs, values, and preferences of the woman seeking care. Respect for autonomy is similarly not expressed, because a

key component of autonomy is having the information needed to make an informed decision and the ability to make medical decisions free of coercion. Again, by placing ideology over accurate and comprehensive counseling, CPCs violate respect for a woman's autonomy by failing to give her the tools necessary to make the decision that is best for her life and circumstances [3].

Nonmaleficence, or the idea that health care professionals should "do no harm," is violated in multiple ways by CPCs. First, because these centers might tell women they have "plenty of time" to get an abortion, they could delay access to abortion, which could lead to women missing the gestational age cut-off for abortion in a given state; expose women to more involved and slightly riskier procedures at higher gestational ages; or cause women to miss the opportunity for abortion altogether [8]. Second, false or misleading information about contraception, condoms, and abortion could lead to unnecessary anxiety or failure to use measures that protect against sexually transmitted infections [24].

From a public health standpoint, these centers endanger women by misinterpreting and misrepresenting medical evidence. States implicitly endorse these centers when they provide support for them. Women are put in a difficult position when they have to navigate a perplexing landscape: abortion is safe and legal in every state, yet some states support and promote centers that provide inaccurate information on abortion. These conflicting messages presume a level of sophistication on the part of patients—that they understand the political landscape that underlies the abortion debate and that they are able to make informed, autonomous decisions despite the misinformation that they are given [11].

Distributive justice assumes a fair distribution of resources. In the setting of CPCs, justice is violated when women are not apprised of the availability of abortion services and access to abortion is consequently obstructed. Moreover, CPCs often target low-income women and women of color, adolescents, and women with less formal education [3, 12]. By [impeding access](#) to abortion through delays, expense, or other tactics, CPCs may propagate racial, ethnic, and socioeconomic inequities [12]. Multiple factors contribute to women's seeking to terminate a pregnancy, including economic considerations, the need to parent other children, relationship factors, professional aspirations, and educational goals [30, 31]. Those who are unable to obtain an abortion might be less likely to have and achieve aspirational goals, which affect overall well-being, and are exposed to the greater health risk of carrying a pregnancy to term [23, 32].

What are the ethical obligations of CPC personnel? CPCs are often staffed by lay volunteers [13], but many have volunteers who are licensed medical professionals such as nurses, physicians, and ultrasound technicians [1]. Even in their capacity as volunteers, health care professionals should conform to the ethical standards guiding

their profession. It is less clear what the standards for providing ethical care should be for lay volunteers. However, given that the federal government and 14 states fund CPCs [13], taxpayers should expect that all volunteers adhere to accepted medical ethical standards when providing health care advice.

Towards a More Ethical Approach

As nonprofit organizations, CPCs have the right to exist. Indeed, they could provide a valuable resource for some women, particularly those seeking material support for a pregnancy they plan to continue [33]. However, as we have seen, they also employ dubious communication strategies— withholding information about abortion referral, not being transparent about clinically and ethically relevant details, or using inflammatory language to scare women and dissuade them from having abortions [3, 8, 9].

Honest information about the perspective from which they dispense advice and support, in addition to forthright acknowledgement of their limitations, is essential for these centers to provide an ethical service to women. For no other medical procedure would someone who is not a health care professional seek to give detailed counseling on the risks of the procedure. CPCs should provide clear advertising and refrain from providing misleading and false information about abortion. Clear acknowledgement that no abortion referrals will be made would also be a step in the right direction. Until taxpayers can be assured that these centers conform to ethical standards of licensed medical facilities, offer sound medical advice, and do not lead to harm, states should refrain from directly or indirectly funding these centers.

Finally, health care professionals should be aware of the existence of CPCs and alert to the harms they can cause. Because primary care physicians who encounter pregnancy diagnoses may not be comfortable with options counseling [34], they should educate themselves about where women can obtain comprehensive reproductive health care locally to avoid referrals to CPCs for women considering abortion. Health care professionals also should support laws, like California's, that regulate CPCs by preventing them from withholding critical information about abortion availability from women seeking abortion.

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EXHIBIT 6



Position paper

Crisis Pregnancy Centers in the U.S.: 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

Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology



A B S T R A C T

Crisis pregnancy centers (CPCs) attempt to dissuade pregnant people from considering abortion, often using misinformation and unethical practices. While mimicking health care clinics, CPCs provide biased, limited, and inaccurate health information, including incomplete pregnancy options counseling and unscientific sexual and reproductive health information. The centers do not provide or refer for abortion or contraception but often advertise in ways that give the appearance that they do provide these services without disclosing the biased nature and marked limitations of their services. Although individuals working in CPCs in the U.S. have First Amendment rights to free speech, their provision of misinformation may be harmful to young people and adults. The Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology support the following positions: (1) CPCs pose risk by failing to adhere to medical and ethical practice standards, (2) governments should only support health programs that provide accurate, comprehensive information, (3) CPCs and individuals who provide CPC services should be held to established standards of ethics and medical care, (4) schools should not outsource sexual education to CPCs or other entities that do not provide accurate and complete health information, (5) search engines and digital platforms should enforce policies against misleading advertising by CPCs, and (6) health professionals should educate themselves, and young people about CPCs and help young people identify safe, quality sources of sexual and reproductive health information and care.

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Positions

The Society for Adolescent Health and Medicine (SAHM) and North American Society for Pediatric and Adolescent Gynecology (NASPAG):

1. Assert that crisis pregnancy centers (CPCs) pose risk by failing to adhere to prevailing medical standards of sexual and reproductive health care and informed consent.
2. Encourage federal, state, and local governments to only support programs that provide adolescents and young adults experiencing or at risk for unplanned pregnancy with medically accurate, unbiased, and complete health information

including comprehensive information about Food and Drug Administration–approved methods of contraception and the full range of pregnancy options, including abortion.

3. 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.
4. Discourage school boards and administrators from outsourcing sexuality education to CPCs or any entity that does not provide complete and medically accurate information or that provides sexual and reproductive health information that is inconsistent with recommendations of professional medical organizations and medical standards of care.

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5. Urge companies that own digital platforms and search engines to regularly monitor how CPCs represent their services and implement practices that prevent and disallow misrepresentation and misleading advertising.
6. Encourage health professionals, health organizations, and state and local health departments to educate themselves and young people about the limitations of CPC services and provide young people opportunities to learn how to identify and access medically accurate sexual health information and safe, evidence-based care.

Methods

This position statement was developed through (1) review of academic publications and human rights and advocacy writing related to CPC policies, practices, and services and (2) discussions among a team of adolescent sexual and reproductive health experts. These discussions focused on adolescent needs for and rights to sexual and reproductive health information, standards for medical ethics including informed consent, concerns about young people's informed decision-making, and government's role in promoting adolescent health.

Background

Sexual and reproductive health are key aspects of overall health. Adolescents and young adults in the U.S. and elsewhere have disproportionately high rates of unintended pregnancy, HIV, and other sexually transmitted infections (STIs). Most people start having sex during adolescence and emerging adulthood. With an increasing age of first marriage globally, fewer individuals remain sexually abstinent until marriage. To protect and maintain their health and avoid adverse consequences, young people require comprehensive, medically accurate sexual and reproductive health information and quality, evidence-based clinical services. Programs that exclusively promote sexual abstinence before marriage (also known as "sexual risk avoidance") are ineffective, ethically problematic, and may be harmful [1,2]. CPCs (also known as "pregnancy resource centers" and "pregnancy support centers") purport to provide help to people facing and at risk for unintended pregnancy and are increasingly becoming medicalized [3,4]. The centers particularly market their services to young people, people of color, and individuals with low incomes [4–7]. Government funding and support for CPCs is an increasing trend in the U.S. [3,4].

CPCs: Prevalence, Objectives, and Types of Services

CPCs exist in at least 84 countries [8]. Approximately 2,500 CPCs are currently operating in the U.S. [9], more than three times the number of facilities that provide abortion care. Most are affiliated with national religious organizations that oppose both abortion and contraception. CPCs' primary mission is to dissuade pregnant women from considering abortion [4,6]. Other aims include religious proselytization and promoting sexual abstinence before marriage [10]. The centers offer free pregnancy tests and "pregnancy options" counseling with the aim of influencing individuals' pregnancy decisions [10,11]. They often mimic health care centers by offering free limited medical services, such as limited obstetric ultrasounds and STI testing [4,6]. CPCs also provide information about sexual and reproductive health topics, and many offer resources (e.g., maternity and infant clothes and diapers) and

programs (e.g., parenting classes) that support childbirth and the prospect of parenting [5,8,10]. CPC services are typically free of charge; however, receipt of material resources typically requires clients to participate in activities such as parenting classes, Bible studies, and abstinence seminars [5,10]. Despite the potentially coercive nature of CPC services and resources, many clients report needing and valuing them. The availability of free material resources is the primary reason some clients engage with CPCs [12], perhaps suggesting a need for greater access to social services and resources in and through settings that provide safe, evidence-based care to people with low or no income. Many CPCs also teach sexuality education in public schools and youth-serving organizations using an abstinence-only-until-marriage approach [3,4,13].

Governmental Support and Regulation of CPCs

Governmental bodies in the U.S. fund and support CPCs through various mechanisms. The centers have received funding for abstinence-only-until-marriage programs through various federal grants for decades [3,4,13]. In 2019, a CPC network was awarded funding through the Title X grant program [14], the only federal program dedicated to providing adolescents and low-income adults with access to family planning and related prevention services. The award followed major rules changes contrary in nature to the founding principles that guided the federal program since its enactment in 1970. Some states have designated grant programs that publicly fund CPCs [3,5]. A number of these states support CPCs by diverting funds from Temporary Assistance for Needy Families programs. Complaints and reports of CPC organizations misusing state funds have been filed in multiple states. In addition, some states raise revenue for CPCs through the sale of "Choose Life" license plates [3,13,15]. Some states refer women to CPCs by mandating that individuals seeking abortion be offered information about facilities that provide pregnancy-related services and making available resource directories that include CPC listings without notice about which listings are CPCs and limitations of CPC services [16]. Numerous states have passed measures commending the work of CPCs. In addition, a few states offer specific tax credits for charitable donations to CPCs [3]. Many school districts allow the centers to teach abstinence-only-until-marriage programs in public schools [3].

CPCs typically do not charge for their services, and most are not licensed medical practices. Although some centers are licensed, most CPCs are not subject to the same regulatory, licensing, and oversight requirements as health care facilities, including Health Insurance Portability and Accountability Act regulations for patient privacy protection [17]. Some jurisdictions have attempted to regulate CPCs by mandating that centers post signage with notification that the center is not a health facility and other notifications [13]. In 2018, a 5–4 decision of the U.S. Supreme Court (*NIFLA v. Becerra*) supported CPCs' free speech rights and overturned a California state law that required CPCs to post or distribute notices onsite about the limitations of their services (if unlicensed) and the availability of state-funded reproductive health services (if licensed) [15]. The decision in support of CPCs' free speech rights contrasts with legal precedents upholding state-mandated speech laws that compel health care providers to counsel patients seeking abortion using scripts that include inaccurate and deceptive statements not in keeping with medical evidence. SAHM and NASPAG affirm that professional ethical standards and principles, including honesty,

respect, and responsibility, should be paramount in offering and delivering medical care and services that may affect the health and well-being of adolescents and young adults. CPCs are subject to professional ethical standards regardless of regulatory environment, but fail to meet such standards.

Quality of Health Information and Services Provided by CPCs

CPCs are typically staffed by volunteers without clinical training or licensure [3,4,6]; however, licensed medical professionals serve as paid staff or volunteer at some centers [5,6]. Because CPCs prioritize their own religious beliefs over client needs and preferences and prevailing medical guidelines, the centers do not promote informed consent and do not provide client-centered care or recommended evidence-based services [3,5–7,15–20]. CPCs do not adhere to prevailing medical standards. National guidelines define a core set of family planning services to minimize missed opportunities for comprehensive prevention and care, including pregnancy testing; accurate, unbiased pregnancy options counseling and provision of referrals for follow-up services requested by clients, including for abortion; counseling about a full range of contraceptive methods; provision of one or more selected contraceptive methods; STI testing and treatment services; counseling about condom use; and easy and inexpensive access to condoms [21,22]. In contrast, CPCs do not refer for abortion services, and most have policies against promoting and providing contraceptives [6,15,19]. Only some centers provide STI testing, and few offer STI treatment [5].

CPCs provide biased, misleading, and, frequently, inaccurate sexual and reproductive health information in service of their goals [3–7,13,15–20]. For example, CPCs frequently provide inaccurate information about the risks of abortion (e.g., abortion leads to breast cancer and mental health problems) and misinformation about contraceptives (e.g., inaccurate information about condom effectiveness and risks and side effects of contraceptive use), which risk causing harm [3,5–7,15–20]. They also frequently provide inaccurate information about fetal development and make unfounded claims about fetal pain to discourage abortion. In addition, many centers inform clients that they “have plenty of time” to make pregnancy decisions [5,17,18], which could endanger people who ultimately decide to terminate their pregnancies by exposing them to slightly riskier procedures later in pregnancy and obstruct their opportunity to obtain an abortion due to state-imposed gestational age limits, increased costs, and limited access to later-term abortion services [17]. Such advice may also risk maternal and infant health through delayed prenatal care. However, there is limited evidence to date about the impact of CPC services on individual decision-making and health and well-being outcomes.

Many CPCs also disseminate misinformation about sexual and reproductive health topics through implementation of abstinence-only-until-marriage programs. Such programs provide misinformation, are not evidence-based, and are ethically flawed [1,2]. Abstinence-only-until-marriage programs fail to provide accurate information about contraceptives and condoms, focus exclusively on failure rates, and provide inaccurate information about the risks and side effects of use [1,2]. Evidence shows abstinence-only-until-marriage programs are not effective at delaying sexual activity and reducing sexual risk behavior [2]. They may even cause harm. Evidence suggests that young people who take virginity pledges are less likely to use condoms

and contraceptives at first intercourse and have higher rates of human papillomavirus and nonmarital pregnancies [2]. National professional public health and medical organizations, including SAHM [1] and NASPAG, oppose abstinence-only-until-marriage programs and endorse comprehensive, medically accurate sexuality education.

CPCs frequently provide and promote unproven services, such as “abortion recovery” programs and “abortion reversal” services. CPCs have long-offered lay counseling to women who have had an abortion claiming that abortion leads to significant psychological morbidity [20], despite clear scientific evidence to the contrary [23]. “Abortion reversal” is another unproven service promoted and provided by CPCs [5]. “Abortion reversal” is an intervention of high-dose progesterone purported to reverse a medication abortion after individuals have taken the initial dose of the two drug regimen [24]. However, there is a lack of scientific evidence supporting the efficacy of the intervention, and the intervention poses risks [24]. The American College of Obstetricians and Gynecologists deems “abortion reversal” procedures “unproven and unethical” [25].

CPCs frequently portray their services in misleading ways and give the appearance that they are comprehensive medical clinics [4,5,15,18]. CPCs often advertise their services to pregnant women and people of reproductive age without providing notice that they do not provide or refer for abortion or contraceptive services [4,5,18]. The centers also frequently use Web addresses that may confuse individuals searching for health services online. For example, many centers use URL addresses that contain the words “options,” “choice,” and “abortion” [5]. In addition, CPCs use digital marketing strategies to direct people to their centers. For instance, the centers often optimize their Web sites using keywords related to abortion and contraception and purchase advertising that places their sites at the top of search results related to abortion and contraception [4]. Such strategies often identify CPCs in geographic-based search results and maps. Some CPCs also locate adjacent to reproductive health clinics and adopt similar-sounding names in attempt to attract individuals seeking abortion and other sexual and reproductive health services [4]. Thus, some people may seek services at CPCs based on misconceptions, which could delay or prevent receipt of appropriate, quality, evidence-based health care [6,17]. Such impediments to care could result in unwanted childbearing and negative health consequences for individuals and families and could exacerbate population-level health disparities [17].

Summary

CPCs often provide inaccurate health information and attempt to thwart the use of safe, acceptable, desired health care services, particularly contraception and abortion. CPC practices and services do not align with a public health approach and are inconsistent with recommendations of professional medical organizations and medical and ethical standards of care. Government-funded health programs have a responsibility to protect and promote health and provide accurate information. SAHM and NASPAG support regulation and action to address CPCs’ lack of adherence to medical and ethical practice standards and prevent potential harms caused by CPC services and practices.

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EXHIBIT 7

The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research

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Abstract: Crisis pregnancy centers (CPCs) are nonprofit organizations that present themselves as healthcare clinics while providing counseling explicitly intended to discourage and limit access to abortion. These facilities engage in purposefully manipulative and deceptive practices that spread misinformation on sexual health and abortion. CPCs have also been shown to delay access to medically legitimate prenatal and abortion care, which negatively impacts maternal health. Along with increasing anti-abortion legislation, the proliferation of CPCs paired with the closure of abortion clinics exacerbates the ongoing harmful impact these centers have on the reproductive healthcare landscape; however, despite their growing influence, there is still limited research on patients' understanding of and experiences with CPCs. This article provides a review of academic literature on CPCs and suggests future directions for research. Ongoing scholarship may aid in improving patient awareness and education regarding CPCs, an important step toward protecting reproductive autonomy.

Keywords: reproductive health, reproductive justice, abortion, advocacy

Background

Crisis Pregnancy Centers (CPCs) are nonprofit organizations that present themselves as healthcare clinics while providing counseling explicitly intended to discourage and limit access to abortion.^{1,2} These facilities, sometimes referred to as “pregnancy resource centers” or “pregnancy support centers,” attract patients by offering free services such as onsite ultrasounds and STI testing; however, their primary purpose is to discourage abortion, often through manipulative and misleading tactics.³ Most CPCs have strong ties to evangelical Christian organizations and often further their goal of religious proselytism by promoting anti-abortion and anti-contraception propaganda not supported by medical evidence.⁴

CPCs often directly usurp state and federal dollars directed to reproductive health, which has helped encourage their proliferation. The first CPC in the United States opened in Hawaii in 1967, after the state legalized abortion. Today, the country has an estimated 2500–4000 operational CPCs, approximately triple the number of abortion clinics, which see over 1 million patients annually.⁵ CPCs are not a strictly American phenomenon, as evidenced by the presence of these centers in at least 84 countries; however, their evolution has played an important role in shaping the political landscape of abortion in the United States.⁶ In the early days of the so called pro-life movement, legal and legislative strategies aimed at restricting abortion were primarily focused on fetal rights.⁷ After *Roe v. Wade* was decided in 1973, CPCs played an important part in centering pregnant women within the pro-life movement and framing abortion as a byproduct of “an unjust system that did not value motherhood.”⁸ CPCs proliferated in the 1970s and 1980s as accessible spaces for primarily women volunteers to affirm their religious opposition to abortion, reinforce traditional gender expectations, and “save” other women from the harms of abortion. This ethos, which promotes strict, evangelical gender roles and

positions abortion as a moral harm, remains central not only to the operation of CPCs but also to anti-choice activism more broadly.⁴

The majority of CPCs are supported by religious associations such as Care Net, Heartbeat International, Birthright International, or the National Institute of Family and Life Advocates.⁹ A recent study aimed at characterizing the geographic distribution of crisis pregnancy centers in the US determined that CPCs exist in every state, but are largely concentrated in the South and Midwest.¹⁰ Evidence suggests that CPCs have a negative individual and public health impact through dissemination of medically inaccurate information and delaying access to legitimate medical care.¹¹ Alongside increasing anti-abortion legislation, the proliferation of CPCs paired with the closure of abortion clinics perpetuates the ongoing harmful impact these centers have on the reproductive healthcare landscape. However, despite their growing influence, there is still limited research on patients' understanding of and experiences with CPCs. In this review of the academic literature on CPCs, we explore both the impact of these centers on patient care and reproductive autonomy and suggest future directions for research.

Services Provided by CPCs

The operation of CPCs relies on over 40,000 volunteers, the majority of whom are laypersons; however, some medical professionals work in select clinics on either a paid or volunteer basis.^{12,13} Staff in CPCs are primarily white and middle class.⁴ Comparatively, CPCs target their marketing towards and are attended most frequently by young people, people of color, and individuals of lower socioeconomic status.^{14,15} This focus on disenfranchised communities highlights the exploitative practices of CPCs, especially when considering that these centers often offer free services in exchange for participation in abstinence seminars or Bible studies.¹⁶ While comprehensive reproductive health clinics have strict requirements regarding patient confidentiality, quality of medical care, and hygiene and safety practices, CPCs are not held to any regulatory standards and enjoy significantly less government oversight despite often being listed in state-sponsored pregnancy resource lists.¹⁰

Though the primary offering of CPCs is biased, medically inaccurate counseling, some also provide pregnancy tests, STI testing, and ultrasounds. Free ultrasonography is often a particularly strong and problematic enticement, especially since this service can otherwise be financially prohibitive and difficult to access.¹⁷ In offering ultrasounds, CPCs suggest they are legitimate medical facilities; however, the images are frequently non-diagnostic and often obtained by untrained, unlicensed staff.¹⁷ Moreover, the practice can be deliberately or inadvertently misleading or dangerous when clients receive inaccurate gestational age dating or if CPC staff miss a diagnosis such as ectopic pregnancy.¹⁸ Apart from these medicalized services, CPCs offer pregnant patients maternity clothes, diapers, parenting classes, information on adoption, social service referrals, and even housing, frequently in exchange for participation in religion-based seminars.¹⁶ These free services are often cited as the primary reason clients interact with CPCs, which suggests a lack of access to social services and resources via settings that provide high-quality, medically sound care to socioeconomically disadvantaged patients.¹¹ CPCs do not consistently provide transparent information about their services. One study analyzing the content of CPC websites found that 84% of sites stated that abortion information would be available at their respective centers while only 13% provided a disclaimer that the center was not a medical facility.¹⁹

Lack of Patient Awareness About CPCs and Risk of Deception

CPCs engage in deliberately misleading practices to convey legitimacy and credibility, which they are otherwise lacking. From their websites, which emphasize “all options” counseling to the white coats worn by layperson volunteers, CPCs are dangerously lacking in transparency.¹⁸ Notably, CPCs have developed strategies to trick abortion seeking patients into mistaking these centers for comprehensive clinics. These include naming themselves similarly to abortion clinics and using a method called “co-location” which refers to the purposeful opening of CPCs near reproductive health clinics. In several cases, CPCs are within a few blocks or even right across the street from legitimate abortion clinics.¹³ CPCs also concentrate their advertising efforts on groups of women that they feel to be the most “abortion-minded.”²⁰ This includes young women, women of color, and women of lower socioeconomic classes targeted with strategically placed billboards near high schools and colleges and advertising on public transportation and bus shelters.²⁰ Care Net has an “Urban

Initiative” which focuses on bringing Black and Latina women to centers by advertising on the Black Entertainment Network (BET) and drawing comparisons between abortion and slavery.²⁰

Evidence is accumulating on how CPCs recruit clients and how those clients feel about the services. While CPCs are more prevalent than abortion clinics, only 60% of respondents among a national, representative sample of reproductive-aged women knew of their existence.^{10,21} Many CPCs appear in internet searches for abortion, which adds to patient confusion regarding what types of services and counseling they will be provided if they present to one of these facilities.²² Websites of CPCs can be difficult to differentiate from those of abortion clinics, and lacking prior awareness of the existence of CPCs and low health literacy are risk factors for misidentification.²¹ While one study found that most women who sought care at a CPC “generally recognized the CPC was antiabortion, ideologically Christian, and not a medical establishment,” the potential for confusion and deception is high.²³ Furthermore, CPCs intentionally use scientific language while making false claims directly contradicted by research and medical guidelines, furthering intentional deception. This includes exaggerating the likelihood of miscarriage in early pregnancy to downplay the urgency in seeking abortion care, and emphasizing non-factual relationships between abortion and infertility, breast cancer and adverse mental health effects.^{14,17,24}

Other evidence both on prevalence of attendance and the client experience is mixed. Studies from Louisiana and Maryland report low prevalence of CPC attendance and that those who sought care at CPCs were looking for a supportive environment for their pregnancy or resources such as free ultrasound, clothes or diapers.^{23,25} In contrast, a representative sample from Ohio reported a relatively high prevalence of CPC ever attendance, more frequent among those who were Black/non-Hispanic and low socioeconomic status.¹⁵ Thus, more research is needed both on how clients choose to attend a CPC and the effects of that care, particularly given concerns that biased counseling may undermine reproductive autonomy.²⁶

Funding and Regulation of CPCs versus Abortion Clinics

CPCs receive funding from a variety of mechanisms, including state and federal funding in addition to private donations. CPCs are written into state budgets of several states with a regulatory environment hostile to abortion.^{27,28} The sale of “Choose Life” license plates supports CPCs or other explicitly anti-abortion organizations in 18 states, 10 of which specifically prohibit any of these funds from aiding organizations that provide abortion, abortion counseling or referrals.²⁹ Several states also fund CPCs through the Temporary Assistance for Needy Families (TANF) program, an annual block grant from the Federal government intended to assist state residents below the poverty line.^{30–32} In this way, CPCs directly steal funding from the intended recipients of TANF, thus decreasing the financial and structural support available for low-income families.

Federal funding for anti-abortion organizations such as CPCs expanded in the early 2000s under the Bush administration via allotments from federal programs supporting abstinence only education and the administration’s Compassion Capital Fund, an initiative designed to support faith- and community-based organizations through capacity building grants.¹ More recently, changes to the Title X family planning program under the Trump administration allowed CPCs to receive funding from this entity for the first time, while limiting participation of organizations that provide induced abortion.³³ Federal grants to several large explicitly anti-abortion organizations, such as the California-based Obria Group, were approved in 2019. While Obria runs licensed clinics and brands itself as a comprehensive healthcare center, the group’s website contains stigmatizing language such as references to “post-abortion trauma symptoms” and promotes non-evidence-based medicine such as abortion reversal.³⁴

Funding awarded under Title X for family planning services has long been unavailable for abortion. Some healthcare organizations that provide abortion, such as Planned Parenthood, receive Title X funding for other services such as contraception and screening for breast cancer, cervical cancer, and sexually transmitted infections while other, non-Title X funding, is used for abortion. The 2019 changes to Title X, which many called the “domestic gag rule,” made existing regulations even more stringent and prohibited Title X providers from providing comprehensive options counseling for pregnancy or making referrals for abortion.³³ More critically, the ban on discussion of and referral for abortion meant clients could not rely on their providers to be an accurate and comprehensive information source. Though reversed as of November 2021, these changes to Title X led to departures of numerous grantees including Planned Parenthood, which

previously served approximately 40% of patients relying on Title X for family planning services, and temporarily left six states with no Title X-funded services.³⁵ This demonstrates the concrete ways in which anti-abortion political sentiments may have a deleterious effect on overall reproductive health access.

Federal funding for abortion provision is also strictly limited. The Hyde Amendment, which has been included in annual Congressional spending bills since 1976, explicitly prohibits use of federal funds to cover abortion services.³⁶ At the patient level, the Hyde Amendment prohibits insurance coverage of abortion for individuals who obtain healthcare coverage through Medicaid, Medicare, the Indian Health Service, the Children's Health Insurance Program (CHIP) or who are employed by the federal government, except in instances of rape, incest and life endangerment.³⁶ Although some states use their own Medicaid funds to cover abortion services or require abortion coverage by private health insurance plans, no form of public insurance can be used to cover abortion in 33 states, and nearly half of states further restrict federal marketplace or private plans from covering abortion.³⁷ Medicaid is the largest obstetric payor in the United States,³⁸ making abortion is an important and costly gap in coverage for a large population of reproductive-age individuals. These restrictions disproportionately impact low-income women and women of color, who are more likely to rely on public insurance.

There is also a marked disparity in regulation of abortion clinics and CPCs. In contrast to abortion clinics, which are regulated as licensed medical facilities, CPCs have varying levels of licensure and accreditation. In a landmark decision in 2018, the Supreme Court struck down a California law that required CPCs to post information about available abortion and contraceptive services and required unlicensed CPCs to disclose that they were not licensed medical clinics, claiming that the law violated CPCs' First Amendment rights to free speech.³⁹ This decision greatly limits the ability of states to regulate CPCs and safeguard public health.⁴⁰ Abortion providers, in contrast, are frequently mandated by state laws to provide scripted counseling that contains medically inaccurate information, including claims that abortion is associated with mental health risks, increased risk of breast cancer, and detriments to future fertility.⁴¹

Additional Harms Associated with CPCs

In addition to disinformation and deception regarding abortion, disinformation regarding hormonal contraception, condom use, sexually transmitted diseases and sexuality is widespread among CPCs.^{14,16} Few CPCs provide education about contraception, and fewer still provide FDA-approved contraceptive methods.^{14,16,17} Those that do provide information focus primarily on potential harms of contraception while downplaying the effectiveness of prescription methods.¹⁴ Unfortunately, CPCs do not limit the spread of harmful misinformation to their websites and clinics. Several CPCs have arrangements in their local communities to provide off-site "sexual education" programs, which primarily consist of abstinence-only messaging, gender essentialism, and anti-LGBTQ philosophies.⁴² Because they are not medical facilities, CPCs are not subject to the Health Insurance Portability and Accountability Act and many are collecting private client data, which could be used for a range of purposes, from evangelizing to informing anti-abortion lawsuits for bounty in Texas.¹⁷

In addition to the purposefully deceptive nature and explicit anti-abortion objectives of CPCs, engagement with CPCs may also lead to direct harms for both pregnant and non-pregnant women. Individuals seeking pregnancy confirmation at CPCs not only experience delays in accessing abortion care when desired,^{23,43} but in the case of desired pregnancies, may also experience delayed entry into prenatal care or delayed recognition of pregnancy complications or medical conditions as a result of visiting a non-licensed clinic.^{23,43} A recent survey study conducted with 607 CPCs in 9 states found that only 5% directly offered prenatal care, while only 40% provided referrals for prenatal care.¹⁷ The same study found that only 26% and 16% of CPCs have a registered nurse or physician on staff, respectively, which underscores that individuals attending CPCs are not receiving medical care, and potentially dangerous diagnoses such as ectopic pregnancy may be missed. Thus, rather than helping refer to early prenatal care, which is associated with improved maternal and neonatal outcomes, or providing tangible resources such as assisting individuals to obtain pregnancy Medicaid benefits as applicable, CPCs distract and divert pregnant women from the legitimate medical system to promote their own ideologic ends.^{44,45}

For patients who are considering pregnancy termination, CPCs not only misrepresent the health-risks of abortion but also may intentionally lie to their clients by reporting incorrect gestational ages of their pregnancies.⁴⁶ At best, this tactic

forces an increase in second-trimester abortions, which are harder to obtain, more expensive, and less safe than abortions in the first trimester.⁴⁷ At worst, it prevents patients from accessing abortion altogether, a situation that will become more common as abortion becomes more difficult to access, thus robbing them of their reproductive autonomy.

Directions for Future Research

While scholarship on CPCs is beginning to increase, there are still several gaps in knowledge regarding the impact of these centers on reproductive justice and public health overall. With access to abortion likely to become much more limited throughout the US, diverse investigation of the harms of CPCs remaining the only alternative for people experiencing unplanned pregnancy is essential. General trends, such as delays in prenatal and abortion care, are evident; however, further quantification of these interruptions in care as well as elaboration on their effects is still ongoing and much needed. There is also limited information regarding how patient interactions with CPCs impact pregnancy-related decision-making and sexual health behaviors. Equally important to increasing investigation of the influence of CPCs is developing a deeper understanding of how misinformation about miscarriage, anti-LGBTQ+ bias, and new strategies to digitally recruit and store data about clients may cause harm.¹⁷ A research agenda with a broad focus also requires voices outside academics, such as the leadership of feminist activists working to decrease public funding of CPCs and increase oversight.⁴⁸ Research insights into what makes a website trustworthy or approachable should also be leveraged by legitimate reproductive health clinics.

Conclusion

CPCs are a unique and disconcerting hybrid of anti-choice activism, religious propagandism, and pseudo-medical practice. Their modes of operation are fundamentally unethical and undermine the respect to human life that they claim to protect. Currently, the government faces significant barriers to implementing regulation of CPCs. The overall protected status of CPCs exists in stark contrast to that of abortion clinics. As states across the country threaten to severely restrict, and in some cases eliminate, access to abortion, efforts to limit the influence of CPCs will become increasingly vital. Initiatives to promote transparency and protect people seeking unbiased medical care from deception by CPCs will require creative solutions. On a grassroots level, healthcare providers and pro-choice organizations need to remain knowledgeable about CPC operations within their communities and serve as reliable sources of information for patients. Structurally, in addition to pushing for greater oversight of these organizations, Americans should demand increased accountability from search engines and social media outlets regarding advertising of CPCs and the medical accuracy of their online content. There also needs to be widespread social and political support of public health policies that create legitimate, safe access to medical and financial resources that are currently offered under threat of coercion by CPCs. While reproductive rights advocates continue to demand responsible, appropriate action from local and national governing bodies, increasing patient awareness and education about these centers will hopefully protect anyone capable of pregnancy from erosion of their reproductive freedoms by CPCs.

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EXHIBIT 8

DESIGNED to DECEIVE

A STUDY OF THE **CRISIS PREGNANCY CENTER INDUSTRY** IN NINE STATES

ALASKA

CALIFORNIA

IDAHO

MINNESOTA

MONTANA

NEW MEXICO

OREGON

PENNSYLVANIA

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STATE ADVOCATES
FOR WOMEN'S RIGHTS
& GENDER EQUALITY

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ABOUT THE ALLIANCE

The Alliance: State Advocates for Women's Rights and Gender Equality ("The Alliance") is a collaboration of state-based law and policy centers working across the country to advance gender equality at the intersection of reproductive rights, economic justice, LGBTQ+ equality, and gender-based violence:

GENDER JUSTICE | Minnesota

LEGAL VOICE | Washington, Oregon, Montana, Idaho, Alaska

SOUTHWEST WOMEN'S LAW CENTER | New Mexico

WOMEN'S LAW PROJECT | Pennsylvania

The Alliance law centers advance proactive policies and litigation at the federal, state and local levels, leveraging state constitutions, opportunities, and causes of action. Our work is intersectional, and we are committed to explicitly and proactively grounding it in racial equity. We strive to center and amplify the voices of those most marginalized and work in and with diverse grassroots and client communities seeking equity and justice.

A centerpiece of the Alliance collaboration is our work to ensure equitable access to evidence-based reproductive health care and to secure transparency and accountability in government-funded programs for pregnant people. To that end, the Alliance has partnered with California Women's Law Center and researchers across the country to examine the expanding network of crisis pregnancy centers (CPCs), which are anti-abortion organizations that undermine the reproductive autonomy of vulnerable pregnant people while purporting to assist them.

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This report and additional online content are available at alliancestateadvocates.org

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A NOTE ON LANGUAGE: The Alliance recognizes that people of all gender identities experience pregnancy and need access to comprehensive evidence-based reproductive health care. We use gender- inclusive language throughout this report except when referencing research and data that focuses on women exclusively, and laws that are written and interpreted based on binary gender concepts and use binary language.

Executive Summary

CRISIS PREGNANCY CENTERS (CPCS) ARE ANTI-ABORTION ORGANIZATIONS THAT SEEK TO REACH LOW-INCOME PEOPLE FACING UNINTENDED PREGNANCIES TO PREVENT THEM FROM ACCESSING ABORTION AND CONTRACEPTION. CPCs advance this mission by using deceptive and coercive tactics and medical disinformation, and misleadingly presenting themselves as medical facilities. The modern CPC industry, a well-resourced arm of the global anti-abortion movement, is rapidly expanding while evading public accountability, despite increasing reliance on public funds.

Context for this Study

We live in the most hostile era for reproductive freedom in decades. The anti-abortion movement's two primary strategies — passing abortion bans¹ and contraception restrictions and expanding crisis pregnancy center networks with taxpayer money² — are simultaneously reaching peak, unprecedented levels. As of this writing, the U.S. Supreme Court has allowed Texas Senate Bill 8 to become law in Texas, effectively undermining *Roe* by establishing a vigilante system wherein private individuals are deputized, and financially incentivized, to enforce the law by suing friends, neighbors, and strangers. This radical law positions Texas CPCs — supported by state funding that has increased twentyfold since 2006³ — to play a central role in the surveillance of pregnant people.

While severe legislative restrictions such as Senate Bill 8 make headlines, the modernized, proliferating, and mostly evangelical CPC industry's critical role in the anti-abortion, anti-LGBTQ+ movement — and effect on the health of pregnant people — is relatively obscured from public view. Modern CPCs are plugged into the global anti-abortion movement's sophisticated digital infrastructure, which facilitates expansion, client surveillance, and systemic, coordinated promotion of anti-abortion disinformation.

Investment of public money in CPCs is escalating, especially in the states, with virtually no government oversight, accountability, or transparency.⁴ Investigations into publicly-funded CPCs by advocates and watchdog groups have found evidence of misuse, waste, and potential skimming of funds in multiple states, including Florida,⁵ Michigan, Minnesota,⁶ North Carolina,⁷ Pennsylvania, and Texas.⁸ Yet CPCs continue to secure state contracts while the nature and quality of their services remains largely unexamined and unregulated by policymakers.

States are also enabling CPCs to siphon public funds from safety-net programs for low-income pregnant people and children. In so doing, CPCs exacerbate the very economic scarcity they use to justify their encroachment into under-resourced neighborhoods and communities of color: the modern CPC industry has revitalized strategies to target Black women,⁹ who are more likely than white women to face barriers to medical care and pregnancy resources.

Today, crisis pregnancy centers outnumber abortion clinics nationwide by an average of 3 to 1.¹⁰ The disparities are higher in states that fund CPCs: In Pennsylvania, the ratio of CPCs to abortion clinics is 9 to 1; in Minnesota, it is 11 to 1.¹¹ The maternal and public health consequences of this seismic shift in the reproductive health care landscape in the states are unknown.

MAJOR STUDY FINDINGS AT A GLANCE	
<p>▶ CPCs PROVIDED VIRTUALLY NO MEDICAL CARE.</p> <ul style="list-style-type: none"> ▶ Many CPC websites used language and imagery signifying they were providers of medical services but the services most commonly offered were not medical. ▶ The most common CPC service was a pregnancy test—usually a self-administered urine-stick test. ▶ The second most common CPC offering was “free” goods, which pregnant people typically had to earn. ▶ More than ½ of CPCs offered “non-diagnostic” ultrasound as a tool to signal medical legitimacy and persuade people to carry their pregnancies to term. ▶ Many CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging. ▶ Almost none of the CPCs provided prenatal care. ▶ Only 1 of the 607 CPCs provided contraception care. 	<p>▶ CPCs ROUTINELY PROMOTED FALSE MEDICAL CLAIMS AND USED DECEPTIVE PRACTICES.</p> <ul style="list-style-type: none"> ▶ Almost ⅔ of CPCs promoted patently false and/or biased medical claims about pregnancy, abortion, contraception, and reproductive health care providers. ▶ “Abortion Pill Reversal” — an unethical practice and non-scientific claim — is a CPC priority. More than ⅓ of CPCs promoted APR; in some states more than promoted APR. ▶ Fewer than of CPCs indicated they had a licensed medical professional. None indicated whether medical professionals were employed or volunteers, or full- or part-time. ▶ Many CPCs deceptively claimed on their website to have no agenda and to provide full and unbiased information. ▶ CPCs seek to intercept people seeking health care – 10% operated mobile units that can locate near abortion clinics to confuse their patients. Online, CPCs employ digital tactics to intercept people searching for abortion care.
<p>▶ STATE-FUNDED CPCs ARE MORE HARMFUL THAN PRIVATELY FUNDED CENTERS.</p>	<p>▶ CPCs APPEAR TO BE LOCAL BUT ARE PART OF A GLOBAL ANTI-ABORTION NETWORK.</p>

The Alliance Crisis Pregnancy Center Study

Measuring the proliferating CPC industry’s impact on public health must begin with a thorough assessment of the services CPCs offer pregnant people – and the services they do not. In the absence of government oversight, the Alliance conducted this Study to document and evaluate CPC services and practices in nine states in which we operate and partner with allies: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington. We investigated 607 CPCs between March 2020 and February 2021 and collected over 50 categories of publicly available data through systematic review of CPC websites and social media. In addition, we conducted public records investigations and research into CPC operations in six states (AK, CA, MN, NM, PA, and WA) that further informed the Study. Our findings shine renewed light on the modern CPC industry and expose the particular harms of state-funded CPCs.

▶ CPCs PROVIDED VIRTUALLY NO MEDICAL CARE.

The three most common CPC services were pregnancy tests (88.5%), “free” material goods (88.1%), and “counseling” (78.6%). The fourth most common service was “non-diagnostic” ultrasound. While approximately one-quarter (28.4%) offered STI testing, most did not provide or refer for STI treatment and none offered barrier-method contraception, a standard of care for STI prevention. Only one CPC offered contraception.

The most common CPC service was a pregnancy test.

Of the CPCs specifying type of test, 96% offered a urine test, the self-administered stick tests available at drugstores. Some CPCs claimed to provide “lab-quality” urine tests.

Almost none of the CPCs in the Study provided prenatal care.

While most CPCs offered pregnancy tests, the majority (95%) offered no prenatal care and fewer than half made prenatal care referrals. CPCs affiliated with big anti-abortion networks (almost half of the CPCs in this Study) provided prenatal care less often than unaffiliated centers. Significantly, state-funded CPCs were less likely to offer or refer for prenatal care than CPCs without state funding.

The second most common CPC offering was “free” goods, which pregnant people actually had to earn.

Most CPCs (88.1%) advertised free material goods, including maternity and baby supplies, but noted that provision of these goods was contingent on the pregnant person’s participation in “earn while you learn” classes or counseling, Bible studies, abstinence seminars, video screenings, or other ideological CPC programming. While CPCs target people considering abortion, research shows most pregnant people who seek out a CPC do so because they cannot afford diapers and other infant and maternity goods CPCs claim to offer for free.^{12 13}

More than half of CPCs offered “non-diagnostic” ultrasound.

The fourth most common CPC service, offered by 56% of CPCs, was “non-diagnostic” ultrasound, which cannot study placenta or amniotic fluid, or detect fetal abnormality or fetal distress. Anti-abortion organizations steering the CPC movement promote the use of ultrasound technology as a tool to persuade clients to carry their pregnancies to term and falsely signal medical legitimacy.^{14 15} The American Institute of Ultrasound in Medicine condemns the use of ultrasounds for any non-medical purpose: “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.”¹⁶

CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging.

Almost 17% of CPCs claimed to offer sexuality-related programming, which typically focused on abstinence and also featured religious and shame-based messages and harmful stereotypes about LGBTQ+ youth and non-traditional families. Approximately 8% of CPCs overall indicated that they offer these services off-site, including in public schools; a full 20% of CPCs in Washington offered these programs off-site.

► CPCs ROUTINELY PROMOTED FALSE MEDICAL CLAIMS AND USED DECEPTIVE PRACTICES.**Almost two-thirds (63%) of CPCs promoted patently false and/or biased medical claims, mostly centered on pregnancy, contraception, and abortion, especially medication abortion.**

False claims typically included patently untrue information about reproductive health care and providers, false and misleading information regarding risks of abortion and contraception, and deceptive citing to make it seem such claims were supported by legitimate medical sources when they are not. Many CPC sites claimed people who have had abortions suffer from “post-abortion syndrome,” a non-existent diagnosis that has been debunked by medical professionals.^{17 18}

While many CPCs claimed to be medical clinics, fewer than half (47%) indicated whether they had a licensed medical professional on staff. Only 16% indicated a physician and 25% indicated a registered nurse was affiliated with their staff; none indicated whether licensed medical professionals were employees or volunteers, nor whether they were engaged full- or part-time. Many CPCs falsely claimed to have no agenda and to provide full and unbiased information to support a pregnant person’s choice. Many disguised the fact that they do not provide or refer for abortion. Among CPCs in this Study, 10% operated mobile units that can locate near abortion clinics to confuse and intercept their patients.

“Abortion Pill Reversal” — an unethical practice and non-scientific claim — is a CPC priority.

“Abortion pill reversal” (APR) is an anti-abortion marketing term that refers to the experimental administration of high doses of progesterone to pregnant people who have taken the first, but not the second, of two medicines for a medication abortion. Anti-abortion advertising claims this can “reverse”

an abortion, but medical experts say such claims “are not based on science and do not meet clinical standards.”¹⁹ Its health effects are unknown; the only credible clinical study was stopped after one-quarter of the participants went to the hospital with severe bleeding.²⁰

More than one-third (35%) of CPCs in the Study promoted APR, with significant variation across states: More than half the CPCs in Idaho (57.1%) and Washington (50.9%) promoted APR. Overall, some 5% of CPCs said they provided APR, but none indicated who administered it, whether it was administered vaginally, orally, or by injection, or whether follow-up care was provided.

► STATE-FUNDED CPCs ARE MORE HARMFUL THAN PRIVATELY FUNDED CENTERS.

The Alliance Study found that taxpayers are unknowingly funding the most problematic practices of the CPC industry. State-funded CPCs promoted abortion pill reversal at significantly higher rates and offered prenatal care and referral less often than CPCs without state funding.

► CPCs APPEAR TO BE LOCAL BUT ARE PART OF A GLOBAL ANTI-ABORTION NETWORK.

Almost half (45.8%) of the CPCs in this Study were affiliated with one or more of the international, national, and regional right-wing organizations that steer the CPC industry, including Heartbeat International, Care Net, and National Institute of Family and Life Advocates. These groups provide digital strategy, infrastructure, and marketing tactics to help CPCs intercept people searching online for abortion care, signal that they are trusted sources of health care, and secure public funding. At least one of these groups collects and stores sensitive client data such as sexual history in “digital dossiers.”²¹

Conclusions

While CPCs misleadingly present themselves as medical facilities^{22 23} to draw low-income people experiencing an unplanned pregnancy, the four services most often provided by CPCs served no medical purpose. Most CPCs disseminate medical disinformation focused on stigmatizing abortion and contraception and promote made-up, abortion-related mental health conditions not recognized by medical experts. The promotion of “abortion pill reversal,” an unethical, non-scientific practice based on a fraudulent claim, is currently a top CPC priority.

While people considering abortion are main targets of CPC marketing efforts,²⁴ research shows that, in fact, the majority of people who go to CPCs intend to carry their pregnancies to term and are primarily seeking the pregnancy tests and infant supplies, especially diapers, CPCs claim to offer for free.^{25 26 27}

In short, it is widespread financial insecurity and inadequate support for pregnant people that makes people vulnerable to CPCs. CPCs use deceptive and misleading practices to exploit economic insecurity and gaps in access to health care to advance their anti-abortion, anti-contraception agenda. Robust research documents that being denied abortion care exposes both the pregnant person and their family to a range of potential harms. But we do not know the health consequences visiting a CPC has on the typical CPC client: a pregnant person needing prenatal care and parenting resources.

With CPCs outnumbering abortion clinics in almost every state, this unregulated network of ideological, deceptive, and manipulative providers of mostly non-medical services is increasingly more likely to be the most logistically accessible facility in the landscape of services for pregnant people with limited resources. The disparities detected in services between state-funded and other CPCs within the same state underscores the need for a coherent analysis of state-funded CPCs, and the consequences of government investment in CPCs on maternal and public health.

Call to Action: Hold CPCs Accountable to Protect Reproductive & Maternal Health

The Alliance Study findings make clear that a thorough data-driven assessment of CPC services, funding streams, and accountability measures is needed in states across the country.

It is our hope that this Study spurs stakeholders to assess how CPCs are targeting and treating low-income pregnant people and how the seismic shift in the reproductive landscape — wherein CPCs have proliferated as access to evidence-based reproductive healthcare and abortion has diminished — affects maternal and public health. We already know delaying access to abortion care poses a range of potential harm to pregnant people; we call for future research to specifically investigate the impact of visiting a CPC on maternal health and birth outcomes.

The United States is in the throes of a maternal mortality and morbidity crisis marked by severe racial disparities, with Black, Latinx and Indigenous people and infants suffering disproportionate harms. And we are still in the midst of the COVID-19 pandemic, an unprecedented public health crisis that is exacerbating pregnancy-related mortality and racial disparities, especially worsening Black maternal health.²⁸ And, despite these interrelated public health crises, anti-abortion policymakers and bureaucrats are aggressively advancing an ideological agenda that further undermines maternal health and specifically targets Black women.²⁹

In this context, we urgently call on state lawmakers to stop funding CPCs and to dramatically increase investment in equitable access to evidence-based reproductive health care, especially in under-resourced communities.

We call on state policymakers nationwide to act on the detailed and state-specific policy recommendations in this report to: protect CPC clients and pregnant people seeking health care; promote transparency and best practices in publicly funded programs; address significant and deepening gaps in maternal and reproductive health care; and eliminate mounting obstacles to health care experienced by low-income pregnant and parenting people.

These findings reaffirm that the Alliance mission as state-based advocates is more pressing than ever: The fight for reproductive freedom is in the states.

Introduction

CRISIS PREGNANCY CENTERS (CPCS) ARE ANTI-ABORTION ORGANIZATIONS THAT SEEK TO REACH LOW-INCOME PEOPLE FACING UNINTENDED PREGNANCIES TO PREVENT THEM FROM ACCESSING ABORTION AND CONTRACEPTION. CPCs advance this mission by using deceptive and coercive tactics and medical disinformation, and misleadingly presenting themselves as medical facilities. The modern CPC industry, a well-resourced arm of the global anti-abortion movement, is rapidly expanding while evading public accountability, despite increasing reliance on public funds.

The first CPCs were established in the late 1960s. In recent years, a more powerful, thoroughly modernized, and proliferating CPC industry serves a pivotal role in the anti-abortion movement, itself part of broader evangelical, Catholic,^{30 31} and Christian nationalist activism.^{32 33 34} The contemporary CPC industry is plugged into those global movements and their sophisticated digital infrastructure through an affiliation model that facilitates CPC expansion, client surveillance, and coordinated dissemination of anti-abortion disinformation.

The contemporary CPC industry is also increasingly reliant on government support and public funds, though its dual missions of stopping people from accessing abortion and contraception and converting people to evangelical Christianity³⁵ have not changed.

Attracting and intercepting low-income pregnant people before they access medical care is still the primary CPC strategy.

While CPCs historically opened near reproductive health clinics and mimicked their names and signage, contemporary CPCs often claim to be medical clinics themselves, despite their clear ideological mission. Medical experts publishing in the *AMA Journal of Ethics* call CPCs “legal but unethical” because, despite “giv[ing] the impression that they are clinical centers, offering legitimate medical services and advice,” CPCs are generally not subject to regulatory oversight that applies to health care facilities.³⁶

In fact, CPCs are not subject to much oversight at all — even when relying on public funds.

CPCs currently operate with taxpayer funding in 29 states; 14 of those states fund CPCs with direct contracts.³⁷ Additionally, CPCs in at least 10 states siphon safety-net funds meant for low-income pregnant people and children, helping to manufacture the very economic scarcity the CPC movement uses to justify its encroachment into under-resourced neighborhoods and communities of color.³⁸ The CPC industry, led by white evangelicals, promotes programs and marketing techniques to specifically target Black women,³⁹ who are more likely than white women to face barriers to medical care and pregnancy resources.

Research affirms that being denied abortion care exposes both the pregnant person and their family to a range of potential harms.⁴⁰ People seeking abortion care, as well as abortion providers, report anecdotal experiences of CPC tactics delaying access to medical care. But, without systemic analysis, the number of people whose access to abortion health care is delayed or prevented by visiting a CPC is unknown.

Although the CPC industry is designed to target and intercept people seeking abortion care, the surprising reality is that most people who visit a CPC — about 80%, according to CPC industry data — intend to carry their pregnancies to term.⁴¹ Scholarly research finds the percentage to be even higher (96%).⁴² Research also shows that most pregnant people who visit a CPC are searching for free maternity and infant goods.⁴³

This revelation — that most people who go to a crisis pregnancy center are not considering abortion but seeking material pregnancy and parenting support — reveals that CPCs are generally failing at their purported mission to reach and dissuade “abortion-minded” people. Yet government has significantly increased investment in CPCs, despite their failure at their mission.⁴⁴

This revelation also leads to a significant question: What are the health consequences for people intending to carry their pregnancy to term who visit a CPC before, or instead of, accessing medical care? The impacts of CPC practices and expansion on people intending to carry to term are also unknown.

Yet, policymakers who purport to care about maternal and infant health have diverted funds to CPCs while failing to assess their impact on public health, or to hold them accountable for how they spend public money, even in the wake of advocate-led CPC investigations that found misuse, waste, and potential skimming of funds, including in Florida,⁴⁵ Michigan,⁴⁶ Minnesota,⁴⁷ Pennsylvania,⁴⁸ and Texas.^{49 50}

To date, Michigan is the only state to defund its state-contracted CPC network⁵¹ in response to allegations of “inefficiency and self-enrichment.”⁵² By contrast, Texas increased CPC funding in 2019 with an award of \$100 million — a twentyfold funding increase since 2006. When questioned about how the CPCs spent those funds, a Texas policymaker suggested the CPC subcontracting process was “a secret.”⁵³

This conspicuous lack of oversight of an industry purporting to provide medical services to pregnant people is of grave concern in light of the U.S. maternal mortality and morbidity crisis, an emergency defined by severe racial disparities causing Black, Latinx, and Indigenous people to suffer disproportionate harm and death. This lack of CPC oversight is of particular concern as the COVID-19 pandemic continues, exacerbating racial disparities in maternal morbidity and mortality, especially worsening Black maternal health and economic insecurity among women of color.^{54 55 56}

Nonetheless, anti-abortion policymakers and bureaucrats remain focused on advancing an aggressive agenda that undermines maternal health and specifically harms Black people. The anti-abortion movement’s two primary strategies — passing legislative abortion and contraception restrictions and expanding crisis pregnancy center networks with taxpayer money — are simultaneously reaching peak, unprecedented levels.⁵⁷ Harassment and violence against abortion providers and patients is also at an all-time high.^{58 59}

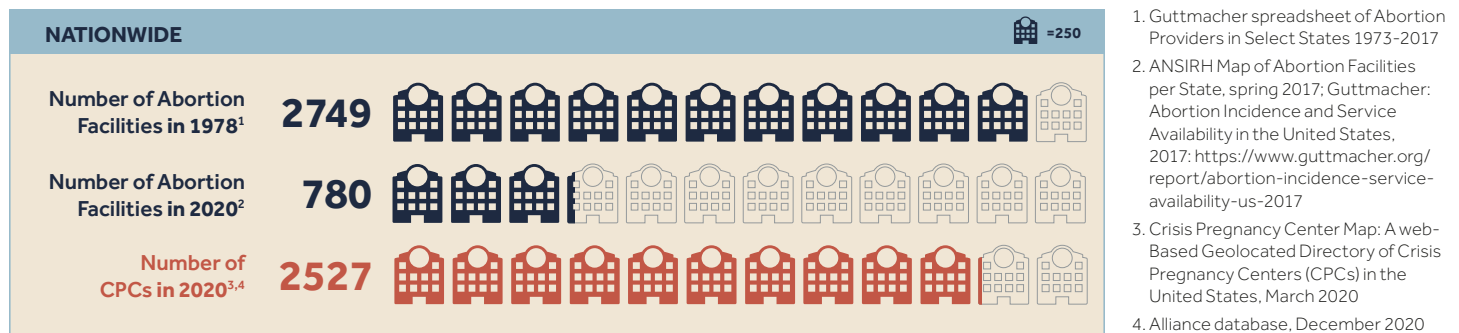
In September 2021, the U.S. Supreme Court allowed the most extreme abortion ban ever passed in the United States, Texas Senate Bill 8, to become law. Texas Senate Bill 8 effectively bans nearly all abortion and deputizes and financially incentivizes private individuals to enforce the ban via civil litigation. CPCs are positioned to play a central role in surveillance of pregnant people in such a vigilante system. They exist, after all, to reach people experiencing unintended pregnancies, and collect extensive digital data on their clients and their reproductive histories.⁶⁰

On December 1, the U.S. Supreme Court will hear oral argument in *Dobbs v. Jackson Women’s Health Organization*, a case anti-abortion advocates hope will overturn *Roe v. Wade*.

The onslaught of legislative attacks has significantly reduced access to safe, legal abortion care in the United States, especially for people with limited resources. Fewer than 800 abortion clinics now serve patients in this country⁶¹ (95% of abortions take place in clinics);⁶² that number will diminish dramatically if the Texas ban and copycat laws in other states are permitted to stand.

Meanwhile, according to the most reliable estimate, more than 2,500 crisis pregnancy centers are currently operating in the United States. Some anti-abortion groups claim the number to be much higher, approaching 4,000.⁶³

Today, CPCs outnumber abortion clinics nationwide by an average of more than 3 to 1. In many states that directly fund CPCs, the disparity is exponentially higher: in Pennsylvania, CPCs outnumber abortion clinics by 9 to 1; in Minnesota, by 11 to 1.⁶⁴



In this new landscape, CPCs may be more accessible than legitimate health care. Yet policymakers have not conducted a nationwide assessment of services CPCs offer to pregnant people since 2006, when the U.S. House Oversight and Reform Committee, under former U.S. Rep. Henry Waxman, investigated false and misleading health information provided by federally funded CPCs.⁶⁵

In the absence of policymaker oversight, the Alliance conducted this nine-state Study to:

- Document the primary services and the services least commonly offered by CPCs
- Survey the prevalence and nature of false and biased medical claims promoted on CPC websites
- Assess the anti-abortion movement's claims that CPCs offer medical services
- Analyze the connections between local CPC storefronts and the national and international anti-abortion organizations supporting them and collecting client data

Our findings shine a renewed light on the modernized CPC industry and call for a thorough data-driven assessment of CPC services, funding streams, and accountability measures in states across the country.

Understanding and addressing CPC practices and their effect on maternal and infant health is a matter of public health, racial equity, and gender justice. It is our hope that this Alliance investigation spurs state policymakers nationwide to assess the quality and nature of CPC services, how CPCs are targeting and treating low-income pregnant people, and the consequences of government investment in the CPC industry for maternal and public health, especially among Black, Latinx, and Indigenous people and infants suffering disproportionate and enduring harm.

The Alliance Crisis Pregnancy Center Study

In 2019, the Alliance launched a coordinated investigation to document CPC services and practices across nine states in which the Alliance law centers are based and partner with allies on CPC advocacy: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington.

Alliance project staff collected over 50 categories of publicly available information on 607 CPCs operating in the nine Study states. The data discussed in this report were collected between March 2020 and February 2021 by systematic review of CPC websites and social media. We engaged a reproductive epidemiologist to advise this Study, guide its methodology, and provide technical support to build a central database and aggregate and analyze the data. Alliance staff worked with CPC research partner California Women's Law Center to maintain the database throughout the Study.

Alliance project organizations also conducted public records investigations and research into CPC operations in six states (Alaska, California, Minnesota, New Mexico, Pennsylvania, and Washington) between 2019 and 2021 that provided further data that informed the Study.

A note about defining crisis pregnancy centers: CPCs are largely unregulated; therefore, there is no governing body or certification to designate an entity that seeks to reach vulnerable pregnant people as a CPC. Further complicating the effort to define CPCs is the fact that the anti-abortion movement has rebranded crisis pregnancy centers as "pregnancy resource" or "pregnancy help" centers.

For the purposes of this study, the Alliance classified an organization as a CPC if it met two or more of the following criteria:

- Used keywords such as pregnancy "resource," "aid," "care," "alternatives," "options," or "support" in its name
- Affiliated with one or more national or regional anti-abortion umbrella organizations that identify as operating and/or providing services or technical support for crisis pregnancy centers (e.g., Care Net, Heartbeat International, Birthright International, Obria)
- Did not provide or refer for abortion and/or dispensed medically misleading or biased information about abortion
- Accepted funding conditioned on advancing an anti-abortion mission, promoting childbirth instead of abortion, and/or agreement to not promote or refer for abortion and contraception

Data on crisis pregnancy centers are not static. Since individual CPCs open, close, relocate, and change names on a regular basis, some of the information in this Study will likely have changed as of publication of this report.

Detailed Study methods are available at alliancestateadvocates.org/publications

Major Findings

Primary Services Offered by CPCs

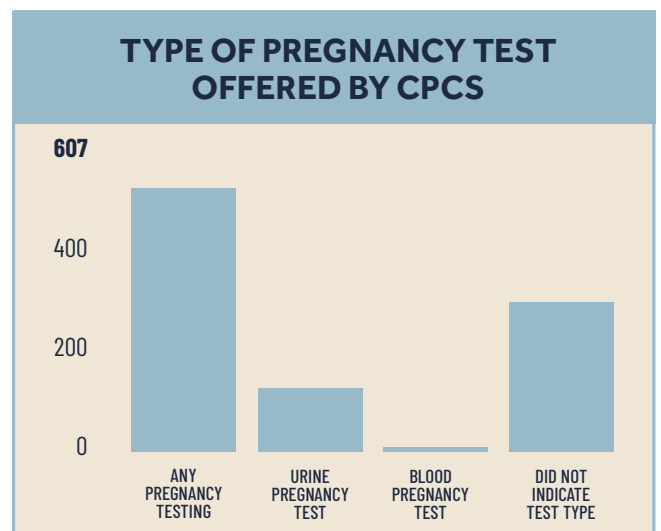
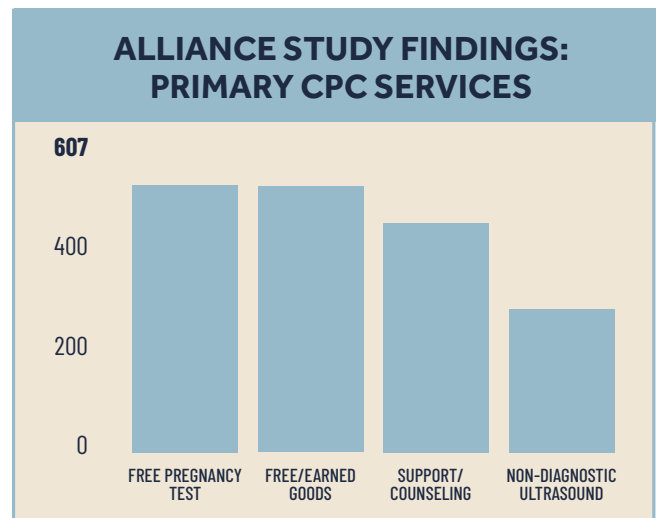
While CPCs increasingly present themselves as medical facilities^{66 67} most services provided by CPCs in this Study serve no medical purpose.

Across the 607 CPCs in the nine states surveyed, the Alliance found the three most common services offered by CPCs are pregnancy tests (88.5%), distribution of material goods such as diapers and maternity clothes (88.1%), and peer-to-peer conversation typically promoted as “counseling” (78.6%). “Non-diagnostic” or “limited medical” ultrasound was the fourth most common CPC service, offered by over half (56%) of the CPCs in the Study.

Pregnancy Tests

Most CPCs that offered pregnancy tests did not indicate the type of test. Of the 184 CPCs that specified the type of test offered, 96% (177 of 184) indicated they offered a urine test, and 3.8% (7 of 184) indicated they offered a blood test. Urine pregnancy tests are self-administered and available at drugstores.

This finding is consistent with a strategic decision announced by the global CPC network Heartbeat International (HBI) in 1989 that most CPCs “should use the self-testing model for performing pregnancy tests”⁶⁸ after a California CPC network using lab tests lost a lawsuit that accused them of practicing medicine without a license.⁶⁹



Free/Earned Goods

Most CPCs advertised “free” maternity and baby supplies, but CPCs typically noted on their websites that provision of these goods was contingent on the client’s participation in “earn while you learn” classes or counseling, Bible studies, abstinence seminars, video screenings, or other ideological CPC programming. This finding is consistent with scholarly research into client experiences at CPCs that has found CPCs often condition material assistance on participation in CPC activities through which they earn “mommy bucks” or “points” they can exchange for infant supplies or other goods.^{70 71 72} In one study, a CPC client reported losing her job because when she missed work for one of the CPC appointments because she was “[d]esperate for the resources they offered and believ[ed] that attending all of the center’s appointments was important for the health of her pregnancy...”. She subsequently lost her home.⁷³

Support/Counseling

Among CPC websites surveyed, counseling typically focused on pregnancy decision-making. Scholarly research has found that most counseling at CPCs is provided not by licensed professionals but by volunteer lay counselors.⁷⁴ Evangelical anti-abortion organizations that support CPCs provide standardized counselor training used by their affiliates in states around the country. For example, Care Net requires affiliated CPCs to follow its “biblically-based curriculum” for training peer counselors.^{75 76} The “Serving with Care and Integrity” manual tells trainees that “[t]he goal of pregnancy center ministry is to reach out and offer hurting people the love of Christ.”⁷⁷

Most CPCs Offer Little to No Medical Care

The fifth and sixth most-commonly offered CPC services were sexually transmitted infection (STI) testing (28.1%) and “sex education” (16.6%). The services least often offered were prenatal care (5.1%), well-person care (4.8%), and contraceptive care (one CPC — 0.2% of the Study sample — provided all FDA-approved options and hormonal contraceptives). See *Deceptive & Misleading Marketing below*, for discussion of these findings about least commonly offered CPC services.

In sum, the Alliance found the primary services that surveyed CPCs provided were not medical, and that the majority of CPCs provided little or no medical care. The most common CPC service was a pregnancy test and the least common services were prenatal, wellness, and contraceptive care.

“Non-Diagnostic” Ultrasound

Various described on their websites as “non-diagnostic ultrasound,” “limited obstetrical ultrasound,” “option ultrasound,” or simply “sonogram” (the technical term for the image produced by ultrasound), the CPC industry offers free ultrasound to lure clients through the door and coerce their pregnancy decision-making.

National Institute of Family and Life Advocates (NIFLA), an evangelical Christian law firm for the anti-abortion movement, has promoted the provision of ultrasound technology at CPCs for many years. NIFLA claims, “more than 80% of abortion-minded mothers choose life after they see their unborn baby via ultrasound” which gives clients “the opportunity to see the wonderful handiwork of the Creator.”⁷⁸

Research shows viewing an ultrasound does not typically change a person’s mind about abortion or elicit a singular effect on the patient’s emotions.^{79 80}

The anti-abortion and anti-LGBTQ+ organization Focus on the Family has also steered the use of ultrasound technology by CPCs, and financially subsidizes equipment and training, as long as the CPC is “located in a community with a high abortion rate.”⁸¹ Eligibility factors include that CPC locate near abortion providers.⁸²

The American Institute of Ultrasound in Medicine (AIUM) condemns the use of ultrasounds for any non-medical purpose: “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.” AIUM characterizes the use of ultrasound for “bonding” purposes as “keepsake imaging” and discourages the practice.⁸³

The CPC industry also relies on the provision of ultrasound to signal medical legitimacy.

According to the global CPC network, Heartbeat International: “**In essence, there is no such thing as a non-diagnostic ultrasound.** [Emphasis theirs.] Even if you are using an ultrasound machine for the singular purpose of showing the client her baby, you are likely conducting a diagnostic test that suggests a medical procedure. Because of this, you are functioning as a medical facility when you perform an ultrasound ... Does that mean you have to become a state licensed medical clinic? Not necessarily.”⁸⁴

The anti-abortion industry’s false claims regarding the effect of viewing an ultrasound on pregnancy decision-making have also been used as justification for legislation mandating patients undergo medically unnecessary forced ultrasound before an abortion procedure. Some of these laws require abortion providers to display the screen and describe the image in detail, regardless of the patient’s preference.⁸⁵

► For more information see the Alliance Study companion resource, *Global, National & Regional Anti-Abortion Organizations Supporting CPCs at alliancestateadvocates.org/publications*

“When a physician begins caring for a new patient who is pregnant, it is common practice to obtain any prior ultrasound scans the patient received from outside health care facilities. The existence of crisis pregnancy centers has made it difficult for physicians to ascertain whether these prior ultrasounds are reliable. I have had patients who have obtained ultrasounds at CPCs who were unaware they were not receiving medical care from a real health care facility. I am not aware of any other area of medicine in which these problems exist. There are no ‘crisis broken bone clinics’ that take an X-ray and assure you that you’ll be fine if you simply wear a sling. CPCs take advantage of that lack of knowledge to provide all of the form of a doctor’s office, but none of the function.”

— **Glenna Martin, MD**, Board-certified family medicine physician, Washington

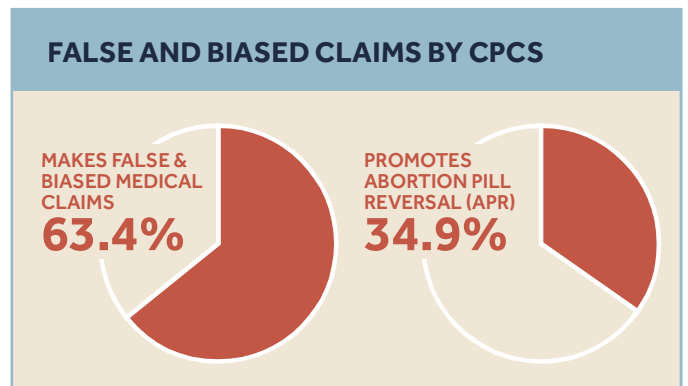
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False & Biased Medical Claims by CPCs

The Alliance Study surveyed CPC websites to document and calculate the percentage of CPCs promoting false and/or biased medical claims. We defined as false any medical claims that were demonstrably untrue or unsubstantiated, or that misleadingly cited factual information out of context. We defined as biased statements about medical issues, procedures, or providers presented in loaded or gratuitous language instead of clinical terms.

The Alliance found more than 63% of the CPCs in our Study states promoted false and/or biased medical claims on their websites, most often about pregnancy and abortion. Abortion does not increase a birthing person’s risk of secondary infertility, pregnancy-related hypertensive disorders, breast cancer, or mental health disorders,⁸⁶ yet nearly one-third (31.8%) of CPCs in the Study claimed that abortion causes these conditions. Many CPC sites claimed that people who have had abortions suffer from “post-abortion syndrome,” an “abortion-as-trauma” construct of the anti-abortion movement that has been roundly debunked by medical and mental health professionals.⁸⁷

More than one-third (34.9%) of CPCs in this Study promoted “abortion pill reversal” (APR), the unproven and potentially dangerous claim that a medication abortion can be “reversed” with a high-progesterone intervention. We collected and reported APR data separately from other false medical claims because APR is both a fraudulent claim and an unethical practice. APR is a current priority of the anti-abortion movement. *See the Spotlight below for more information and discussion of the Alliance Study’s APR findings.*



While we also observed other misleading claims to be common on CPC websites, including that CPC services are unbiased because they are free, this Study did not document the prevalence of false and misleading claims that were not medical in nature.

False and biased CPC claims about abortion contradict the reality that abortion is extremely safe.⁸⁸ Complications from abortion are rare, occurring less frequently than complications from wisdom tooth extraction.⁸⁹

These examples of false claims promoted by CPCs are typical:

Abortion and Preterm Birth
Women who undergo one or more induced abortions carry a significantly increased risk of delivering prematurely in the future. Premature delivery is associated with higher rates of cerebral palsy, as well as other complications of prematurity (brain, respiratory, bowel, and eye problems).

Abortion and Breast Cancer
Medical experts continue to debate the association between abortion and breast cancer. Did you know that carrying a pregnancy to full term gives a measure of protection against breast cancer? Terminating a pregnancy results in loss of that protection.

Despite the controversy around this issue, it is important for women to know what some experts say: a number of reliable studies have demonstrated connection between abortion and later development of breast cancer.

▶ Screenshot from Hope’s Place Pregnancy Support Center, Salmon, ID <https://www.hopesplacepsc.org/abortion.html>

Surgical Abortion Risks:

- Perforation of the uterus
- Damage to the cervix
- Scar tissue on the uterine wall
- Infection
- Heavy bleeding

Medication Abortion Risks:


- An ongoing unwanted pregnancy if the procedure doesn't work
- Heavy and prolonged bleeding
- Digestive system discomfort
- Incomplete abortion (which may need to be followed by surgical abortion)
- Infection
- Fever

▶ Screenshots from Women’s Pregnancy Options, Albuquerque, NM <https://www.pregnantabq.com/abortion>

The American Psychological Association found no increased risk of adverse mental health outcomes for women having a legal, first-trimester abortion.⁹⁰ The National Cancer Institute concluded that abortion does not increase one's risk of breast cancer.⁹¹

False information about miscarriage was also common. While the medical community agrees that 10%-15% of detectable pregnancies result in miscarriage,⁹² CPCs claimed that the likelihood of miscarriage is significantly higher.

This CPC in California shows a pop-up video on its homepage with a woman dressed in a white coat and stethoscope making a false claim about miscarriage and encouraging people considering abortion to come to the CPC for an ultrasound to determine if they are going to miscarry instead:

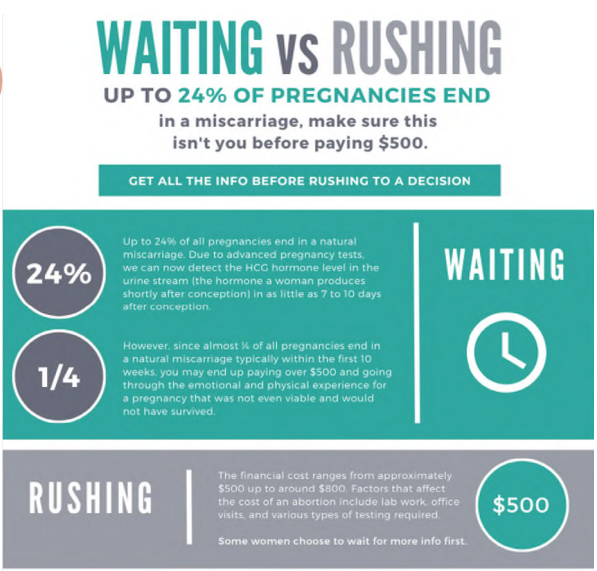


▶ Screenshots from La Habra Life Center, La Habra, CA
<https://lahabralifecenter.org/>

“Are you considering abortion? Did you know you may not need an abortion? Approximately one in every 4 pregnancies ends naturally by miscarriage. Yes that’s right, one in every four. And it happens naturally without the need to go through the pain or cost of an abortion. Want to know more about whether you’re likely to miscarry? The technology exists and you have a right to know. If you’re considering abortion you may not even need to make that decision. Schedule a pre-visibility ultrasound at our La Habra center.”

CPCs often used biased and gratuitous language about procedural abortion, under the guise of providing a clinical description, some of which were deceptively cited to legitimate medical sources.

These false and biased claims about abortion on CPC websites reflects medical disinformation promoted by the anti-abortion movement at large.



WAITING vs RUSHING
UP TO 24% OF PREGNANCIES END in a miscarriage, make sure this isn't you before paying \$500.

GET ALL THE INFO BEFORE RUSHING TO A DECISION

24% Up to 24% of all pregnancies end in a natural miscarriage. Due to advanced pregnancy tests, we can now detect the HCG hormone level in the urine stream (the hormone a woman produces shortly after conception) in as little as 7 to 10 days after conception.

1/4 However, since almost 1% of all pregnancies end in a natural miscarriage typically within the first 10 weeks, you may end up paying over \$500 and going through the emotional and physical experience for a pregnancy that was not even viable and would not have survived.

WAITING

RUSHING The financial cost ranges from approximately \$500 up to around \$800. Factors that affect the cost of an abortion include lab work, office visits, and various types of testing required.

\$500 Some women choose to wait for more info first.

▶ Screenshots from Next Step Pregnancy Decision & Support Services, Livermore, CA
<https://www.next-step.org/waiting-vs-rushing>

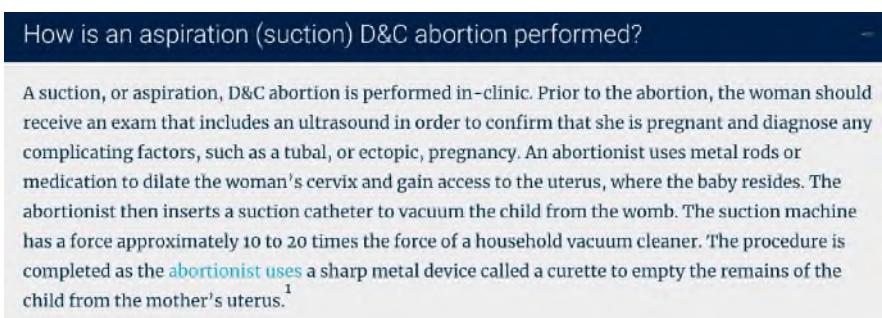
Obria CPCs in California, Oregon, and Washington falsely claimed that miscarriage is itself a form of abortion: “The most common types of abortion, and more information about them can be found below.”



The most common types of abortion, and more information about them can be found below:

Miscarriage Surgical Abortion Abortion Pill

▶ <https://www.obria.org/services/abortion/>



How is an aspiration (suction) D&C abortion performed?

A suction, or aspiration, D&C abortion is performed in-clinic. Prior to the abortion, the woman should receive an exam that includes an ultrasound in order to confirm that she is pregnant and diagnose any complicating factors, such as a tubal, or ectopic, pregnancy. An abortionist uses metal rods or medication to dilate the woman's cervix and gain access to the uterus, where the baby resides. The abortionist then inserts a suction catheter to vacuum the child from the womb. The suction machine has a force approximately 10 to 20 times the force of a household vacuum cleaner. The procedure is completed as the abortionist uses a sharp metal device called a curette to empty the remains of the child from the mother's uterus.¹

▶ Screenshots from Lifeline Pregnancy Care Center, Nampa, ID
<https://www.abortionprocedures.com/aspiration/#1466797067815-ef6545f9-db0b>

In fact, large anti-abortion organizations use CPCs to spread standardized anti-abortion rhetoric via digital services and toolkits. For example, Heartbeat International offers website development services with customizable templates but limits the extent to which CPCs can adapt them, and conditions use of the templates on CPCs agreeing to post most of the talking points on medical pages verbatim.⁹³

HBI also offers trainings for peer counselors that promote false and biased claims. One such claim is that a boyfriend who “experiences homosexuality” can be a consequence of abortion.⁹⁴ While not the focus of this Study, it should be clear that anti-abortion organizations often explicitly oppose LGBTQ+ rights. Queer, gender-expansive, and transgender people are more likely to experience the economic insecurity that drives people to CPCs than their cisgender straight counterparts; once at a CPC, they may face the acute, specific harm of encountering explicitly anti-LGBTQ+ “counseling” and messaging. Lesbian and bisexual young people are at greater risk of unwanted pregnancy than their heterosexual counterparts.⁹⁵

This Study also found CPCs were promoting unsubstantiated claims demonizing physicians and abortion providers, which serves to undermine pregnant people’s trust in medical professionals in general and abortion providers in particular.⁹⁶

Systematic use of broad, unsubstantiated claims demonizing medical professionals by CPCs is deeply concerning, especially given the historic and ongoing racism that has led to distrust of the medical system among

Black and brown people. Cultivating patient trust is particularly critical to improving the maternal health of Black and brown patients.⁹⁷ This CPC practice is especially dangerous at a time when the politicization of public health recommendations and regulations during the pandemic is provoking new levels of mistrust of medicine and violence against abortion providers is at the highest level ever recorded.⁹⁸

Ask for the doctor's name that is performing the abortion

Abortion is legal in the United States but bad medical care is not. Women have died as a result of their “safe and legal” abortions. Some have had their bodies hurt to the point that they can no longer have children. If you don't know the abortionist's name that is doing your abortion, you may not find out. The abortionist could be counting on you not holding him accountable for hurting you because many women are afraid to let anyone know about this choice afterwards. Ask for his name and write it down.

Understand you can change your mind – even at the last minute

Many women who have experienced abortion relay that they felt they had to go through with the procedure once they had entered the facility. Others say that they waited on the abortion table to be “rescued” by their boyfriend at the last minute. Some facilities even told the women that they couldn't get their money back if they changed their mind.

Abortion providers know that this is an agonizing decision and sometimes see women change their mind at the last minute because, as they say, “I simply can't do this!” Know your rights. Don't be pressured or intimidated. If the procedure is not performed, demand your money back.

Verify that the abortion facility is clean and sanitary

Many women report that the general area of the facility where they had their abortions was unclean, dusty and even smelled bad. Infections can result from unsanitary conditions. If you find yourself in a facility be sure to question their sanitizing procedures and view the condition of each room to ensure that you are receiving excellent care. If they don't provide sufficient information to determine these conditions, give yourself permission to leave and demand a refund of your money.

▶ Screenshots from Confidence Pregnancy Center, Salinas, CA
<https://pregnancysalinas.com/faqs/>



“Native Americans face increased barriers to reproductive services and information that is objective and based on science. Tribal health and human services programs should inform tribal citizens about the dangers of CPCs, including those that operate close to tribal lands that are targeting people of color and providing them with false information. Tribal citizens should be encouraged to work with medical providers in their health insurance networks, Veterans Administration, Indian Health Service, tribal 638 clinics, or Planned Parenthood to access comprehensive health care services and referrals.”

—Terrelene Massey, Tribal citizen, Navajo Nation Executive Director, Southwest Women’s Law Center, New Mexico

”

False Claims About Medication Abortion

While CPCs in this Study promoted disinformation about both procedural and medication abortion, we observed a particular focus on medication abortion. Some CPCs used the anti-abortion movement term “chemical abortion” to refer to medication abortion.

For example, one Oregon CPC chain compares the way the first pill in a medication abortion works to “cutting the oxygen supply to someone who is on a ventilator.”⁹⁹ This Idaho CPC’s website promotes both false claims about the medical risks and gratuitous claims about the process of a medication abortion:

A medication abortion includes two drugs taken orally: mifepristone, followed by misoprostol 24 to 48 hours later. If the two-drug protocol is completed, a medication abortion terminates the pregnancy in 96% of cases. Studies confirm the protocol is safe and effective; it has been found to be safer than many commonly used over-the-counter medications in the U.S., including Tylenol.¹⁰⁰



What type of medical supervision occurs during a medical abortion?

After taking the first pills (Mifepristone/RU-486) in the clinic, she is sent home to complete the abortion. This means she must correctly follow the directions for taking the remaining set of drugs and is responsible for judging whether her body’s reaction to the abortion is normal or not (such as a dangerous loss of blood). With this type of abortion, it is likely that she may not have a doctor to provide immediate help should a potentially life-threatening complication occur, so it is very important that she report any concerns to her doctor and seek emergency help if necessary.

The woman will also be responsible for disposing of her child’s remains. While she could lose her baby anytime and anywhere during this process, the woman will often sit on a toilet as she prepares to expel the remains, which she will usually then flush— she may even see her dead baby within the pregnancy sac.

▶ Screenshot from Lifeline Pregnancy Care Center in Nampa, ID
<https://www.abortionsprocedures.com/abortion-pill/#1465365763416-9210ca68-3f54>

Medication abortion is an increasingly popular choice among people seeking abortion care. As of 2016, the latest data available, medication abortion makes up roughly 41% of abortions at 8 weeks gestation or less,¹⁰¹ in part because it affords a convenient and private alternative to procedural abortion and can be completed at home.

CPCs promoted false claims about both the efficacy and safety of medication abortion. CPCs describing how medication abortion works often included no facts about its high rate of efficacy and safety and instead reported “heavy bleeding requiring surgery to stop the bleeding, and serious infection” as potential complications.¹⁰² Some CPCs used false claims about the percentage of pregnancies that end in miscarriage to encourage pregnant people considering medication abortion to wait.



Considering Abortion Pills? You May Not Need To...
 1 In 4 Pregnancies Ends Naturally!
 Avoid The Cost, Risk And, Complications From Abortion Pills

▶ Screenshot from Turning Point Pregnancy Resource Center
<https://mmpregnancy.com/considering-abortion/abortion-options/>

A particularly harmful false claim about medication abortion is called “abortion pill reversal.” False claims that a medication abortion can be “reversed” — by the potentially dangerous administering a high dose of hormones before the second medication is taken — are gaining ground as a centerpiece of messaging and services listed on CPC websites.

“Abortion Pill Reversal” (APR) An “Unmonitored Research Experiment” on Pregnant People

“What anti-abortion forces could not attain with fetal-focused religious arguments, they hope to accomplish with deceptive pseudo-science.”¹⁰³

—KIMBERLY KELLY, Associate Professor and Gender Studies Program Director, Mississippi State University



“Abortion pill reversal” (APR) is an anti-abortion movement term that refers to the experimental practice of administering high doses of progesterone to pregnant people who have ingested the first of the two medicines taken during medication abortion. Anti-abortion activists promote this rogue practice by claiming it can “reverse” a medication abortion.

Medication abortion requires that the patient first takes mifepristone, which stops the body from recognizing and activating progesterone in order to stop the pregnancy

from progressing, and then takes misoprostol, which causes uterine contractions. If a patient takes only the mifepristone and does not subsequently take the misoprostol, the pregnancy might continue. A review published in *The New England Journal of Medicine* found the proportion of pregnancies that continued after the first medication alone ranged from 8% to 46% in published studies.¹⁰⁴ Claims that administering high doses of progesterone increases these odds are “not based on science and do not meet clinical standards.”¹⁰⁵

Medical professionals call APR “unproven and experimental.”¹⁰⁶ The FDA has not approved of dispensing the first medicine administered in medication abortion (mifepristone) without following up with the second (misoprostol), nor has it approved — or even reviewed — this use of progesterone.¹⁰⁷

The Alliance found over one-third (34.9%) of CPCs promoted “abortion pill reversal.”

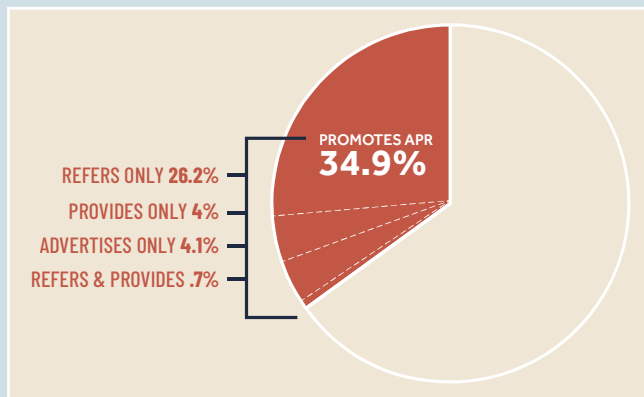
We also observed significant variation across states: More than half of the CPCs in Idaho (57.1%) and Washington State (50.9%) promoted APR. Significantly, we found a higher prevalence of APR promotion among state-funded CPCs in Minnesota and Pennsylvania than among CPCs not receiving state funding (31.0% to 21.3% in MN and 40.7% to 30.2% in PA).

Close to 5% of CPCs in the Study claimed to directly provide “abortion pill reversal.” These CPCs did not indicate who administers the progesterone intervention; whether it is administered vaginally, orally, or by injection; or what follow-up care is provided, if any.

The percentage of CPCs promoting APR in our Study states increased from 32% to almost 35% between the first Alliance Study review of CPC websites and social media for mention of APR in summer 2020 and a second review in early winter 2021.

The health effects of APR on the pregnant person and embryo are unknown. In 2019, a controlled clinical study of the efficacy and safety of APR was halted due to safety concerns, after three of the 12 women enrolled in the study had to be transported to the hospital for severe vaginal bleeding.¹⁰⁸ The researchers concluded, “We could not estimate the efficacy of [APR] ... Patients in early pregnancy who use only mifepristone may be at high

Study Spotlight



HBI claims to have a referral network of “over 1,000 healthcare professionals” who provide APR¹¹¹ and that they are expanding that network by “recruit[ing] more physicians, physician assistants and nurse practitioners” and advising them on how to administer APR.¹¹²

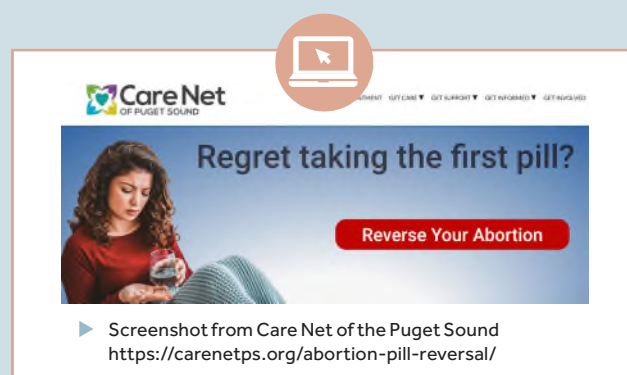
The HBI “helpline” is accessible via phone, live chat, email, and text, 24/7.¹¹³ CPCs in this Study encouraged people to call the APR hotline instead of taking the second dose of medication. Since not taking the second medicine in the protocol may allow the pregnancy to continue, and there is no evidence that intervening with progesterone increases those odds, it is worth examining the intense CPC effort to drive pregnant people who begin a medication abortion to this central online APR platform. Especially in light of concerns about CPCs surveilling pregnant people under Senate Bill 8 in Texas — and copycat laws should they be enacted in other states — it is notable that CPC messaging about APR does not simply encourage people to not take the second medication but rather directs people to a website where HBI can collect their data digitally.

The anti-abortion movement has also coordinated CPC promotion of APR with a legislation effort to mandate that all doctors promote APR to their patients. Eight states, including Alliance Study state Idaho, now compel abortion providers to tell patients that an abortion can be reversed.¹¹⁴ Similar statutes are currently enjoined in four more states.¹¹⁵ The American Medical Association joined a federal lawsuit against such a law in North Dakota, stating the provision “compel[s] physicians and their agents to speak government-mandated messages that entail providing to their patients misleading or even patently false, nonmedical information.”¹¹⁶

► *For more information about HBI’s role in mainstreaming APR through the CPC movement, see [Global, National & Regional Anti-Abortion Organizations Supporting CPCs at alliancesteadvocates.org/publications](https://alliancesteadvocates.org/publications)*

risk of significant hemorrhage.¹⁰⁹ For now, such a treatment is experimental and should be offered only in institutional review board–approved human clinical trials to ensure proper oversight.”¹¹⁰

Despite these warnings from medical professionals, the anti-abortion movement is promoting APR through a streamlined nationwide infrastructure, often with government support. Every CPC in this Study that made referrals for APR sent people to the same online portal: an “Abortion Pill Rescue” website and hotline sponsored by Heartbeat International.



“If there was a way to safely and effectively ‘reverse’ the effects of medication abortion, we would advocate for that procedure to be made available to people who want it. Pregnant people should have as much control as possible over the decision to terminate a pregnancy — or not. That’s what it means to work within a framework that prioritizes the right to individual body autonomy. But so-called ‘abortion pill reversal’ has not been proven to be safe nor effective. In fact, experts have likened it to an ‘unmonitored research experiment,’ conducted by the anti-abortion movement through its sprawling national network of crisis pregnancy centers. This isn’t the healthcare people need or want. It’s just the latest chapter in this country’s horrific history of experimental and coercive medical abuse perpetrated on people of color, and Black women in particular.”

—Erin Maye Quade, Advocacy & Engagement Director, Gender Justice , Minnesota

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CPCs also use false claims about abortion to radicalize anti-abortion activists and justify legislative abortion restrictions.¹¹⁷ CPCs sponsor “post-abortion recovery” groups for people they claim are suffering from “post-abortion syndrome”— this “syndrome” does not exist; it has been manufactured by the anti-abortion movement — that encourage participants to become activists and support political efforts to end legal abortion.¹¹⁸ Researchers identify CPCs as “the dominant force in spreading [post-abortion] syndrome claims at the grassroots level and...translating these claims into federal and state policy.”¹¹⁹ Groundless “abortion regret” narratives have also infiltrated jurisprudence about abortion rights. In 2007, Justice Anthony Kennedy cited “post abortion regret” in the U.S. Supreme Court opinion upholding a ban on some later-term procedures — even while acknowledging a lack of evidence for this claim.¹²⁰

POST ABORTION STRESS SYNDROME (PASS)

SYMPTOMS OF PASS MAY INCLUDE ANY OF THE FOLLOWING:

1. **Guilt:** Experiencing guilt does not imply that you made a mistake or “violated your own moral code,” as some pro-lifers would imply. However, feelings around having an abortion may be complex and have to take into account fear of what others might think.
2. **Anxiety:** General anxiety is a common symptom of PTSD—in the case of PASS, there might be particular anxiety over fertility issues and the ability to get pregnant again.
3. Numbness, **Depression:** Again, common symptoms of PTSD.
4. Flashbacks: Abortion is surgery, and in most cases, it’s a surgery that happens while the patient is fully conscious. This can be a distressing experience.
5. **Suicidal** thoughts: In extreme cases, the PTSD that results from a controversial abortion could lead to suicidal thoughts or tendencies and would require immediate treatment. It’s important to note that this is not a common or expected symptom of PASS, but as with any form of PTSD, it is possible.

▶ Screenshots from WISH Medical CPC, Moscow, ID
<https://wishmedical.com/post-abortion-stress-syndrome-pass-does-it-exist/>

Deceptive & Misleading Marketing: Most CPCs Do Not Provide Medical Care

“When I worked in Ohio, a mobile crisis pregnancy center would pull up in front of the abortion clinic at which I provided services. One of the [abortion clinic] staff members, who was most definitely not pregnant, presented to the CPC stating she was pregnant and needed advice. They did not do a pregnancy test to confirm that she was pregnant, but performed an ultrasound. They told her she had a very tiny baby with a heartbeat. They even provided an ultrasound picture of her non-pregnant uterus. These were non-medical professionals telling people who weren’t even pregnant that they were “carrying life.” These centers are practicing medicine without a license, and as a licensed medical professional, I find this appalling.”

—LISA PERRIERA, MD, MPH, Professor, Department of Obstetrics & Gynecology, Thomas Jefferson University, Pennsylvania



Contrary to CPC branding efforts and despite the industry’s recent success in obtaining funds designated for the provision of medical care, the Alliance found medical services comprised the smallest percentage of services offered by CPCs, and that CPCs use some non-medical services to promote inaccurate and misleading information about reproductive health care.

Prenatal, Well-person, and Contraceptive Care

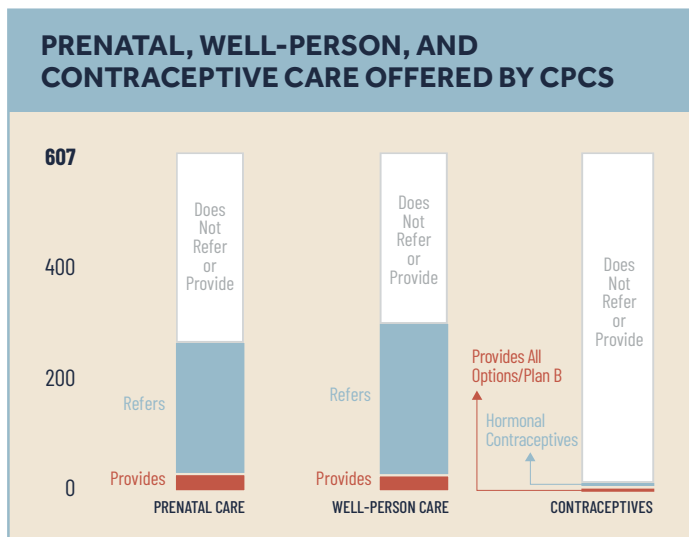
Of 607 CPCs surveyed, 5.1% offered prenatal care and fewer than half (40.2%) referred clients for prenatal care. In Pennsylvania, where one out of every six infants is born to a parent who received inadequate prenatal care,¹²¹ state-funded CPCs offered no prenatal care.

CPCs affiliated with the big CPC networks — almost half (45.8%) of the CPCs in our Study states — offered prenatal care at a lower rate than CPCs overall:



Few CPCs (4.8%) offered well-person care, which we defined as preventive reproductive health services such as breast exams and Pap tests, as well as overall preventive health services, such as physicals. Less than one-third (29.8%) made referrals for well-person care.

Only one of the 607 CPCs in the Study offered FDA-approved contraception, while 3% provided “fertility awareness” and 7.7% offered abstinence programming.



While most public discussion of CPCs focuses on their opposition to abortion, this Study's finding that virtually no CPCs provided contraceptive services is consistent with scholarly research that indicates that CPCs generally oppose the promotion or provision of contraception. A study of online contraceptive information provided by CPCs noted that CPC sites "appeared to discourage contraceptive use by minimizing benefits and emphasizing risks and barriers" and that "none of the sites discussed positive aspects of pregnancy prevention, and none mentioned other health benefits of contraception (e.g., relief from migraines, menstrual pain, and acne)."¹²²

Sexuality "Education"

Almost 17% of CPCs in the Study claimed to offer sexuality education. Online descriptions of these CPC services suggest that calling them sexuality "education" is misleading, as the content typically promoted abstinence-only programming regarding pregnancy avoidance and prevention of sexually transmitted infections; never included information about contraception; and often included medically inaccurate claims.

Sexuality-related content in CPC programs sometimes featured religious and shame-based messages, as well as harmful stereotypes about women, LGBTQ+ youth, and nontraditional families.¹²³ In one example, a Spokane, Washington, CPC promoted a form of LGBTQ+ conversion therapy on its website:

Unwanted Same-Sex Attraction & Gender Identity

In today's post-modern world, many are often defined by gender identity and sexual orientation. And yet for those struggling with same-sex attraction or gender confusion, claiming these identities can create feelings of fear and uncertainty. In isolation, we may try to shove our desires under the rug, and hopelessly believe that we cannot and will never change or experience a joy filled life.

If you are 1) struggling with unwanted same-sex attraction, 2) in a same-sex relationship, or 3) feeling confused in your gender, you are not alone. Path of Life is a Christian organization, providing free and confidential mentoring and support to those struggling with gender identity and/or same sex attraction. You are not bound to a life of hopelessness, guilt and shame, but through the gospel of Jesus, your heart, mind and behaviors can be transformed and healing can be found.

▶ Screenshot from Path of Light CPC, Spokane, WA
<https://www.pathoflifespokane.org/services-1>



Approximately 8% of the Alliance Study CPCs also indicated that they offer sexuality-related services off-site, including in public schools. In some study states, the percentage was much higher: Nearly 20% of CPCs in Washington claim to offer sexuality education off-site.

According to adolescent health professionals, "Young people require comprehensive, medically accurate sexual and reproductive health information and quality, evidence-based clinical services. Programs that exclusively promote sexual abstinence before marriage ... are ineffective, ethically problematic, and might be harmful."¹²⁴

The extent to which public schools and school districts are engaging CPCs to provide sexuality or abstinence-only programming is unknown, nor is it apparent when public education funds are being used to contract with CPCs. Reports of CPCs providing ideologically based, medically inaccurate presentations, classes, courses, and curricula in public schools abound,¹²⁵ including in Alliance Study states.

A school district in New Mexico paid a CPC to provide abstinence-only education until Southwest Women’s Law Center recommended that the governor terminate such contracts.¹²⁶ A Northern California CPC reported receiving a \$450,000 federal grant to continue providing sexuality education in Placer and Nevada county schools before school administrators determined they could no longer contract with the CPC under the state’s Healthy Youth Act mandating comprehensive sexuality education.¹²⁷

There are also indications that CPCs are currently providing these services in public schools in Alliance Study states. In Minnesota, Gender Justice has found evidence of county contracts with CPCs, and in Alaska and Washington, Legal Voice is investigating school districts where CPCs claim to be providing sexuality education.

In Pennsylvania, there is recent direct testimony about the presence of CPCs in public schools. At a hearing in the state legislature in spring 2021, a representative of the Women’s Choice Network testified that her CPC used federal Title X funds and has seven “certified” CPC instructors providing sex education to 14 schools “on a daily basis” in the Pittsburgh area.¹²⁸ This revelation followed a 2018 report from a Pennsylvania-based high school student whistleblower that a representative from a local CPC was invited to speak at her health class.

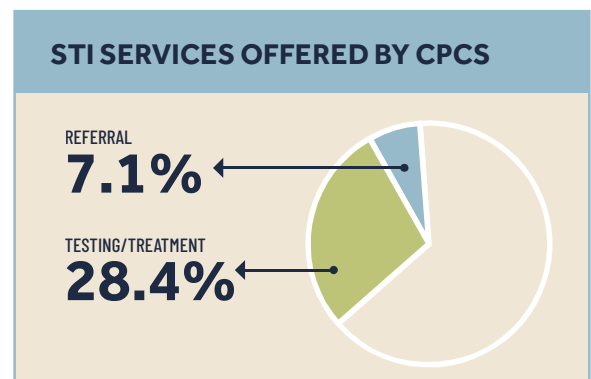


Among other medically inaccurate claims, the speaker advised students to avoid holding hands because any touching would make it harder for them to find a life partner by depleting hormones needed to bond couples. They also gave a student a Bible. The school board said it had no knowledge of this programming.¹²⁹

Sexually Transmitted Infection (STI) Services

Over one-quarter (28.4%) of CPC websites studied offer STI testing. Some CPCs that claimed to offer testing were found to offer STI “self-assessment” questions on their websites, not clinical tests. Just 7.1% referred clients for STI treatment.

The latest available data shows STIs are at an all-time high in the United States, and medical experts warn that some STIs can have serious health consequences including increased risk of HIV infection.¹³⁰ A recent report issued by an anti-abortion organization highlighted the STI crisis while claiming CPCs “provide STI/STD testing and treatment to women, and at some locations to men, in direct response to this public health crisis.”¹³¹ Despite such rhetoric about STI services, most CPCs in this Study did not provide or refer people for STI treatment. Moreover, CPCs consistently oppose contraception and do not offer barrier methods such as condoms, which are a standard of care in STI prevention.



Licensed Medical Professionals on Staff

CPCs increasingly promote their affiliation with licensed medical professionals as part of their effort to present as medical clinics. The Alliance found 16% of CPCs in this Study indicated they had a physician on staff, and just over 25% indicated they had a registered nurse. The

majority surveyed (52.8%) did not provide any information on their websites about whether licensed medical professionals were associated with the CPC.



Scholarly research and the limited public reporting available on licensed professionals at CPCs both indicate that most medical professionals affiliated with CPCs are engaged on a part-time or volunteer basis.¹³² Anecdotal reports also indicate some physicians working with CPCs are licensed in fields unrelated to reproductive health, including as optometrists and chiropractors.¹³³

In sum, despite claims and efforts to present as medical facilities, the Alliance Study found that CPCs offered virtually none of the medical services needed by pregnant people; used some services to promote inaccurate and misleading medical information; and largely did not engage licensed medical professionals on their staff. In fact, by misleadingly presenting themselves as medical facilities, CPCs may systemically obstruct access to medical care.

“In 2002, I was seeking an abortion at age 28, living in Chicago and working as a paralegal. I made an appointment at what I thought was an abortion clinic, but instead of providing me an abortion, the clinic counselors lectured me about the joys of motherhood, made me watch graphic videos of abortion procedures, then presented me with a rattle and a onesie and referred me to another facility for a free ultrasound. At this second appointment, the technician told me, “If you have an abortion now, you’ll perforate your uterus and won’t be able to have children in the future.”

Terrified by the prospect of infertility, I carried the pregnancy to term. Within a year of my son’s birth, I lost my job and health care. The pregnancy clinic I visited never followed up, nor offered support beyond the set of baby toys they’d given me on my first visit. Years later, I realized what had happened to me: I was intentionally lured into a crisis pregnancy center.”

—**Cherisse A. Scott**, CEO & Founder, SisterReach, Tennessee

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CPCs & Access to Health Care

CPC tactics to expressly delay patient access to abortion care are well documented.¹³⁴ An openDemocracy journalist who enrolled in online Heartbeat International trainings for CPC peer counselors recently reported, “They ... taught me how to discourage and delay women from accessing abortions and even emergency contraception.”¹³⁵



If you are considering visiting an abortion clinic, we want you to know what this choice could mean to your future. You don't need to make this decision right away. Slow down and allow time to think. Don't let anyone tell you that you have to have an abortion. Pregnancy care centers exist to offer you choices and information. There are risks to most abortion procedures. Be sure that you understand these risks because many abortion clinics are not required to inform you of this before performing an abortion.

► Confidence Pregnancy Center, Salinas, CA; <https://pregnancysalinas.com/faqs/>

People seeking abortion care, as well as abortion providers, report experiences of CPC tactics delaying access to medical care.

“[A CPC] lied to me, suggested I commit suicide, and threatened to call the police if I left their building. I can't believe they're allowed to interact with pregnant people, let alone receive money from the state government to do so. Going to a CPC endangered my health, my life, and fundamentally affected the way I look at myself – and prevented me from seeking care from other providers.”

—M. C., CPC client, Minnesota

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“I went to Care Net because I was afraid that I was having another ectopic pregnancy and I wanted to find out about all of my options, including medication abortion, like the Care Net website says. A ‘nurse’ gave me a pregnancy test and then put me in a room by myself. A volunteer came in and ‘counseled’ me against having an abortion. She asked if I was religious and if I believed in God. She gave me information about Hell. And then she prayed for me. They refused to do an ultrasound exam on me that day but scheduled one in two weeks’ time. Given my history, I could not delay for two weeks, so I went to a provider where I was given a thorough examination and it was determined that a medication abortion was the right choice for me.”

—A.N.V., CPC client, New Mexico

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“I have had colleagues who report that patients who visited CPCs were specifically instructed by the CPC not to seek care from a provider until much later in their pregnancy. Put simply, far from enhancing patient care, CPCs create unnecessary risk.”

—GLENNA MARTIN, MD, Board-certified family medicine physician, Washington

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Study Spotlight

Research has also documented CPCs using ultrasounds to legitimize false information about the stage of fetal gestation¹³⁶ and mislead clients into believing they are too far along to legally obtain an abortion.¹³⁷ CPCs in the Alliance Study also posted obviously manipulated ultrasound imagery on their website.¹³⁸

“I had one patient who reported an ultrasound result to me that did not match her actual gestational age. My patient was contemplating abortion and thought she had ‘plenty of time’ to make her decision based on the ultrasound she had received at this CPC. But when we did an ultrasound, the patient was much closer to the gestational age limitation on abortion in our state than she had thought.”

— **GLENNA MARTIN, MD**, Board-certified family medicine physician, Washington

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A robust body of research indicates that a person who seeks but cannot obtain abortion care may experience a range of harms including mental, physical, and socioeconomic consequences.¹³⁹ Relatively little is known, however, about the health consequences of visiting a CPC on pregnant people who are not considering abortion.

While preventing access to abortion is the primary mission of CPCs and people considering abortion are the main targets of CPC marketing efforts,¹⁴⁰ the surprising reality is that most people who go to CPCs intend to carry their pregnancies to term and are primarily searching for free pregnancy tests and infant supplies, especially diapers.¹⁴¹ In one study, 87% of CPC clients reported going to the center for diapers, and 44% for baby clothes/items.¹⁴²

MOST CPC CLIENTS ARE SEARCHING FOR FREE GOODS:



87%
OF CPCS CLIENTS GO FOR DIAPERS



44%
OF CPCS CLIENTS GO FOR BABY CLOTHES/ITEMS

Do CPC delay tactics postpone access to prenatal care? If so, what are the health consequences for pregnant people visiting CPCs before or instead of accessing medical care?

CPCs specifically target people seeking abortion care, yet disproportionately affect people who intend to carry to term. The unknown consequences of this reality for maternal and public health is cause for national concern, especially in light of expansion of CPC networks across the country. Future research should specifically investigate the impact of visiting a CPC on maternal health and birth outcomes.

Key Context & Additional Findings

CPCs & Public Funding: Taxpayer Funds Increasingly Support CPC Deception & Expansion

(CPCs are) “unfortunately capitalizing on a gap that we have in our system in terms of responding to the actual real needs of pregnant folks and the actual real needs of families.”

—**NOURBESE FLINT**, Policy Director/Program Manager, Black Women for Wellness, California

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CPCs began to secure public funding in the 1990s. Initially, most taxpayer funding diverted to CPCs came from federal welfare reform and abstinence-only education programs (despite research that abstinence “education” does not delay sexual initiation or reduce sexual activity)¹⁴³ and through esoteric funding streams such as “marriage promotion” programs.

In 2019 CPCs obtained federal funds through the Teen Pregnancy Prevention and Title X Family Planning Programs.¹⁴⁴ The Trump administration diverted \$1.7 million reserved for Title X¹⁴⁵ — the only federal program devoted specifically to family planning and preventive reproductive health services for low-income patients — to Obria, a California-based crisis pregnancy network “led by God.”¹⁴⁶ By law, Title X funds are expressly intended to promote equitable access to contraception; Obria has privately committed to never dispense contraception.¹⁴⁷

Additionally, at least ten states - including one Alliance state, Pennsylvania - have diverted welfare reform funds under the Temporary Assistance for Needy Families (TANF) program, which are intended to support low-income pregnant people and families with children to meet basic needs, into CPCs.¹⁴⁸

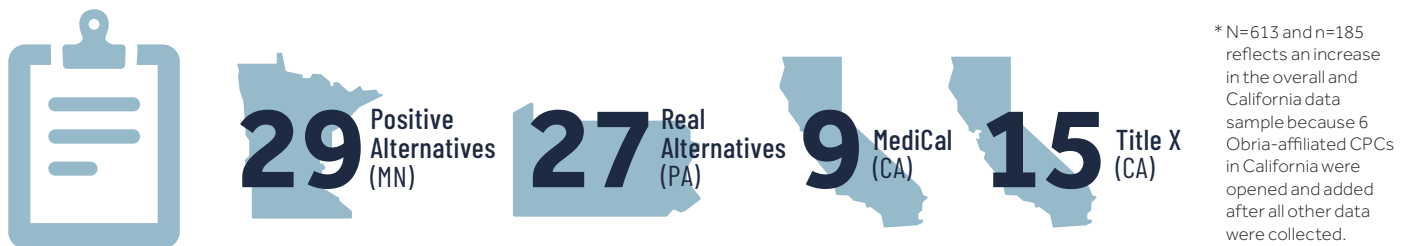
In 2020, CPCs also obtained federal funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act.¹⁴⁹ The anti-abortion organizations steering the CPC movement continue to seek novel new sources of public funds.¹⁵⁰

States are Directly Funding

With federal funding fluctuating with each administration and a record number of state governments controlled by a single party,¹⁵¹ states are now the most significant and stable source of public funding of CPCs. CPCs obtain state funding in at least 29 states.¹⁵²

In 2000, three states directly funded crisis pregnancy centers. Today, at least 14 states directly fund CPCs, including two Alliance states: Minnesota and Pennsylvania. While California does not directly contract with a CPC network, California-based CPCs have nonetheless secured federal and state funds through other means.

Through state grant programs with euphemistic names like “alternatives to abortion,” and under-the-radar mechanisms such as “choose life” license plate programs and tobacco settlements, state CPC contracts are being secured, and renewed, with little public attention — even in the wake of investigations of potential waste and misuse of public funds, such as in Florida,¹⁵³ Michigan, Minnesota,¹⁵⁴ North Carolina,¹⁵⁵ Pennsylvania, and Texas.¹⁵⁶



“While the state sends millions of dollars to crisis pregnancy centers that deliberately lie to pregnant people and stop them from accessing abortion care, abortion funds and providers have to scramble to raise money to fund essential, life-affirming reproductive health care — often in situations where CPCs have delayed someone’s access to abortion and made the procedure more expensive. When CPCs lie to pregnant people about their reproductive health care options, the effects fall disproportionately on people of color and people with low incomes — following a long history of reproductive oppression against people of color. It is absolutely unacceptable and unjust for the state to fund organizations that deliberately deny people their essential rights to bodily autonomy and self-determination.”

— **SHALYLA WALKER**, Vision Realization Advisor, Our Justice, Minnesota

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► Alliance Study state: Minnesota

Minnesota allocates millions of dollars annually to CPCs through its state-funded CPC program Positive Abortion Alternatives (PAA), established in 2005. Of the 90 CPCs in Minnesota, 29 (32%) receive public funding through the PAA program.

Minnesota policymakers have awarded public funds to CPCs for more than 15 years but have never conducted a comprehensive assessment of their services, practices, or use of taxpayer dollars.

An investigation by Minnesota-based Alliance member Gender Justice found egregious examples of over-funding and inefficiency in the PAA program. For example, Gender Justice found that Elizabeth House, a CPC based in a town of approximately 2,100 residents, was awarded a PAA grant of \$75,000 per year to serve an average of 57 clients per year, with only 7% of the budget funding client services; the balance went to salaries and administrative expenses. In another example, Gender Justice discovered that one rural Minnesota CPC (Choices Pregnancy Center in Redwood Falls) received approximately \$65,000 per year to serve 20 clients or fewer per year. The services the CPC provided to those clients were primarily parenting education classes,

with attendance at the classes incentivized by rewards of parenting supplies. The line item in the CPC budget for the actual parenting supplies was only \$1,200. The 2012 grant application for this CPC revealed that the area hospital serving the same population has only 100 births per year and that the hospital already provides its own parenting education classes.

These examples of over-funding and inefficiency in Minnesota's state-funded CPC program are based on partial data. Since 2018, Gender Justice has filed requests to review documents related to the PAA program, which is public information. The Minnesota Department of Health has neither promptly nor completely responded to these requests.¹⁵⁷

► Alliance Study state: Pennsylvania

Anti-abortion lawmakers in Pennsylvania have funneled more than \$100 million since the mid-1990s into Real Alternatives (RA), a regional umbrella organization that oversees a network including 27 CPCs, which constitute just 17.9% of all CPCs in the state, as well as other programs such as maternity homes.

In 2016, the Pennsylvania Department of Human Services could not account for how RA spent public funds.¹⁵⁸ The auditor general concluded Real Alternatives inappropriately used public money intended for direct services to promote themselves in other states, a maneuver he characterized as "illegal and secretive skimming of public tax dollars."¹⁵⁹

Headquartered in Pennsylvania, Real Alternatives launched pilot programs in Michigan and Indiana, and claims to have advised and educated anti-abortion activists how to replicate its model in Texas, Florida, Wisconsin, North Dakota, South Dakota, Louisiana, Nebraska, Ohio, and Minnesota.¹⁶⁰ In 2019, Michigan defunded Real Alternatives in the wake of a public complaint filed by watchdog group Campaign for Accountability (CfA), which alleged Real Alternatives "appear[ed] to have both misused taxpayer dollars and failed to provide adequate health services."¹⁶¹

In 2020, CfA filed a 27-page public complaint outlining "the ways [Real Alternatives] has failed to fulfill its duty to Pennsylvania families to provide adequate pregnancy and parenting services, while simultaneously inappropriately skimming money intended for service providers, and misappropriating public funding..."¹⁶² The CfA complaint details a bloated advertising budget correlated with serving fewer clients; a budget that included almost \$25,000 annually to run a hotline that received an average of 156 calls a year; public money used to fund the organization's efforts to block right-to-know records requests; and exorbitant executive salaries, among other questionable expenditures.

Pennsylvania officials re-funded Real Alternatives for FY 2021-2022. Real Alternatives also continues to operate in Indiana.

► Alliance Study state: California

Though California does not permit state contracts with CPCs, the Alliance Study found that nine CPCs in California have billed Medi-Cal, the state's Medicaid program, for client services for which they were reimbursed by the state.¹⁶³

In sum, this Study found that states that fund CPCs show a striking and consistent lack of accountability or transparency in this expenditure of taxpayer dollars. Moreover, while state policymakers continue to divert public funds into CPCs, their failure to assess the quality and content of services CPCs offer pregnant people or the consequences of those services for the public health is a serious concern, especially in the wake of multiple investigations finding evidence of extensive misuse and waste of public funds by CPCs.



Study Spotlight

State-funded Harm

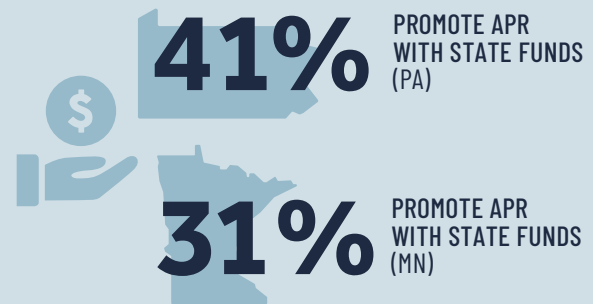
How State-Funded CPCs Compared to CPCs Without State Funding

With two of the nine states in this Study providing state funds to support CPCs, the Alliance was able to analyze disparities in services offered by state-funded CPCs in individual states. These findings should serve as a bellwether for states nationwide that are funding CPCs.

The Alliance Study found two significant disparities in services offered by state-funded CPCs:

State-funded CPCs promoted “abortion pill reversal” more often than CPCs without state funding.

- 40.7% of state-funded CPCs in Pennsylvania promote APR compared to 30.2% of the CPCs in PA without state funding
- 31.0% of state-funded CPCs in Minnesota promote APR compared to 21.3% of the CPCs in MN without state funding



Fewer state-funded CPCs claimed to provide and refer for prenatal care than other CPCs.

- In Pennsylvania, not a single state-funded CPC provides prenatal care, compared to 1.6% of CPCs without state funding
- In Minnesota, while two of the four CPCs that provide prenatal care are PAA grantees, fewer state-funded CPCs refer clients for prenatal care (41.4%) than CPCs without state funding (47.5%)

These disparities underscore the need for a comprehensive analysis of state-funded CPCs and assessment of the maternal and public health consequences of this government investment.

Appearing Local, Acting Global: CPCs Are Key Players in the International Anti-Abortion Movement

While individual CPCs may appear to be small, local, and independent facilities, the crisis pregnancy center industry is a sophisticated global network led by international, national, and regional anti-abortion organizations. These organizations, most of which are part of broader evangelical, Catholic,¹⁶⁴ and Christian nationalist movements,¹⁶⁵ provide extensive technical support to CPCs across the country, including digital strategy, infrastructure, and content; marketing and public relations; training and technical support.

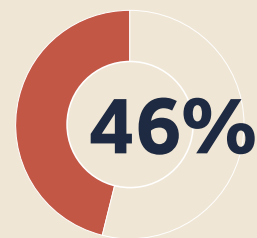
► *For more information see the Alliance Study companion resource, [Global, National & Regional Anti-Abortion Organizations Supporting CPCs](#), at alliancestateadvocates.org/publications.*

Under the direction of the major umbrella groups, CPCs are using sophisticated digital tactics, targeting clients online and on mobile phones, directing prospective clients to centralized hotlines and online chat services, and collecting and storing massive amounts of data on the reproductive and sexual histories of people, including “digital dossiers” of clients that in some cases also track their religiosity.

Crisis pregnancy centers have also adapted well-established practices to the digital age.

For example, CPCs frequently open near reproductive health clinics and use names and logos similar to nearby clinics.¹⁶⁶ The Alliance found this practice remains common: 10% of CPCs in this Study were mobile clinics, which can be positioned near abortion clinics and can directly intercept people seeking their services. All but two Study states, Idaho and Alaska, had mobile CPCs; the states with the highest presence of mobile clinics were Washington (36.4% of CPCs were mobile), New Mexico (16.1%), California (15.1%), and Montana (15.0%).

The modern CPC industry has adapted this strategy of mimicking women’s health clinics in online spaces by creating websites that imitate the language on abortion clinic sites. In a recent study examining CPC website messaging and visual cues, researchers found that CPCs mirror language signaling patient-centeredness, which may convince clients they are legitimate medical establishments. The study of CPC websites in nine Southeastern states found that websites explicitly communicate that CPCs are environments of non-judgement, choice, and freedom from coercion while obfuscating their services. In tandem, they did not always state their unwillingness to support or provide abortion but described a “free and open environment” and a “full range of choices.”¹⁶⁷



THE ALLIANCE FOUND 45.8% OF CPCs IN OUR STUDY STATES ARE AFFILIATED WITH ONE OR MORE OF THESE GROUPS:

Organizational Affiliation*	
Any national/regional org	239 (45.8)
Care Net	117 (19.3)
Heartbeat International	65 (10.7)
Birthingright	35 (5.8)
Real Alternatives	27 (4.4)
Obria	15 (2.5)
Elevate Life	13 (2.1)
Religious Institution	10 (1.6)
NIFLA	4 (0.7)
Culture of Life Family Services	2 (0.3)
Other	58 (9.6)
None Specified	280 (46.1)

*Some CPCs have more than one affiliation

“CPCs outnumber legitimate clinics in much of the South, often infiltrating networks of medical referral and social support, while delaying desired, necessary and timely care through deceptive tactics. In the online space, CPCs are sometimes indistinguishable from legitimate clinics. This speaks to how effectively CPCs have strategized to obfuscate their true motives and penetrated the health care arena and how they are exploiting the landscape of unmet needs, especially in rural and underserved communities.”

—**SUBASRI NARASIMHAN, PhD**, Research Assistant Professor, Rollins School of Public Health & the Center for Reproductive Health Research in the Southeast, Emory University, Georgia

”

Researchers in the Southeast also found 67% of CPCs used prominently placed photos of women of color on their website, most often on their homepage.¹⁶⁸ Website and marketing images featuring models of color act as visual cues signaling that CPCs are trusted sources of information for people of color, especially Black women, advancing a long-standing CPC strategy of racial targeting. The CPC movement stepped up its racial targeting in 2003 through a Care Net/Heartbeat International-led “Urban Initiative” program focused on Black women and on opening “urban” CPCs in majority Black and minority neighborhoods.¹⁶⁹ ¹⁷⁰ CPC marketing strategies targeting people of color also lend “a veneer of inclusivity to a fundamentally white movement.”¹⁷¹

These tactics effectively confuse target clients: A recently published study found only two out of five people were able to correctly identify that CPCs did not provide abortion services after looking at their websites.¹⁷² People with low health literacy and lack of previous knowledge about abortion care were the least likely to be able to recognize a CPC by its website.¹⁷³

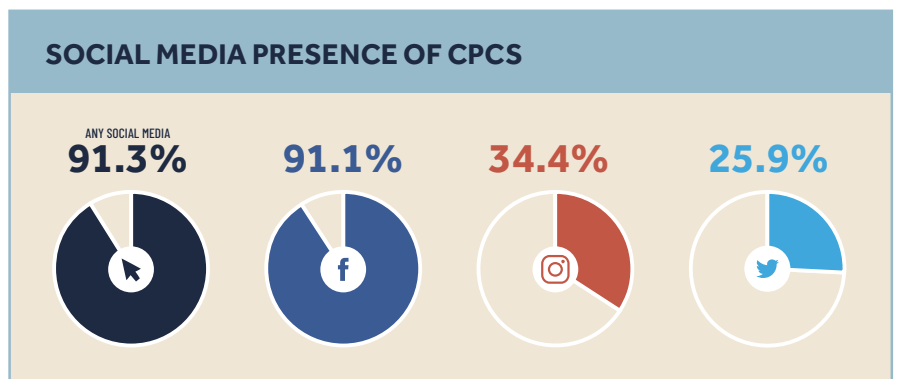
Moreover, many CPCs maintain dual websites: a secular site to appeal to pregnant people, and a religious one to appeal to donors and supporters.¹⁷⁴ Heartbeat International encourages affiliates to create two websites, one that describes the anti-abortion mission to secure donors, and one designed for people seeking medical care.¹⁷⁵

The modern-day CPC industry has also embraced social media to target clients. More than 90% of the CPCs examined in this Study are active on social media, especially Facebook.

Though we did not analyze the presence of CPCs on social media

apps TikTok and Snapchat in this Study, digital marketing firms such as “Choose Life Marketing,” which advertises as a Google Partner and Facebook Marketing Partner, show the CPC industry is promoting tactics to target millennials and Gen Z through apps that attract younger users (e.g., Snapchat, YouTube, TikTok) and using Facebook ads to target women who use the dating app Tinder.¹⁷⁶

As another firm specializing in targeting young women and teens deemed “at risk” for abortion noted, CPCs can use social media to “target individuals seeking pregnancy and abortion information online” to give them “the opportunity to ... contact you **first**” (emphasis in original quote).¹⁷⁷



CPCs Gaming Google

Research shows that people living in areas with multiple restrictions on abortion access, or where there are fewer abortion providers, are the most likely to use the internet to search for abortion information and providers.¹⁷⁸

CPCs spend significant sums to advertise on internet search engines.¹⁷⁹ Digital marketing firms that cater to the CPC movement emphasize that the goal is to intercept people searching for abortion care online. As one anti-abortion marketing firm advised, "How do pregnancy centers reach the abortion-minded woman before these abortion pill providers do? ... Through marketing strategies like SEO and PPC, you can rank on top of Google and reach women before abortion providers do."¹⁸⁰

A 2018 study of the quality of information available for people searching online for abortion information and providers found Google ads were the least likely to facilitate and the most likely to hinder self-referral for abortion. This study found that search results often led to either crisis pregnancy centers or anti-abortion websites regardless of search term or search engine, and that the information quality was lowest in areas with the least access to abortion providers.¹⁸¹

In 2019, in response to criticism, Google enacted a new ad policy designed to require crisis pregnancy centers to be transparent online about not providing abortion care or referrals.¹⁸² But loopholes remain that allow CPCs to continue posting misleading digital ads.¹⁸³ For example, only users who search under the term "abortion" will see the tag "Does not provide abortion" that Google now requires on CPC ads. If a user searches under other terms, like "pregnancy test," the tag does not appear. Nor does the tag appear on ads placed by the big CPC networks.

CPCs and Mobile Geofencing

Mobile geofencing is a digital marketing strategy that enables advertisers to target people within a specific physical location to receive ads on their phone, so long as they are within the digitally defined parameter. CPCs have set up geofences around abortion clinics to reach people in the waiting room, sending ads to their phones to try to get them to go to the CPC instead. "Be creative with your geofencing," advises a CPC marketing firm. "You can set it up around high schools, universities, shopping malls, movie theaters, and abortion clinics."¹⁸⁴

In 2017, the Massachusetts attorney general concluded that this tactic violated consumer protection laws and forced one advertising firm to cease in that state, noting that the technology can be used to "digitally harass people" and that "consumers are entitled to privacy in their medical decisions and conditions."¹⁸⁵

CPCs Collect Client Data

Anti-abortion umbrella organizations use CPCs to collect and store extensive personal client data. They have leveraged content management systems, centralized hotlines and website chat services, and fertility apps¹⁸⁶ to create "digital dossiers" on every person who interacts with a CPC. Data collected includes the purpose of the client's visit, demographic data, outcomes of the visit in terms of abortion decision, and status of potential conversion to evangelical Christianity.¹⁸⁷ As discussed below, most CPCs are not subject to federal privacy laws, so the confidentiality, uses, and potential sharing of massive amounts of data about people who visit, call, chat with, or otherwise have contact with a CPC remain unclear.

Get To The Top of Google With These 3 SEO Tips!

With abortion minded women searching for answers online every day, search engine optimization (SEO) is necessary for an effective marketing strategy. Stand out among your competition - your local abortion clinic - and connect with the abortion-minded woman by using SEO the right way.

From blogging to optimization, a great SEO strategy helps you rank on top of Google. The more strategy you put into SEO, the better chance women have coming to your website and ultimately coming into your center.

► Screenshot from Choose Life Marketing
https://www.chooselifemarketing.com/marketing_category/client-strategy/



CPCs Feed Client Information to Big Data

“One huge threat that CPCs pose, about which most people are unaware, concerns patient privacy. CPCs may pose as legitimate reproductive health clinics, but the vast majority of them provide no health care services whatsoever. Consequently, many of the legal protections against disclosure of personal health information do not apply to these so-called clinics. This enables them to collect vast amounts of personal information, which they can use to build their movement or share with others—with almost no accountability or oversight.”

— KIM CLARK, Senior Attorney, Legal Voice, Washington

”

An in-depth investigation of CPCs by Privacy International, a UK-based organization that defends and promotes the right to privacy across the world, found that Heartbeat International (HBI) is leading the anti-abortion movement’s effort to collect and store client information. The report provides a glimpse into how the CPC movement is leveraging big data, the lack of transparency regarding how the data is used and where it is shared, and the potential for privacy violations.¹⁸⁸

Health care providers in the U.S. are subject to the Health Insurance Portability and Accountability Act (HIPAA), which requires that patient information be kept private. Because CPCs typically do not provide health care, they are not subject to the law.

According to the Privacy International report, Heartbeat International is collecting client data through a content management system called Next Level, which collects “name, address, email address, ethnicity, marital status, living arrangement, education, income source, alcohol, cigarette, and drug intake, medications and medical history, sexual transmitted disease history, name of the referring person/organisation, pregnancy symptoms, pregnancy history, medical testing information, and eventually even ultrasound photos.”¹⁸⁹

Heartbeat International promotes Next Level by assuring CPC administrators, “You’re part of a global mission and you know it.”¹⁹⁰ While HBI claims they employ “the necessary” HIPAA protections on their website, Privacy International notes “Next Level’s privacy policy states that the company ‘may share such information with Next Level affiliates, partners, vendors, or contract organizations.’”¹⁹¹

HBI also collects client data through the online chat service Option Line and its “abortion pill reversal” hotline. As Privacy International noted: “The Option Line chat interface requires visitors to enter their name, demographic information, location information, as well as if someone is considering an abortion. Only after submitting this personal information does the chat begin. It is unclear where the data submitted prior to the chat beginning, as well as the data generated during the chat, ends up, and who has access to it.”¹⁹²

Privacy International notes that Option Line’s terms of service state that client information can be used “for any and all purposes [believed to be] appropriate to the mission and vision of Option Line.”



The CPC industry’s extensive use of sophisticated digital strategies to collect and mine client data is deeply concerning, especially as the Texas six-week abortion ban that went into effect on September 1, 2021 allows private citizens to sue anyone who “aids or abets” a friend, family member, loved one, or stranger to obtain a banned abortion and receive at least \$10,000 in compensation. **CPCs are now positioned to surveil pregnant people and feed their data to vigilante anti-abortion bounty hunters anywhere in the country.**

State Policy Recommendations

“Our policy recommendations include mechanisms to hold CPCs accountable for how they treat pregnant people and promote transparency regarding how they spend public money. But we also urgently need policies that promote equitable access to evidence-based reproductive health care and enable economic security. The scarcity of access to legitimate health care, combined with widespread financial insecurity, is the context that makes people vulnerable to CPCs.”

—**AMAL BASS**, Director of Policy & Advocacy, Women’s Law Project, Pennsylvania

Crisis pregnancy centers both exploit and perpetuate inequities in access to health care and safety-net systems. While the policy recommendations below are not comprehensive, they include ways to hold CPCs accountable for the quality of their services and their use of public funds. We also offer broader policy approaches to increase equitable access to evidence-based reproductive health care. The applicability of these recommendations will vary from state to state and locality to locality, depending on local circumstances, political landscape, existing law, demographics, and specific needs of people of reproductive age in each jurisdiction.

State policymaking will be informed by court rulings, including *NIFLA v. Becerra*,¹⁹³ a First Amendment case in which the U.S. Supreme Court struck down a California law requiring facilities that provide pregnancy-related services to publicize certain notices about reproductive health services provided by the state.¹⁹⁴ Since that ruling, local and state jurisdictions have passed laws prohibiting false or misleading advertising by CPCs that are designed to withstand a First Amendment challenge.¹⁹⁵

▶ *See the following State Pages for specific recommendations for Alliance Study states.*

Protect Clients & Patients

- Pass state and municipal laws, within constitutional limits, requiring CPCs to disclose which services they do and do not provide.
- Amend state consumer protection laws that apply only to for-profit and/or commercial transactions so they apply to providers of free pregnancy-related services.
- Repeal laws that mandate doctors give medically inaccurate and biased information to patients, including false claims of links between abortion and infertility and breast cancer.
- Encourage state attorneys general to investigate and hold accountable CPCs that use geofencing and other patient-targeting tactics.
- Ensure that state agencies publishing information for people seeking abortion, family planning, and other reproductive health services provide medically accurate information.
- Ensure that public schools do not engage CPCs or other entities that fail to provide comprehensive, age-appropriate, evidence-based information to teach sexuality education, classes, or curricula.
- Prohibit administration of and referral for “abortion pill reversal” (APR), including through:
 - Professional licensing regulations;
 - Enforcement of laws prohibiting the practice of medicine without a license;
 - State laws prohibiting the practice of APR, perhaps modeled on conversion therapy bans;
 - Barring APR provision, referral, or promotion by programs that receive public funds.
- To protect confidential client information, pass laws that:
 - Define what should be held confidential, e.g., name, address, phone, purpose of visit;
 - Extend HIPAA-like protections to people served by nonprofits providing pregnancy-related services;
 - Require providers of pregnancy-related services not covered by HIPAA or other privacy laws to inform clients of their privacy policy, whether and how they aggregate personal information, and how they use personal information.

CPCs often provide inaccurate health information and attempt to thwart the use of safe, acceptable, desired health care services, particularly contraception and abortion. CPC practices and services do not align with a public health approach and are inconsistent with recommendations of professional medical organizations and medical and ethical standards of care. Government-funded health programs have a responsibility to protect and promote health and provide accurate information. [We] support regulation and action to address CPCs' lack of adherence to medical and ethical practice standards and prevent potential harms caused by CPC services and practices.¹⁹⁷

— **JOINT POSITION STATEMENT** from the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology, December 2019



Promote Transparency, Best Practices Regarding Public Funding

- Do not fund CPCs with taxpayer dollars.
- Prohibit diversion of TANF and other social safety-net funds to CPCs.
- Require any program receiving taxpayer funds earmarked for pregnancy-related services to:
 - Provide or make referrals to providers of comprehensive reproductive health services;
 - Publish an annual public report on the use of public grants and contract funds.
- Institute oversight mechanisms, such as public audits, for publicly funded CPCs.
- Establish a CPC hotline, similar to fraud lines, for reporting:
 - Harassment of patients;
 - Dissemination of private information;
 - Personal experiences at CPCs;
 - Disinformation found on CPC websites;
 - Deceptive advertising about services offered;
 - CPCs that provide “abstinence” education in public schools.

From a public health standpoint, these centers endanger women by misinterpreting and misrepresenting medical evidence. States implicitly endorse these centers when they provide support for them ... Honest information about the perspective from which they dispense advice and support, in addition to forthright acknowledgement of their limitations, is essential for these centers to provide an ethical service to women. For no other medical procedure would someone who is not a health care professional seek to give detailed counseling on the risks of the procedure ... Until taxpayers can be assured that these centers conform to ethical standards of licensed medical facilities, offer sound medical advice, and do not lead to harm, states should refrain from directly or indirectly funding these centers.¹⁹⁶

—AMA Journal of Ethics, March 2018



Address the Maternal & Reproductive Health Care Gaps Exploited by CPCs

Pregnancy centers are not isolated aberrations in a well-functioning health care system but expected outcomes of critical absences in reproductive health care and severe economic inequality in the United States. Most clients are low-income and under-insured ... Centers may entrench existing health inequalities by limiting the range of reproductive-health options available to marginalized women. In refusing to refer for contraception or abortion, pregnancy centers may delay clients in accessing desired services, ladening these actions with misinformation, morality, and trauma.¹⁹⁸

—KENDRA HUTCHENS, University of Colorado-Boulder, April 2021



- Establish and publicly fund diaper bank and diaper subsidy programs through legislation.
- Eliminate pregnancy test requirements of applicants for Medicaid or other state services.
- Encourage states to offer reliable, free pregnancy tests and pregnancy confirmation letters.
- Pass laws mandating evidence-based, age-appropriate K-12 sexuality education.
- Pass contraceptive equity laws that require insurers to cover all methods of contraception without co-pays.

Eliminate Obstacles to Health Care for Pregnant & Parenting People

These centers should not be seen as part of a reliable system of care and support. Health departments and social services programs are more appropriate sources of this care — and many already offer support for low-income pregnant women, through social workers, pregnancy classes, health care worker home visits, and in-patient therapy. [Research] findings, however, suggest that pregnant women’s needs are not being met or, at the least, that some women lack awareness of these resources and how to access them.¹⁹⁹

—KATRINA KIMPORT, University of California, San Francisco, February 2020



- Extend postpartum coverage under Medicaid from 60 days to one year.
- Expand insurance coverage for full-spectrum doula services.
- Allow birth centers to offer abortion care.
- Expand insurance coverage for pregnant and postpartum people with substance use disorders.
- Make health insurance enrollment and coverage more accessible and comprehensible; eliminate burdensome requirements.
- Measure maternal mortality and morbidity and racial disparities, enact state-specific recommendations to improve maternal health outcomes, and measure progress in a comprehensive, systematic fashion that can be measured across state lines.
- Incentivize medical and nursing schools to provide anti-racism and cultural competency training; provide Continuing Medical Education and Continuing Nursing Education credits for this training.
- Pass comprehensive health care reform or public option health insurance laws at the state level.

State Findings

ALASKA

CALIFORNIA

IDAHO

MINNESOTA

MONTANA

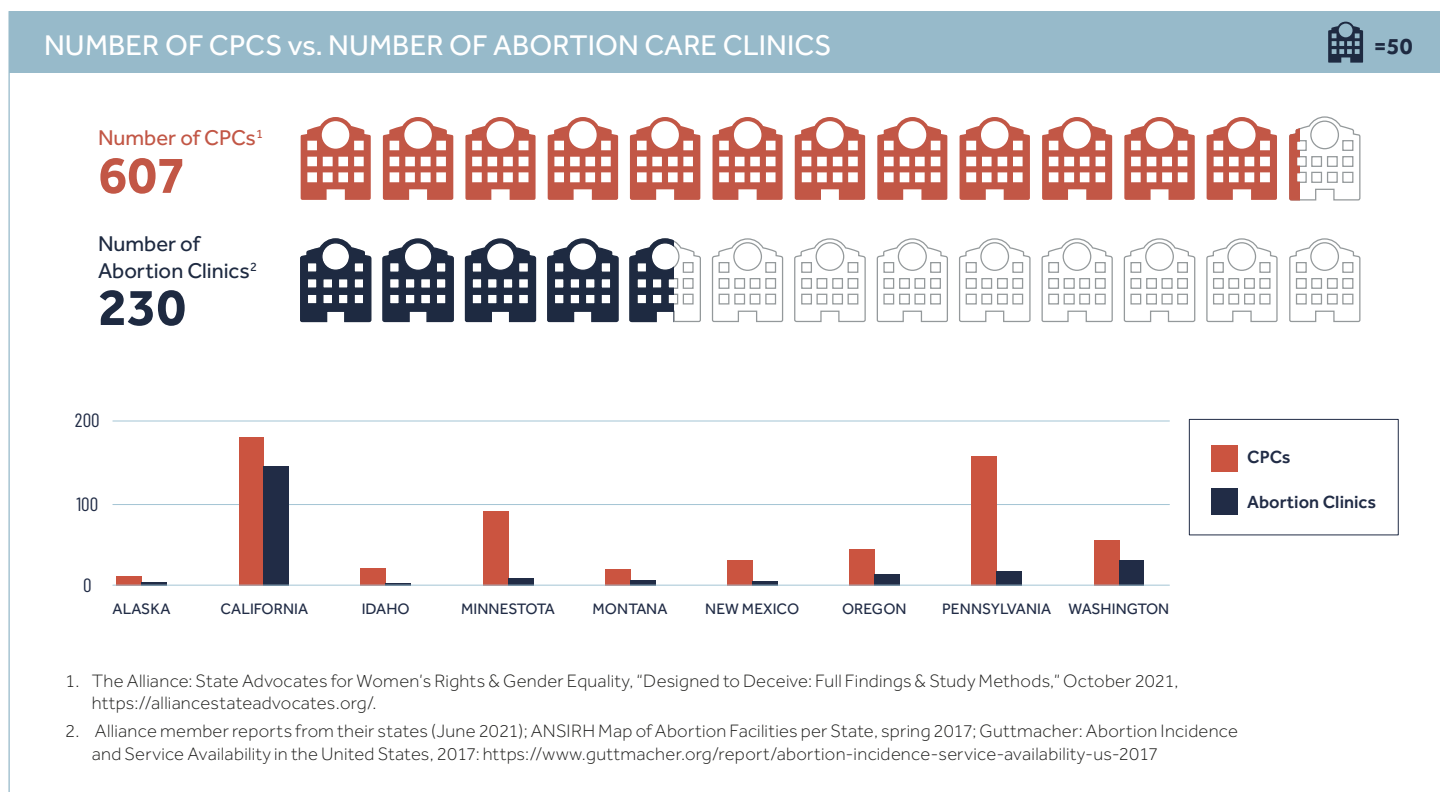
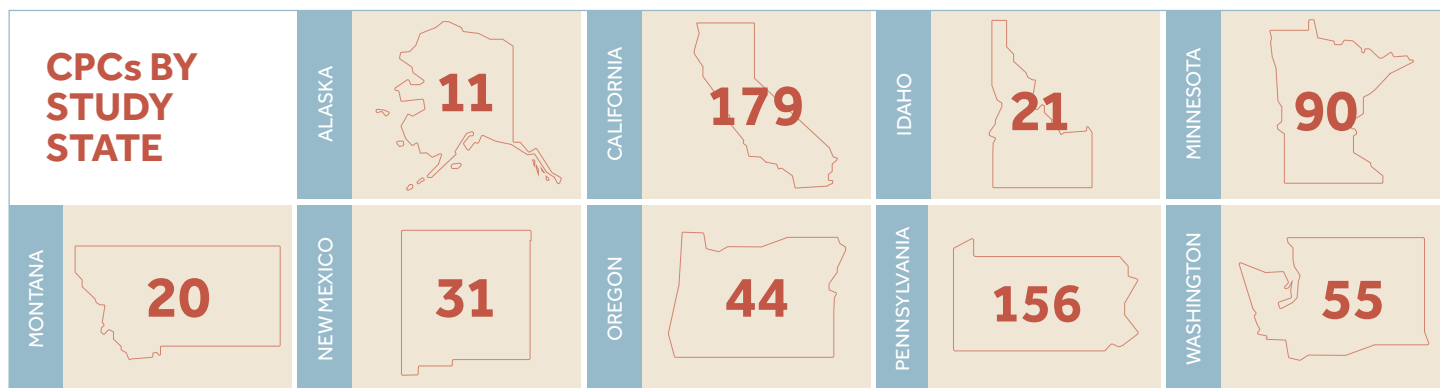
NEW MEXICO

OREGON

PENNSYLVANIA

WASHINGTON

CPCs Outnumber Abortion Clinics in All Nine Study States



Alaska

- ▶ The Alliance Study identified **11 crisis pregnancy centers** in Alaska.
- ▶ There are currently **4 abortion care clinics left in the state.**

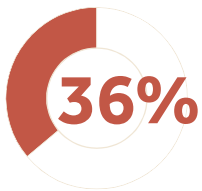
IN ALASKA, CPCs OUTNUMBER ABORTION CARE CLINICS BY MORE THAN **3:1**



Over half (54%) of CPCs in Alaska are affiliated with a U.S.-based evangelical anti-abortion organization called Care Net. Another 45% are affiliated with Heartbeat International, an anti-abortion organization with strong ties to members of the former Trump administration.

Most Common Services Offered by CPCs in Alaska

The services Alaska CPCs provide pregnant people are similar to those that CPCs provide in other states. Their most common services are pregnancy testing (90.9%), "support" or "counseling" (90.9%), free/earned infant and maternity goods (81.8%), and "non-diagnostic" ultrasounds (36.4%).



"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY OVER 1/3 OF ALASKA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in Alaska Promote False & Biased Medical Claims

Almost all CPCs in Alaska (90.9%) promote false and/or biased medical claims. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, that misstated or selectively cited factual information, or that used gratuitous or graphic language instead of clinical terms. Many CPCs falsely claim that abortions can lead to "increased promiscuity" and other psychological issues and that abortion increases the risk of breast cancer and infertility. Many make false claims about the safety and efficacy of medication abortion. Some provide false information about how late into a pregnancy medication abortion can be administered.

CPCs in Alaska also make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice:

We Inform You Decide

Make an appointment today to talk to someone

If you're experiencing an unwanted pregnancy, we're here to help. There is no pressure - we inform, YOU decide.

If you're experiencing an **unwanted pregnancy**, we're here to help. Because **we do not perform or refer for abortions** or make money from *any* choice you make, there is no pressure - **we inform, YOU decide.**

- ▶ Screenshots from The Water's Edge CPC, Homer, Alaska, <http://the-waters-edge.org/pregnancy-and-beyond.html>

The message on the homepage of the Water's Edge CPC in Homer, Alaska is directly contradicted by language throughout the website that clearly seeks to dissuade pregnant people from choosing abortion. This deceptive claim to be unbiased because their services are free, their appropriation of the language of choice, and their vilification of abortion providers as profit-driven exploiters of pregnant people are among the misleading messaging seen on many CPC websites.

CPCs in Alaska Promote “Abortion Pill Reversal”

Over 9% of CPCs in Alaska promote a high-progesterone intervention the anti-abortion movement calls “abortion pill reversal” (APR). The claim behind APR is that a medication abortion can be reversed after the process has begun, junk science that is opposed by medical experts and harmful to the health of pregnant people. This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials. As the American College of Obstetricians and Gynecologists concluded, APR is “unethical” and “not based on science.”

Most CPCs in Alaska Do Not Provide Medical Services

A majority of CPCs in Alaska no information about contraception (100%), no STI-related services (72.7%), no well-person care (100%) or referrals (90.9%), and no prenatal care (90.9%) or prenatal care referrals (63.6%). None of the CPCs affiliated with the anti-abortion group Heartbeat International offers prenatal care.



CPCs in Alaska Lack Licensed Medical Professionals

While many CPCs present as a medical office, only three of the 11 CPCs in Alaska (27%) indicate that they have a licensed medical professional affiliated with their staff.

That these so-called clinics offer no prenatal care to their pregnant clients is deeply concerning given the well-documented correlation between a lack of prenatal care and maternal mortality. Pregnant people who do not receive prenatal care are five times more likely to have a pregnancy-related death than those who do receive prenatal care.

CPCs & the Maternal Mortality Crisis in Alaska

Since most of the CPCs in Alaska offer free pregnancy confirmation services but no prenatal care, while promoting false and biased medical claims, they may actually obstruct pregnant people’s timely access to health care at a time when the state and country are suffering a crisis of maternal mortality, driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs.

The implications of these CPC practices are of particular concern for Native Americans and Alaska Natives, who make up just 2% of the total U.S. population but account for the second-highest number of maternal deaths in the country. Native Americans and Alaskan Natives are approximately 3.3 and 2.5 times more likely, respectively, to die while pregnant or as new mothers than white women are.

From 2009–2018, Alaska reported an overall maternal mortality rate of 8.3 per 10,000 live births, but the rate among Alaska Natives was much higher than any other population in the state. By race, the white (non-Hispanic) death rate was 3.7 per 10,000 live births, the Asian and Pacific Islander death rate was 8.0, while the Alaska Native maternal death rate soared to 19.2 per 10,000 (n= 55) live births.

Recommendations

The Alaska Legislature should pass laws to ensure access to medically accurate, age-appropriate, comprehensive sexual health education for all public school students, and comprehensive reproductive health care, including a full range of contraceptive options, for *all* Alaskans.

California

- ▶ The Alliance Study identified **179 crisis pregnancy centers** in California. The number of CPCs in California is 20% higher than the number of abortion care clinics (179 to 144).

CPCs in California Get Public Funding

Unlike some other states in the Alliance Study, California does not permit state contracts with CPCs. But some CPCs in California still receive state funding, and some secured new federal funding during the Trump administration.

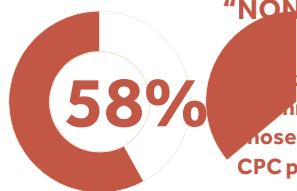
In 2019 the California-based Obria CPC network was awarded funding under Title X, a federal program to fund family planning services for low-income people, despite the fact that Obria clinics do not dispense contraception. Obria distributed Title X dollars to 15 CPCs in its California network before withdrawing from the Title X program in April 2021. In addition, 9 CPCs in California are documented as billing California's Medicaid system, Medi-Cal, for services provided, and receiving reimbursement through the state.

Most Common Services Offered by CPCs in California

The services provided by California's CPCs align with data from other Study states. Most common services are pregnancy testing (90.5%), free/earned infant and maternity goods (83.2%), lay counseling (82.1%), and "non-diagnostic" ultrasounds (58.1%).

IN CALIFORNIA, CPCs
(SHOWN ON THE MAP BELOW)
OUTNUMBER ABORTION
CARE CLINICS BY

5:4



"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY OVER 1/2 OF CALIFORNIA CPCs NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in California Promote False & Biased Medical Claims

The majority of CPCs in California (65.9%) make false or biased medical claims, especially about pregnancy and abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. The proportion of California CPCs making false claims about abortion is higher (43.6%) than the average across all Study states (31.8%). Examples of false CPCs claims include that abortion is associated with pre-term birth and can lead to "increased promiscuity," and that women suffer guilt, depression, and risk of substance abuse from "post abortion syndrome."

CPCs in California also make deceptive and misleading claims on their websites, including that abortion providers are profit-driven exploiters of pregnant people, that CPCs provide unbiased services because their services are free, and that CPCs provide full information to support a pregnant person's choice; some deceptively use "choice" or "options" in their names.



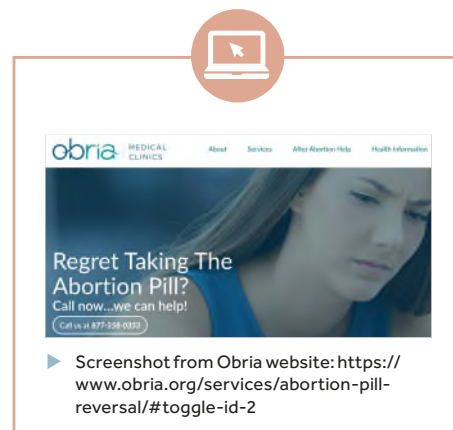
Will abortion affect my mind and heart?

Post-Abortion syndrome (PAS) is what some women experience following an abortion. While some can experience relief right after their abortion, emotions can "catch up" with them months or even years later. Many express that they wish they could go back and "undo" the abortion. Some typical symptoms include: guilt, anxiety, depression, thoughts of suicide, re-experiencing the abortion, fear of not being able to get pregnant again, survival guilt, eating disorders, alcohol or drug abuse. Click here to read about her abortion experience. Abortion isn't an "easy" solution by any means. If you are considering an abortion, please take the time to research all your options. visit our "Your Choices" page for more specific information about your choices.

- ▶ Screenshot from Confidence Pregnancy Center in Salinas, California: <https://pregnancysalinas.com/faqs>

CPCs in California Promote “Abortion Pill Reversal”

Close to 40% of CPCs in California promote “abortion pill reversal” (APR), the injecting or prescribing of high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion. The claim behind APR is that a medication abortion can be reversed – junk science that is opposed by medical experts and harmful to pregnant people. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.



CPCs that promote “abortion pill reversal” refer clients to this website run by global anti-abortion group Heartbeat International (HBI). As you can see, CPCs advertise APR with marketing that suggests it is a legitimate medical service, though all recognized medical experts oppose the practice as untested and unethical. Almost 40% of California CPCs promote this unregulated experimentation on pregnant people.

Most CPCs in California Do Not Provide Medical Care

Only about 10% of California-based CPCs provide prenatal care, and only one of the 179 CPCs in California provides contraceptive care. Twenty CPCs (11.2%) promote “fertility awareness” or “abstinence only” programming. The majority of California CPCs offer no STI-related services (69.8%), no well-person care (89.9%), and no prenatal care (89.9%) or prenatal care referrals (52.5%).

IN CA:



90%
OF CPCs OFFER NO
PRENATAL CARE



75%
OF CPCs SHOW NO
PHYSICIAN ON STAFF

CPCs in California Lack Licensed Medical Professionals

While many CPCs present themselves as medical offices, only one-quarter (25.1%) of California CPCs indicate they have a physician and only one-third (32.4%) indicate they have a registered nurse affiliated with their staff.

CPCs & the Maternal Mortality Crisis in California

Overall, California has been a leader in reducing maternal mortality. In 2018, California had one of the lowest maternal mortality rates in the country at 4 out of 100,000 live births, which was nearly half the 2013 rate of 7.3 per live births. However, maternal mortality continues to disproportionately affect Black mothers in California, who had a mortality rate of 26.4 out of 100,000 live births between 2011 and 2013—nearly four times the state’s average. California must continue to address persistent racial disparities by investing in policy and programmatic solutions. CPC volunteers and staff without medical training who give pregnant people false and deceptive information directly undermine California’s ability to reduce maternal mortality rates.

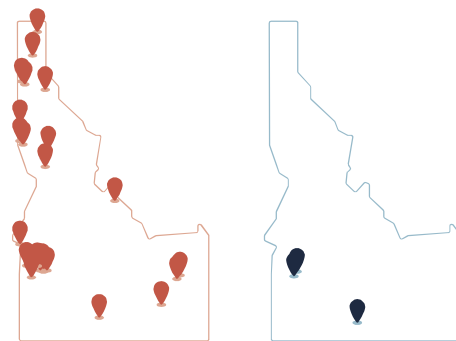
Recommendations

The California Legislature and state agencies should seek to prohibit CPCs from stating or disseminating false or deceptive information about pregnancy-related services and prohibit the administration of, and referral for, abortion pill “reversal.” The legislature should also consider amending the state consumer protection statute to apply to providers of pregnancy-related services without regard to payment and explore the possibility of barring any state funding going to CPCs.

Idaho

- ▶ The Alliance Study identified **21 crisis pregnancy centers** in Idaho.
- ▶ There are currently **3 abortion care clinics** left in the state.

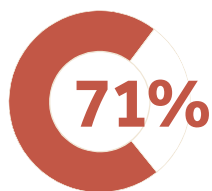
IN IDAHO, CPCs
OUTNUMBER ABORTION CARE
CLINICS BY MORE THAN
7:1



Almost one-third (29%) of Idaho-based CPCs are affiliated with Heartbeat International, a global anti-abortion organization with strong ties to members of the former Trump administration. Almost one-quarter (23%) of Idaho CPCs are affiliated with a U.S.-based evangelist anti-abortion organization called Care Net, and 14% are affiliated with a Canada-based anti-abortion network called Birthright International.

Most Common Services Offered by CPCs in Idaho

The services Idaho CPCs provide are similar to those offered by CPCs in other Alliance Study states. The most common services are support or counseling (100%), pregnancy testing (95.2%), free/earned goods (85.7%), and “non-diagnostic” ultrasounds (71.4%).



“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY ALMOST 3/4 OF IDAHO CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in Idaho Promote False & Biased Medical Claims

The majority of CPCs in Idaho (76.2%) make false and/or biased claims about reproductive health care and abortion.

The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, that misstated or selectively cited to factual information, or that used gratuitous or graphic language instead of clinical terms. For example, some CPCs falsely claim that abortions can lead to “increased promiscuity” and increase the risk of breast cancer and infertility.

CPCs in Idaho also make deceptive and misleading claims on their websites, including that they have no agenda because their services are free, and that they provide full and unbiased information to support a pregnant person’s choice. Almost half (10) of the CPCs in Idaho deceptively use the word “choice” in their name. This CPC in Lewiston makes misleading claims that lead pregnant people repeatedly to provide their contact information:

CONFIDENTIAL ABORTION CONSULTATION – NO COST TO YOU

★★★★★

Name *

How may we contact you? *

Call

Text

Email

ABORTION INFORMATION FOR IDAHO

Life Choices Clinic in Lewiston, Idaho understands the difficulty of facing an unexpected pregnancy. We believe that information empowers. We strive to provide you with objective pregnancy and sexual health education so you can make a confident decision. If you are considering abortion, your first step is to learn more about your options. We're here to help you no matter what choice you make. **All services are provided at no cost to you.**

▶ Screenshots from Life Choices CPC: <https://lifechoicesclinic.info/services/health-information/abortion-idaho/>

CPCs in Idaho Promote “Abortion Pill Reversal”

Over half (57%) of CPCs in Idaho promote “abortion pill reversal” (APR), the unrecognized practice of injecting or prescribing high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine*. Neither the safety nor effectiveness of APR has been proven in clinic trials.



CPCs in Idaho promote unethical APR experimentation on vulnerable pregnant people in collusion with the Idaho state government. The Idaho Department of Health and Welfare promotes a list of CPCs that engage in APR and requires abortion providers to give materials to patients about “reversal of a chemical abortion.” (“Chemical abortion” is what the anti-abortion movement calls medication abortion.)

Most CPCs in Idaho Do Not Provide Medical Services

A majority of CPCs in Idaho offer no information about contraception (100%), no STI-related services (66.7%), no well-person care (90.5%) or referrals (85.7%), and no prenatal care (100%) or referrals (47.6%). None of the Idaho CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.

CPCs in Idaho Lack Licensed Medical Professionals

While many CPCs present as medical offices, fewer than one-quarter (23.8%) indicate they have a registered nurse and only one-seventh (14.3%) say they have a licensed physician affiliated with the staff. This Boise CPC’s mention of “lab-quality” tests signals that it is a medical facility, which it is not:

You will be offered a **FREE** lab-quality, urine pregnancy test with quick results.

▶ Screenshot from Treasure Valley Path Pregnancy Clinic, Boise, Idaho <https://www.treasurevalley.path.org/new-page-1>

CPCs & Maternal Mortality in Idaho

Idaho’s Department of Health & Welfare Maternal Mortality Review Committee reported 10 maternal mortality deaths (defined as death while pregnant or up to a year after pregnancy) in its 2018 annual report, and noted that all 10 deaths were preventable. Half of Idaho women who died did not enter prenatal care in the first trimester. When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking medical care, they directly undermine the state’s efforts to reduce the rate of maternal mortality. That the state of Idaho specifically refers pregnant people to organizations that offer no prenatal care is especially problematic given the well-documented correlation between a lack of prenatal care and maternal mortality. Women receiving no prenatal care are five times more likely to die of pregnancy-related causes.

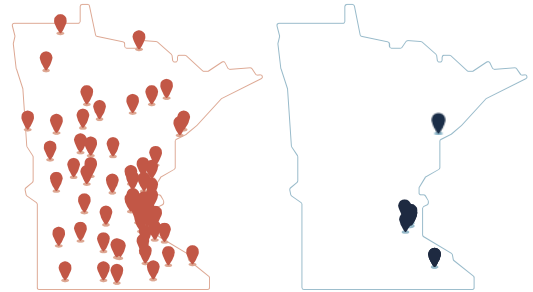
Recommendations

Idaho policymakers should require all public schools to provide medically accurate, age-appropriate, comprehensive sexual health education; and expand access to comprehensive reproductive health care, including a full range of contraceptive options, for *all* Idahoans. Instead of referring pregnant people to CPCs, the state of Idaho should follow the recommendations of its own Maternal Mortality Review Committee to expand insurance coverage for pregnant and postpartum women with substance abuse disorders and to expand Medicaid coverage for pregnant people to 12 months postpartum, regardless of pregnancy outcome.

Minnesota

- ▶ The Alliance Study identified **90 crisis pregnancy centers in Minnesota.**
- ▶ There are currently **8 abortion care clinics left in the state.** Five of the abortion clinics are in the Twin Cities metro; one mobile clinic serves most rural regions of the state.

IN MINNESOTA, CPCs
OUTNUMBER ABORTION
CARE CLINICS BY
11:1



Minnesota Taxpayers are Funding Questionable Practices & Wasteful Spending by CPCs

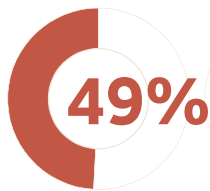
The Minnesota Positive Abortion Alternatives (PAA) statute was passed in 2005. It claims to promote healthy pregnancy outcomes but expressly requires grantees to encourage women to carry their pregnancies to term. Grantees, many of which are CPCs, must not refer to, discuss, or offer abortion services. As of 2021, this state program awards \$3,357 million per year to anti-abortion groups.

A Gender Justice investigation of the PAA program found egregious examples of over-funding some CPCs, inefficient expenditure of public funds, an unclear selection process for grant distribution, and questionable utilization of public funds by some grantees. One approved applicant for a \$75,000 grant allocated only 7% of its budget to services for pregnant people and 93% for “salary, utilities, expenses, and office supplies.”

Gender Justice found that Choices Pregnancy Center in Redwood Falls serves fewer than 20 clients per year and receives approximately \$65,000 per year under its state grant. The group’s primary service is parenting classes, which are also offered by the local hospital. At a minimum cost to the taxpayer of \$3250 per client, why is such a large grant necessary for this CPC to offer parenting classes already available in the community?

Most Common Services Offered by CPCs in Minnesota

The most common CPC services are free/earned maternity or baby goods (96%), support or counseling (90%), pregnancy testing (89%), and “non-diagnostic” ultrasounds (49%).



“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY ALMOST 1/2 OF MINNESOTA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in Minnesota Promote False & Biased Medical Claims

Over 63% of the CPCs in Minnesota make false and biased claims, and blatantly false statements about abortion at almost **double** the rate of CPCs in other states in the Alliance Study. The Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. Nearly **57%** of the Minnesota CPCs make false statements about abortion; 13 receive **taxpayer funding** through the PAA statute. **Minnesota CPCs also make deceptive and misleading claims**, including that they have no agenda because their services are free.

- ▶ Screenshot from Choices Pregnancy Center, Redwood Falls, Minnesota: <https://www.choicespregnancycenter.com/options/>



Options



If your pregnancy test is positive, your advocate will take time to talk with you about your personal situation and provide information which will help you make a plan for your pregnancy and afterwards.

Whether you are considering abortion, parenting or making an adoption plan, you need accurate information, time to think things through, and someone to support you along the way. You will have the opportunity to explore the pros and cons of all your options, to ask whatever questions you have, and to learn about the network of community resources and referrals available to you.



Many Minnesota CPCs deceptively claim to provide full and unbiased information to support a pregnant person's choice. Such false claims are typical of the CPC industry's messaging, in which they appropriate the language of choice, claim to be unbiased because their services are free, and vilify abortion providers as profit-driven exploiters of pregnant people. This state-funded CPC uses website language that is doubly misleading; their state Positive Alternatives funding expressly prohibits this CPC from using grant funds "to encourage or affirmatively counsel a woman to have an abortion."

► PAA statute

CPCs in Minnesota Promote "Abortion Pill Reversal"

Twenty-two CPCs in Minnesota (29%) promote "abortion pill reversal" (APR). APR is the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science." This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

Nine of the CPCs promoting this rogue high progesterone abortion pill reversal intervention receive state funding through the Minnesota PAA. Eight of these CPCs have a social media presence and disseminate this disinformation well beyond their physical location.

"Pregnant people deserve real choices and access to real medical care. It is disappointing that Minnesota focuses its resources on patronizing and coercive options when we should be investing in families and working to address maternal mortality and rural health care crises instead."

— **CHRISTY HALL**, Senior Staff Attorney, Gender Justice

”

Most CPCs in Minnesota Do Not Provide Medical Services

None of the CPCs in Minnesota offer contraception (100%). Most provide no STI-related services (54.4%), no well-person care (97.8%) or referrals (60%), and no prenatal care (95.4%) or prenatal care referrals (54.4%). State-funded CPCs offer prenatal or wellness care referrals at an even lower rate: 57% provide no prenatal care referrals; 62% provide no wellness care referrals.

CPCs in Minnesota Lack Licensed Medical Professionals

While many CPCs present as medical offices, only 9% of Minnesota CPCs claim to have a physician and only 20% indicate they have a registered nurse on staff. Research and reporting on licensed medical professionals at CPCs indicate that most are engaged part-time and/or as volunteers and are licensed, in some cases, in unrelated specialties. At least one Minnesota CPC's medical professional on staff is an optometrist.

CPCs & the Maternal Mortality Crisis in Minnesota

Preliminary data on maternal mortality in Minnesota (2011-2017) shows that non-Hispanic Black women suffer maternal mortality at a rate 2.3 times higher than white mothers, and that the rate among Native Americans is approximately 4 times higher than that for white residents.⁸ The correlation between lack of prenatal care and maternal mortality is well documented, so the failure of Minnesota CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern, especially amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs.

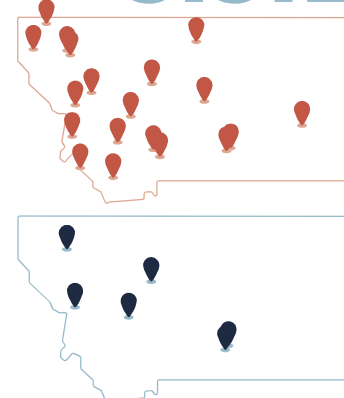
Recommendations

Minnesota policymakers should repeal the PAA statute and redistribute taxpayer-funded grant money to health care and direct service providers offering evidence-based health care and non-judgmental support for low-income pregnant people; repeal "informed consent" legislation that mandates doctors tell patients inaccurate medical claims linking abortion to infertility and breast cancer; and eliminate the 2-parent notification requirement for minors seeking abortion care.

Montana

IN MONTANA, CPCs OUTNUMBER ABORTION CARE CLINICS BY

3.3:1

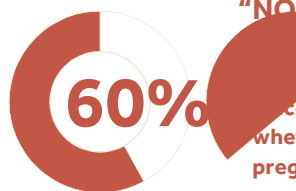


- ▶ The Alliance Study identified **20 crisis pregnancy centers** in Montana.
- ▶ There are currently **6 abortion care clinics** left in the state.

A full 35% of Montana CPCs are affiliated with a U.S.-based evangelical, anti-abortion organization called Care Net. Another 20% are affiliated with by Heartbeat International, an international anti-abortion organization with strong ties to the members of the former Trump administration.

Most Common Services Offered By CPCs In Montana

The services Montana CPCs most often provide, as in other Alliance Study states, are free/earned goods (95%), support or counseling (95%), pregnancy testing (85%), and “non-diagnostic” ultrasounds (60%).



“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY OVER 1/2 OF MONTANA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE. These are known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in Montana Promote False & Biased Medical Claims

The majority of CPCs in Montana (75%) make false and/or biased claims about pregnancy and abortion on their websites and social media. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, that misstated or selectively cited to factual information, or that used gratuitous or graphic language instead of clinical terms. This Care Net CPC in Missoula promotes many patently false and exaggerated claims about the risks of abortion commonly made by CPCs:

What are the risks?

Physical side effects may occur with induced abortion, whether surgical or by pill. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. Abortion also carries the risk of significant complications such as bleeding, infection, and damage to organs. Serious complications occur in less than 1 out of 100 early abortions and in about 1 out of every 50 later abortions. Complications may include:

1. heavy bleeding
2. infection
3. incomplete abortion
4. sepsis
5. anesthesia
6. damage to the cervix
7. scarring of the uterine lining
8. perforation of the uterus
9. damage to internal organs
10. death

Emotional & Psychological Impact

There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years. Some women report the following:

1. eating disorders
2. relationship problems
3. guilt
4. depression
5. flashbacks of abortions
6. suicidal thoughts
7. sexual dysfunction
8. alcohol and drug abuse

▶ Screenshots from Care Net of Missoula: <https://www.carenetmissoula.org/abortion>

Montana CPCs also make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant people’s choice. Some CPCs in Montana deceptively use the word “choice” or “options” in their name. This CPC in Billings claims to empower women with abortion information but the only abortion-related services it provides are “abortion recovery” and “abortion pill reversal”:



Abortion Information

Are you considering an abortion? We can help you understand the process, and provide options to aid your decision-making process.

▶ Screenshot from La Vie CPC: <https://laviebillings.com/>



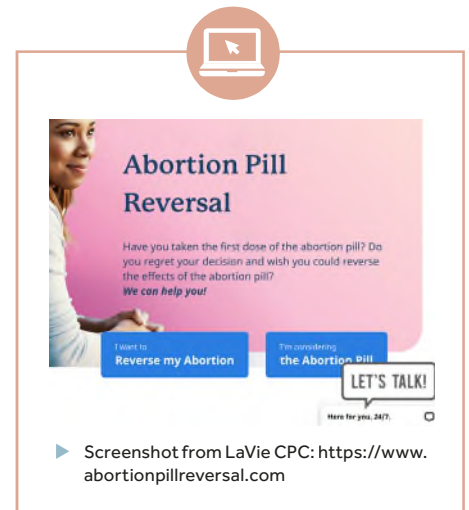
CPCs in Montana Promote “Abortion Pill Reversal”

A full 40% of Montana CPCs promote “abortion pill reversal” (APR), the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

Abortion pill reversal is listed atop the services offered by the La Vie CPC in Billings, whose website links directly to the APR website run by global anti-abortion group Heartbeat International.

Most CPCs in Montana Do Not Provide Medical Services

A majority of CPCs in Montana offer no information about contraception (100%), no prenatal care (90%) or referrals (80%), no STI-related services (65%), and no well-person care (80%) or referrals (60%). None of the Montana CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.



IN MT:



90%
OF CPCs OFFER NO
PRENATAL CARE



70%
OF CPCs SHOW NO
PHYSICIAN ON STAFF

CPCs in Montana Lack Licensed Medical Professionals

While many CPCs present as a medical office, only half (50%) of Montana CPCs say they have a registered nurse and less than one-third (30%) say they have a physician on staff.

CPCs & the Maternal Mortality Crisis in Montana

Over a 10-year period, Montana’s maternal mortality ratio was similar to the national average, at 13.7 deaths per 100,000,⁹ and the federal Centers for Disease Control and Prevention reports that 60% of pregnancy-related deaths were preventable. The correlation between a lack of prenatal care and maternal mortality is well-documented. Women who do not receive prenatal care are five times more likely to have a pregnancy-related death than women who do and the CDC finds that 25% of women in the U.S. received fewer than the recommended number of prenatal visits.

When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking prenatal care from legitimate health care providers, they put the lives of pregnant people at risk. Moreover, the failure of most Minnesota CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern, especially amid a maternal mortality crisis in the U.S. driven by inadequate and unequal access to prenatal care; misdiagnosis; and missed warning signs.

Recommendations

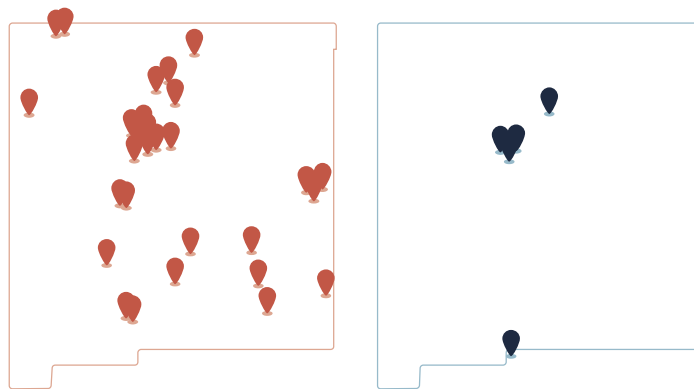
Montana policymakers should require all public schools to provide medically accurate, age-appropriate, comprehensive sexual health education and comprehensive reproductive health care, including a full range of contraceptive options, for all Montanans.

New Mexico

- ▶ The Alliance Study identified **31 crisis pregnancy centers** in New Mexico.
- ▶ There are currently **5 abortion care clinics** left in the state.

IN NEW MEXICO, CPCs OUTNUMBER ABORTION CARE CLINICS BY

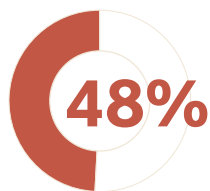
6.2:1



Over 38% of CPCs in New Mexico are run by a national evangelical Christian anti-abortion organization called Care Net and another 38% are run by the global anti-abortion network Heartbeat International.

Most Common Services Offered by CPCs in New Mexico

The most common services offered by CPCs in New Mexico are free/earned goods (87%), pregnancy testing (87.1%) and non-diagnostic ultrasounds (48.4%). Many CPCs providing pregnancy testing offer a urine test available over the counter to pregnant people at any drugstore. The provision of “non-diagnostic” ultrasounds, which is condemned by the American Institute of Ultrasound in Medicine, is especially concerning in CPC settings that are designed to look like medical clinics. The pretense of medical legitimacy at CPCs could be deadly.



“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY ALMOST HALF OF NEW MEXICO CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in New Mexico Promote False & Biased Medical Claims

Almost half (48.4%) the CPCs in New Mexico make false and/or biased medical claims, including about emergency contraception, fetal pain, and medication abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, a Care Net facility in Albuquerque gives clients a publication called “Before You Decide,” which ignores scientific consensus that pregnancy begins when the fertilized egg implants in the uterus¹² and promotes the false claim that pregnancy begins at conception as “scientific reality.”

New Mexico CPCs also make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant person’s choice. Some CPCs in New Mexico deceptively use the word “choice” or “options” in their names.

CPCs in New Mexico Promote “Abortion Pill Reversal”

Almost one-third (29%) of New Mexico CPCs promote the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine (mifepristone) in the two-step protocol for medication abortion, in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in legitimate clinical trials.



Many CPCs that promote “abortion pill reversal” refer pregnant people to this “Abortion Pill Rescue” website run by the global anti-abortion organization, Heartbeat International.

As you can see, anti-abortion organizations advertise APR with marketing that suggests it is a legitimate medical service, though all recognized medical experts oppose the practice on the grounds it is untested and unethical. Nearly one third of CPCs in New Mexico either provide or refer for APR.

It is especially egregious that CPCs are promoting an experimental medical intervention in states like New Mexico, with numerous tribal communities and large Native American populations who, as recently as the 1970s, were targeted for experimental and coercive reproductive health interventions, including forced sterilizations and administration of the contraceptive Depo Provera long after it was found to be unsafe.

CPCs in New Mexico Do Not Provide Medical Services

While many CPCs present themselves as medical clinics, we found none of the CPCs in New Mexico provide prenatal, wellness, or contraceptive care. While marketing themselves as “pregnancy resource” and “pregnancy help” centers, **New Mexico CPCs performed worse than any other Alliance Study state in the provision of the health care services pregnant people need.**

Instead, the Alliance Study found New Mexico CPCs use manipulative messages to delay care and coerce people away from abortion and contraception, ranging from pro-choice rhetoric to evangelical 1950’s messages: “Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor or physician.” (<https://www.legacyprc.com/about-us>)

CPCs in New Mexico Lack Licensed Medical Professionals

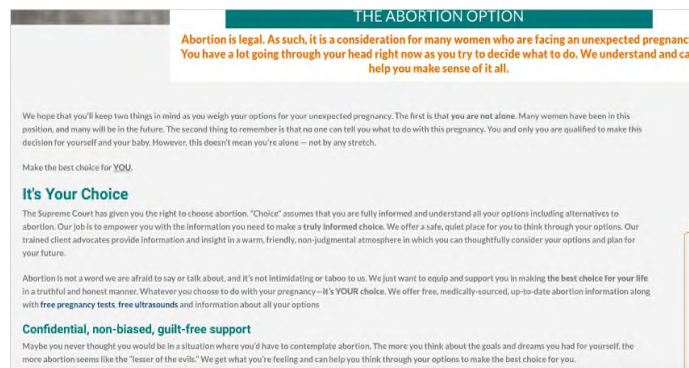
While many CPCs present as a medical office, only one CPC in New Mexico has a physician on staff and two CPCs have a registered nurse.

CPCs & the Maternal Mortality Crisis in New Mexico

According to the New Mexico Department of Health and University of New Mexico Health Sciences, in 2015-2017 there were 58 maternal deaths in New Mexico, with people 20 and younger – the age group most likely to seek services at a CPC – accounting for 12% of those deaths. The correlation between lack of prenatal care and maternal mortality is well documented, so the failure of New Mexico CPCs to provide any prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern. Amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs, the implications for Native Americans, who are three times more likely than white women to die from a pregnancy-related cause, are particularly serious.¹³

Recommendations

New Mexico policymakers should ban non-diagnostic aka “vanity” ultrasounds/sonography; create a mechanism to provide no or low-cost diapers to low-income New Mexicans; increase the number of months for post-partum Medicaid coverage from three to 12 months; include grief counseling as a mandatory mental health insurance benefit to any family who has lost a child, whether through stillbirth, SIDS, miscarriage or abortion; and make it easier to apply for health insurance through the Affordable Care Act by including a box to check on state tax forms giving permission to check financial eligibility.



▶ Screenshot from Care Net Pregnancy Center of Santa Fe: <https://santafepregnancy.com/abortion/>

Oregon

- ▶ The Alliance Study identified **44 crisis pregnancy centers** in Oregon.
- ▶ There are currently **13 abortion care clinics** left in the state.

Almost half (48%) of CPCs in Oregon are affiliated with an evangelical, anti-abortion organization called Care Net. A fifth (20%) of Oregon CPCs are affiliated with Heartbeat International, an international anti-abortion organization with strong ties to the former Trump administration.

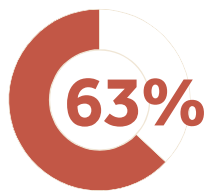
That large evangelical anti-abortion groups like Care Net and Heartbeat International focus resources on progressive states like Oregon is no surprise. Oregon is a leader among states across the nation in advancing comprehensive sexual health education and reproductive health care, which enjoy strong public support. The challenge for the anti-choice movement in Oregon, therefore, is to sway public opinion in the other direction: that is what crisis pregnancy centers do best. While CPCs are not effective in meeting their "stated goals of preventing abortion, promoting traditional gender roles and families, and converting clients to evangelical Christianity,"¹⁴ they are an effective tool for building the anti-choice movement by radicalizing donors and volunteers.

Most Common Services Offered by CPCs in Oregon

The most common Oregon CPC services are free/earned maternity and baby goods (95.5%), pregnancy testing (93.2%), and "non-diagnostic" ultrasounds (63.6%).

IN OREGON, CPCs
OUTNUMBER ABORTION
CARE CLINICS BY

3.4:1



"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY MORE ALMOST 2/3 OF OREGON CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in Oregon Promote False & Biased Medical Claims


Almost half of the CPCs in Oregon (45.5%) make false and biased claims about reproductive health care and abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, some CPCs falsely claim that abortions can lead to "increased promiscuity" and other psychological issues, or that abortion increases the risk of breast cancer and infertility. In one typical example, this Cave Junction, OR CPC promotes alarmist disinformation about asymptomatic STIs and abortion:



An obstetric ultrasound is needed to confirm that yours is a viable pregnancy before making the decision to get an abortion. You'll also need to get tested for sexually transmitted infections (STIs). STIs often go unnoticed since many infections have no obvious symptoms. Women who have an abortion with an untreated STI are at higher risk of developing Pelvic Inflammatory Disease following the abortion procedure, which can have serious consequences.

- ▶ Pregnancy Center Of The Illinois Valley: <https://www.pregnancycenteriv.org/abortion.htm>

Oregon CPCs also make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice. Some CPCs in Oregon deceptively use the word "choice" or "options" in their names, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options. This Prineville, Oregon CPC, for example, claims to be an unbiased resource for pregnant people that provides information on all options including abortion, but directly discourages pregnant teens from speaking with their school or doctor and infers that those professionals and abortion providers will not support pregnant teens to make their own choices:



Your School May Not Be the Place to Ask Questions

Your school (High School, OSU or COCC) won't have the resources or the training to help you. Unplanned pregnancy is all we do. Every day we talk with girls who are in the midst of trying to figure out what to do once she thinks she's pregnant. Most likely your school will encourage you to go to your doctor or to an abortion clinic to solve your problem. We do more than that. We care about you, about your future and believe you need to have enough information to make an informed choice.

▶ Screenshot from Pregnancy Resource Centers Of Central Oregon: <https://www.prrcco.org/for-students/>

CPCs in Oregon Promote "Abortion Pill Reversal"

Over one-quarter (27%) of CPCs in Oregon promote "abortion pill reversal" (APR), the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science." This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

While there is no medical basis for the claim that the abortion pill can be reversed, the APR campaign does serve one goal that is critical to the anti-choice movement, which is to further stigmatize abortion care and send a message to pregnant people that if they have an abortion, they will (or should) regret it. From the perspective of the anti-choice movement, this message may be especially important in progressive states like Oregon where public opinion strongly favors access to abortion and contraception.

Most CPCs in Oregon Do Not Provide Medical Services

CPCs in Oregon offer no information about contraception (100%), and most offer no STI-related services (72.7%), no well-person care (97.7%) or referrals (68.2%), and no prenatal care (97.7%) or prenatal care referrals (65.9%).



CPCs in Oregon Lack Licensed Medical Professionals

While many CPCs present as a medical office, only half (50%) of Oregon CPCs claim to have a registered nurse and only a third (31.8%) say they have a physician affiliated with their staff.

CPCs & the Maternal Mortality Crisis in Oregon

The rate of maternal mortality in Oregon is at or below the U.S. average, but the rate of pregnancy-related complications and deaths is disproportionately high among Black and Native American parents in the state.¹⁶ When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking medical care from legitimate health care providers, they directly undermine the state's efforts to reduce the rate of maternal mortality and address this radical racial disparity.

Recommendations

Oregon policymakers should consider passing a bill that would prohibit crisis pregnancy centers from making or disseminating any statement concerning any pregnancy-related service or the provision of any pregnancy-related service that is deceptive.

Pennsylvania

- ▶ The Alliance Study identified **156 crisis pregnancy centers** in Pennsylvania.
- ▶ There are currently **17 abortion care clinics left in the state**; five provide only medication abortion.

Pennsylvania Directly Funds CPCs

Twenty-seven of the state's 156 (17.3%) crisis pregnancy centers are publicly funded through Real Alternatives, an organization plagued by allegations of misuse of public funds, waste, and lack of transparency. So far, Pennsylvania has diverted more than \$100 million into CPCs.

Pennsylvania is also one of a handful of states that double-funds CPCs by diverting Temporary Assistance for Needy Families (TANF), safety-net funds earmarked for pregnant people and children in poverty, to Real Alternatives. In 2021, Pennsylvania siphoned these funds away from children and gave it instead to anti-abortion activists, despite stashing away billions of dollars from relief funds related to the pandemic, which exacerbated children's poverty. Thanks in part to public funding, the disparity between the number of CPCs and abortion providers in Pennsylvania is significantly higher than the national average.

Most Common Services Offered by CPCs in Pennsylvania

The services provided by Pennsylvania CPCs align with data from other states. The most common services are free/earned goods (92.3%), pregnancy testing (88.5%), and "counseling" (82.1%). Among entities that receive public funding via Real Alternatives, 100% offer pregnancy testing, 96.3% offer free/earned goods, and 96.3% offer "counseling."

CPCs in Pennsylvania Promote False & Biased Medical Claims

Most CPCs in Pennsylvania (64.7%) make false and biased claims, a rate that aligns with CPCs in other states examined in the Alliance Study. The Study defined as false or biased any medical claim that was untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. Most (63%) of CPCs in the Real Alternatives network make false and biased medical claims.

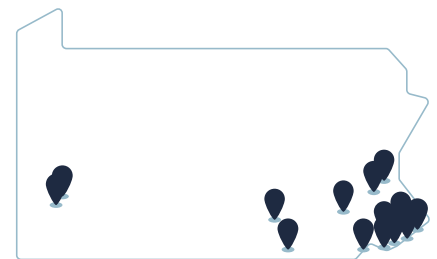
Pennsylvania CPCs make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice. Some CPCs in Pennsylvania deceptively use the word "choice" or "options" in their name, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options.

CPCs in Pennsylvania Promote "Abortion Pill Reversal"

In Pennsylvania, 32.0% of CPCs provide, refer for, or promote "abortion pill reversal" (APR). APR is the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science." This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinical trials.

IN PENNSYLVANIA, CPCs
OUTNUMBER ABORTION
CARE CLINICS BY

9:1



"We are just beginning to reckon with our country's long, shameful history of racist and sexist medical abuse. And now we're seeing a coordinated effort to promote a new form of racist and sexist experimentation on pregnant people."

— CHRISTINE CASTRO,
Women's Law Project

”

OPTION ULTRASOUND	APR: ABORTION PILL REVERSAL	LIFE SUPPORT	BREATHE, AFTER ABORTION CARE
MEN'S PROGRAMMING	PITTSBURGH ESSENTIAL SPEAKERS	STD AWARENESS	

After you take the first pill, it's like the lights go out and Satan says, "Gotcha!"

Many women immediately regret their abortion decision. Within a three-day window of time, women can reverse their abortion pill affects with this safe, simple protocol.

▶ Screenshot from Women's Choice Network CPC, Pittsburgh: <https://mypregnancycenter.org/our-programs/>



Publicly Funded CPCs in Pennsylvania Promote "Abortion Pill Reversal" at Higher Rates

Many CPCs in Pennsylvania promote unethical experimentation on vulnerable pregnant people in collusion with state government. Among CPCs supported with public funding via Real Alternatives, 40.7% refer for APR.

Most CPCs in Pennsylvania Do Not Provide Medical Care

The vast majority of CPCs in Pennsylvania (98.7%) provide no prenatal care; only 29% even make referrals for prenatal care. Most Pennsylvania CPCs provide no well-person care (99.4%) or referrals (87.2%). None of the CPCs in Pennsylvania provides contraception.

Publicly Funded CPCs in Pennsylvania Provide No Prenatal Care

None of the publicly funded CPCs in Pennsylvania provides prenatal care. Forty-eight percent of publicly funded CPCs refer for prenatal care.

CPCs & the Maternal Mortality Crisis in Pennsylvania

Pennsylvania's maternal mortality rate skyrocketed 21.4% between 2013 and 2018. Black people accounted for 126 (23%) of pregnancy-associated deaths in Pennsylvania from 2013 to 2018 while only accounting for 14% of births in Pennsylvania during this time period. Nearly half of the women that experienced a pregnancy-associated death from 2013–2018 did not receive adequate prenatal care.

In 2019, one in six infants born in Pennsylvania were born to a parent who received inadequate prenatal care.

Extensive Allegations of Misuse of Public Funds by CPCs

In 2017, a Pennsylvania official denounced Real Alternatives for "skimming" public funds. In July 2020, a watchdog group called Campaign for Accountability filed a 27-page public complaint alleging widespread misuse of public funds, waste, and lack of transparency by Real Alternatives, the organization that has received over \$100 million in public funding to oversee a network of Pennsylvania-based CPCs since the 1990s.

In 2019, Real Alternatives was defunded in Michigan in the wake of a similar public complaint. They continue to operate in Indiana as well as Pennsylvania. Pennsylvania refunded Real Alternatives in FY 2020–2021.

Recommendations

- Stop funding crisis pregnancy centers with public dollars.
- Invest in evidence-based programs that promote healthy pregnancies, childbirths, and postpartum periods.
- Pass the Patient Trust Act to prevent the Commonwealth from forcing health care practitioners to provide medically inaccurate and/or medically inappropriate information
- Require all schools to provide inclusive, medically accurate, and evidence-based sex education.
- Pass legislation promoting equitable access to contraception.
- Pass legislation disallowing CPCs from teaching "sexuality education" in public schools.
- Amend the Pennsylvania Unfair Trade Practices and Consumer Protection Law to permit private enforcement even when no commercial transaction is involved.

IN PA:



1 IN 6

INFANTS WERE BORN TO
A PARENT WHO RECEIVED
INADEQUATE PRENATAL CARE



0%

OF PUBLICLY FUNDED CPCs
PROVIDE PRENATAL CARE

Washington

- ▶ The Alliance Study identified **55 crisis pregnancy centers** in Washington.
- ▶ There are currently **30 abortion care clinics** left in the state.

Almost half (45%) of CPCs in Washington are affiliates of a U.S.-based, evangelical anti-abortion organization called Care Net and one-fifth (20%) of CPCs in Washington are affiliates of Heartbeat International, an international anti-abortion organization with strong ties to the former Trump administration.

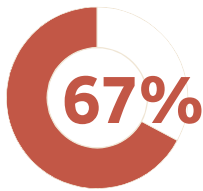
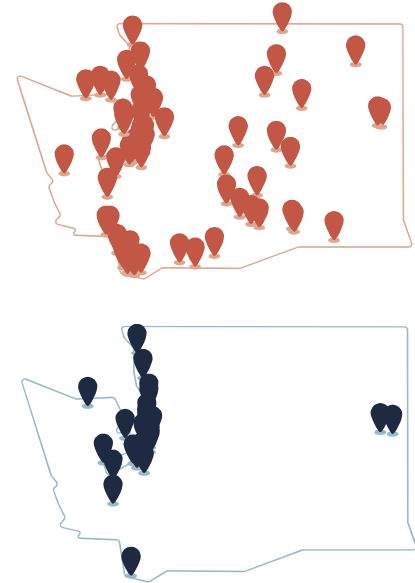
That large evangelical anti-abortion groups focus resources on progressive states like Washington is no surprise. Washington is a leader among states across the nation in advancing comprehensive sexual health education and reproductive health care, which enjoy strong public support in the state. The challenge for the anti-choice movement in Washington, therefore, is to sway public opinion in the other direction; that is what crisis pregnancy centers do best. While CPCs are not effective in meeting their “stated goals of preventing abortion, promoting traditional gender roles and families, and converting clients to evangelical Christianity,”¹⁷ they are an effective tool for building the anti-choice movement by radicalizing donors and volunteers.

Most Common Services Offered by CPCs in Washington

As in other Alliance Study states, the most common services Washington State CPC offer are pregnancy testing (89.3%), support or counseling (87.3%), free/earned goods (74.5%), and “non-diagnostic” ultrasounds (67.3%).

IN WASHINGTON, CPCs
OUTNUMBER ABORTION
CARE CLINICS BY ALMOST

2:1



“NON-DIAGNOSTIC” ULTRASOUNDS OFFERED BY MORE THAN 2/3 OF WASHINGTON CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.

Also known as “keepsake” or “souvenir” ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

CPCs in Washington Promote False & Biased Medical Claims

The majority of CPCs in Washington (60%) make false and/or biased claims on their websites. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, some CPCs falsely claim that abortions can lead to “increased promiscuity” and increase the risk of breast cancer and infertility.

Washington CPCs also make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant person’s choice. Thirteen of the CPCs in Washington deceptively use the word “choice” or “options” in their name, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options.



FERTILITY AWARENESS

Fertility charting for birth control has numerous health benefits. Studies show it can be 98% effective in preventing pregnancy. Learn more in a detailed one-on-one training with a registered nurse.



This crisis pregnancy center in Vancouver, Washington provides no contraceptive health care and promotes this false claim about the effectiveness of “fertility awareness” on its website, which it seeks to legitimize by signaling it is a medical clinic staffed by licensed medical professionals.

- ▶ Screenshot from Options 360 Pregnancy Clinic - I-205: <https://options360.org/patient-services/>

CPCs in Washington Promote “Abortion Pill Reversal”

Over half (51%) of CPCs in Washington promote “abortion pill reversal” (APR), the unrecognized practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.” This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.

While there is no medical basis for the claim that the abortion pill can be reversed, the APR campaign does serve one goal that is critical to the anti-choice movement, which is to further stigmatize abortion care and send a message to pregnant people that if they have an abortion, they will (or should) regret it. Again, from the perspective of the anti-choice movement, this message may be especially important in progressive states like Washington where public opinion strongly favors access to abortion and contraception.

Most CPCs in Washington Do Not Provide Medical Services

CPCs in Washington provide no contraception (100%), and most provide no STI-related services (58.2%), and no well-person care (98.2%) or referrals (60%). Most Washington CPCs provide no prenatal care (94.5%) and almost half (49.1%) provide no prenatal care referrals. None of the Washington CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.



CPCs in Washington Lack Licensed Medical Professionals

While many CPCs present as a medical office, only one-third (32.7%) say they have a registered nurse and less than one-tenth (9.1%) say they have a physician on their staff.

CPCs & the Maternal Mortality Crisis in Washington

From 2014-2016, the overall rate of maternal mortality in Washington was 37.3 deaths per 100,000 live births, but the ratio was much higher within the Native American, Alaska Native and non-Hispanic Black populations.¹⁸ The rate of maternal mortality in the Native American or Alaska Native population was 290 deaths per 100,000 live births, and the rate in the non-Hispanic Black population was 67 deaths per 100,000 live births.

The correlation between lack of prenatal care and maternal mortality is well documented, so the failure of Washington CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern. Amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs, the implications for American Indian, Alaska Native, and non-Hispanic Black populations are particularly grave. When CPCs volunteers and staff without medical training mislead pregnant people and cause them to delay or forego seeking medical care from legitimate health care providers, they directly undermine the state’s efforts to reduce the rate of maternal mortality and address radical racial disparities.

Recommendations

The Washington Legislature should consider passing a bill that would prohibit crisis pregnancy centers from making or disseminating any statement concerning any pregnancy-related service or the provision of any pregnancy-related service that is deceptive.

The Alliance Organizations

Gender Justice, *genderjustice.us*

Legal Voice, *legalvoice.org*

Southwest Women's Law Center, *swwomenslaw.org*

Women's Law Project, *womenslawproject.org*



GENDER JUSTICE is a legal and policy advocacy organization dedicated to advancing gender equity through the law. We envision a world where all people can thrive regardless of their gender, gender expression, and sexual orientation. We strive to dismantle legal, structural, and cultural barriers to ensure people of all genders are safe, valued, and free. Founded in 2010, we pursue our mission through five core strategies: legal strategy thought leadership; impact litigation; policy and administrative advocacy; public education; and movement building and partnership. We provide legal representation to enforce and evolve the law. We develop and advocate for new policies to advance gender equality and engage cross-movement tables of allies in support in Minnesota and nationally, and educate people about their rights, changes in the law, and gender oppression. Current GJ programs focus on Economic Justice; Reproductive Freedom & Justice; Freedom from Gender-Based Violence; and Trans & LGBTQ Liberation.



LEGAL VOICE is a progressive feminist organization using the power of the law to make change for women and LGBTQ people in the five Northwest states: Alaska, Idaho, Montana, Oregon, and Washington. We use that power structure to dismantle sexism and oppression, specifically advocating for our region's most marginalized communities: women of color, lesbians, transgender and gender-nonconforming people, immigrants, people with disabilities, low-income women, and others affected by gender oppression and injustice. Current initiatives focus on: Ending Rape Myths in the Law; Advancing the Rights of Low-Wage Working Women & LGBTQ People to Economic Security and Freedom from Exploitation; Safeguarding Health Care as a Human Right; Honoring All Families; Eliminating Barriers to Safety for Survivors of Gender-Based Violence; Advancing the Civil Right to Freedom from Gender Discrimination; Honoring the Dignity and Autonomy of People Making Reproductive Decisions.



SOUTHWEST WOMEN'S LAW CENTER is a non-profit legal advocacy organization based in Albuquerque. The SWLC mission is to provide women in New Mexico with the opportunity to achieve their full economic and personal potential. Since our founding in 2005, SWLC has worked to eliminate gender bias, discrimination, and harassment; to lift women and their families out of poverty; and to ensure all women have full control over their reproductive lives through access to comprehensive reproductive health services, including abortion care. We work to advance the well-being, rights, and power of women in New Mexico through legal research, policy analysis, advocacy, community and stakeholder education, and coalition work at the local, state and national levels. Current priorities include eliminating old abortion restrictions and fighting new ones; securing paid family and medical leave; preserving the social safety net in Medicaid and other programs; and addressing the epidemic of sexual violence – and lack of adequate health services – in American Indian tribal communities.



WOMEN'S LAW PROJECT is a nonprofit public interest legal organization working to defend and advance the rights of women, girls, and LGBTQ+ people in Pennsylvania and beyond. We use an intersectional analysis to prioritize work on behalf of people facing multiple forms of oppression based on sex, gender, race, ethnicity, class, disability, incarceration, pregnancy, and immigration status. We leverage impact litigation, policy advocacy, public education, and direct assistance and representation to dismantle discriminatory laws, policies, and practices and eradicate institutional biases and unfair treatment based on sex or gender. We're proud to be a state-based organization with significant track record of national influence through our expertise in representing abortion providers, establishing legal precedents, enacting policy reforms, and leading innovative collaborations such as the Philadelphia Model, a nationally recognized initiative to hold police accountable for investigating sex crimes.

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EXHIBIT 9

EDITORIAL

Open Access

Truth and Transparency in Crisis Pregnancy Centers

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Abstract

The prevalence of crisis pregnancy centers (CPCs), their false claims, and the real harm they cause necessitate public education about their unethical practices. Also called “pregnancy resource centers” and “pregnancy support centers,” CPCs are nonmedical institutions designed to deceive women seeking comprehensive pregnancy care, as their volunteers are instructed to pedal misinformation about reproductive health care.

Keywords: women in medicine; crisis pregnancy centers; pregnancy counseling centers

Dr. Caitlin Bernard, an abortion provider in Indianapolis, has seen patients seeking an abortion who were deceived by crisis pregnancy centers (CPCs) posing as health care providers, setting up shop next door to legitimate medical centers. Instead of getting necessary care at CPCs, women instead receive misinformation, which serves only to confuse and delay their care. One patient explained her experience to Dr. Bernard: “They told her ‘Come back and do another ultrasound so that you can see the baby moving. Then it may change your mind.’ She felt like she couldn’t trust what they were saying, that they clearly had an agenda in mind because they were trying to dissuade her from what she wanted. And when she came to us, of course, she was further along and was no longer eligible for a medication abortion and had to have a surgical abortion.”

Dr. Bernard stated that this is not an unusual scenario in her practice. CPCs are pervasive in the reproductive health landscape. CPCs have been quietly thriving for years, whereas planned parenthood and abortion providers have faced constant scrutiny and restrictive laws since *Roe v. Wade*. Their ulterior motives,

lack of qualifications, and disreputable services are being used to misinform women, both in Indiana and around the country. For example, a study found that CPCs were claiming there was a 25%–30% chance of having a spontaneous miscarriage in a pregnancy, implying that there was a high likelihood there would be no need to get an abortion.¹

The Women in Medicine Committee of the American Medical Association (AMA)-Medical Student Section conducted a poll revealing that 15% of medical students “have no knowledge regarding CPCs,” another 17% “are familiar with the term CPC but do not know much beyond that,” and 47% “know some details about CPCs.”² Only 21% endorsed the statement: “I have a comprehensive understanding about CPCs.”² The medical students who were polled are a self-selected group, active within the AMA, and highly motivated to keep up with policy and current political issues.² This is to say, these are the students who arguably have the highest likelihood of having knowledge about CPCs, and yet, they are still in the dark.

There is a dire need to widely disperse information about CPCs to medical students, other health

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professionals, and the general public. We are taking the first step by summarizing the literature, evidence, and issues into the categories hereunder.

Prevalence of CPCs as Compared with Licensed Medical Abortion Providers

As of 2019, there are 2537 CPCs across the United States. The vast majority are operated by one of two major evangelical religious organizations: Care Net International and Heartbeat International.³ In contrast, there are 780 clinics providing abortion services in the country.⁴ In the most extreme case, Missouri has one single abortion facility and 69 CPCs.

Messaging and Advertising

In a study examining 254 websites representing 348 CPCs, 80% of them were found to provide at least one false or misleading piece of information.¹ For example, CPCs strategically place advertisements aimed at pregnant women on search engine results for abortion-related terms. Their ads strive to display the appearance of abortion-providing medical clinics and are frequently placed on billboards and buses near abortion clinics.⁵ In addition, CPCs often intentionally occupy buildings near abortion-providing clinics,⁵ as in the case of the clinic where Dr. Bernard works in Indianapolis. CPCs have also developed initiatives specifically targeting communities of color, a population that faces significant barriers, such as financial inequity, shortage of health care providers, and lack of health insurance. By building centers in these areas, CPCs present themselves as often the only available option for reproductive health services.⁵

Services and Personnel

CPCs are intentionally advertised as comprehensive medical facilities with licensed clinical professionals despite offering only select services and being largely staffed by volunteers. CPCs, as nonmedical entities, are not held to the same inspection, safety, and regulation requirements as medical facilities. In fact, CPCs have no such requirements at all.¹ Inside CPCs, staff often use manipulative and coercive tactics on unsuspecting women: some volunteers wear white coats despite having no medical training, they fail to disclose that they are not a medical facility, and they express judgment toward clients about their decisions to pursue abortion or contraception. They offer ultrasound services, which they may not be licensed to interpret, for the purpose of using fetal images to deter women

from abortion. They quote falsehoods linking abortion to adverse mental health sequelae, breast cancer, and future infertility.⁶

Funding

CPCs publicly pose as nonprofit organizations, but many utilize public tax dollars to provide their services. One of the primary means of funding is through diversion of funds from Temporary Assistance for Needy Families (TANF). According to ThinkProgress, in 2016 \$1.7 million in TANF funds were given to CPCs in Indiana alone.⁷ The justification given for siphoning these funds meant to support families living in poverty included the following: “(1) Encouraging the formation and maintenance of two-parent families while providing pregnancy support services to expectant parents; and (2) Preventing and reducing the incidence of adolescent and out-of-wedlock pregnancies.”⁷

Although it is possible that the rates of unintended pregnancy can potentially be decreased by CPCs, CPCs do not provide the comprehensive care that has been evidence backed and shown to reduce pregnancies and abortions: they do not provide comprehensive contraception services.⁸ Furthermore, there has been no formal studies of the efficacy of CPCs in reducing abortion rates. However, comprehensive care has been shown to be significantly effective at reducing abortion incidence. For example, in Colorado, after the state expanded access to long-acting reversible contraceptives—a service not offered by CPCs—the teen abortion rate decreased 40% between 2009 and 2014.⁹ This rejection of evidence-based medicine is counterintuitive to the stated goal of CPCs to reduce abortion rates and is in direct contradiction to the justification given for using public monies to fund the operation of CPCs. This leads to the question: why is TANF funding being siphoned to CPCs at all?

Since CPCs receive a large amount of money, they are able to continue providing free services. This makes these centers attractive for low-income, uninsured, and/or undocumented women. These nonmedical facilities are sometimes seemingly their only option for receiving information, be it false or not. We also know that, in the United States, a majority of unintended pregnancies occur in these same vulnerable populations of low income and minority women, which makes the work of CPCs all-the-more exploitative.

Many organizations have brought attention to the detrimental practices upheld by CPCs. The Society for Adolescent Health and Medicine as well as the



North American Society for Pediatric and Adolescent Gynecology both state that CPCs pose substantial risk to women by failing to adhere to medical and ethical practice standards.¹⁰ The American College of Obstetricians and Gynecologists, the AMA, and many other medical societies support access to comprehensive reproductive health services—which, again, are not provided by CPCs.¹¹

The issue of access to safe reproductive health care cannot be settled with deceit. Misinformation is not the answer. Our patient in Indiana was able to find proper care despite her experience, but others are not so fortunate. We must shed light on the intentionally fraudulent practices of CPCs, because women deserve better.

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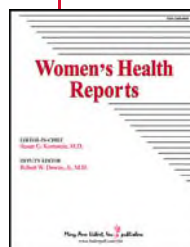
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Abbreviations Used

AMA = American Medical Association
CPC = crisis pregnancy center
TANF = Temporary Assistance for Needy Families

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EXHIBIT 10



①

February 14, 2023 | Press Release | [Protect Life/Unborn \(/news/categories/protect-lifeunborn\)](#)

Paxton Condemns Yelp for Discriminating Against Crisis Pregnancy Centers

Attorney General Paxton has sent a Kentucky-led letter to the CEO of Yelp condemning the company's efforts to discriminate against crisis pregnancy centers. Attorney General Paxton also previously [sent a letter \(https://www.texasattorneygeneral.gov/news/releases/ag-paxton-sends-letter-google-urging-fair-access-crisis-pregnancy-centers\)](https://www.texasattorneygeneral.gov/news/releases/ag-paxton-sends-letter-google-urging-fair-access-crisis-pregnancy-centers) to the CEO of Alphabet, Inc. urging the company not to discriminate against crisis pregnancy centers in Google search results and online advertising.

Last year, Yelp announced that it would not only issue "Consumer Notices" on the business pages of crisis pregnancy centers, but it would also recategorize the pages in a way that could potentially mislead and limit women and families seeking to find the centers and obtain their services.

The "Consumer Notices" are thinly-veiled attempts to discriminate against the centers with information that may be false. For example, a "Consumer Notice" on a center's business page could declare that certain centers provide "limited medical services" and "may not have licensed medical professionals" even though the center being described provides important free screening and testing services, and in fact has several licensed professionals on staff. Yelp's notices threaten to steer away hundreds of thousands, if not millions, of women and families who could benefit from using the services provided by pregnancy centers across the country.

By comparison, abortion facilities like those operated by Planned Parenthood do not receive such unfavorable treatment. As the letter highlights: "Consequently, to the extent that any business should be flagged for 'provid[ing] limited medical services' or for not 'hav[ing] licensed medical professionals onsite,' it should be Planned Parenthood and other abortion facilities. The fact that Yelp has apparently applied the Consumer Notice only to crisis pregnancy centers means that Yelp has singled out crisis pregnancy centers for disparate treatment. This sort of discrimination is unacceptable."

UPDATE: According to press reports, since receiving the letter, Yelp has agreed to remove its misleading labeling of crisis pregnancy centers and replace it with an accurate description: "This is a Crisis Pregnancy Center. Crisis Pregnancy Centers do not offer abortions or referrals to abortion providers."

To read the full letter, [click here \(https://www.texasattorneygeneral.gov/sites/default/files/images/press/Letter%20to%20Yelp.pdf\)](https://www.texasattorneygeneral.gov/sites/default/files/images/press/Letter%20to%20Yelp.pdf).

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EXHIBIT 11

CAUSE NO. 2519-335

STATE OF TEXAS, <i>Plaintiff,</i>	§ § § § § § §	IN THE DISTRICT COURT OF
v.		BASTROP COUNTY, TEXAS
YELP INC., <i>Defendant.</i>		_____ JUDICIAL DISTRICT

PLAINTIFF’S ORIGINAL PETITION

TO THE HONORABLE DISTRICT JUDGE:

Plaintiff, STATE OF TEXAS, acting by and through the Attorney General of Texas, KEN PAXTON (the “State,”) complains of Defendant, YELP INC., (“Yelp”) and would respectfully show Yelp has engaged in deceptive trade practices, including disparagement of the goods, services, or business of another by false or misleading representation of facts in violation of Texas Deceptive Trade Practices – Consumer Protection Act, Texas Business and Commerce Code § 17.41 et seq. (“DTPA”). Specifically, Yelp posted a “consumer notice” on the Yelp business pages of every pregnancy resource center across the nation, misleadingly stating that these centers “typically provide limited medical services and may not have licensed medical professionals onsite.” That was false. Pregnancy resource centers provide significant care and counseling to pregnant women. And they commonly provide significant medical services, and have licensed medical professionals onsite.

Worse, Yelp did *not* append this “consumer notice” to the pages of other providers that catered to pregnant women. Yelp was candid that politics were the motivation for this discrepancy: The decision to include this discriminatory “consumer notice” on pregnancy resource center Yelp pages was motivated by “the Supreme Court decision to overturn *Roe v. Wade* and *Planned*

Parenthood v. Casey.”¹ Specifically, Yelp determined that “crisis pregnancy centers do not offer abortion services.” And Yelp surmised that providing the “consumer notice” for pregnancy resource centers—and only pregnancy resource centers—would somehow “protect consumers from the potential of being misled or confused.”

In fact, however, Yelp’s consumer notice could only have exacerbated consumer confusion. Pregnancy resource centers commonly provide medical services and have licensed medical professionals on-site. And, whatever the merits of informing consumers about where they can seek an abortion, that goal is completely irrelevant to Yelp’s misleading consumer notice about whether pregnancy resource centers perform medical services or have licensed medical professionals on-site. Then, even after certain pregnancy resource centers notified Yelp of the notice’s falsehoods, Yelp refused to remove the misleading disclaimer for several months, likely diverting consumers from seeking pregnancy resource centers’ services in favor of other facilities that lacked the misleading disclosure.

Yelp’s actions violated Texas law. Although Yelp appears to have eliminated this misleading disclaimer from pregnancy resource centers’ Yelp pages, Yelp remains liable for penalties and other relief for the duration of its unlawful behavior.

I. DISCOVERY

1. The discovery in this case should be conducted under Level 3 pursuant to Texas Rule of Civil Procedure 190.4.
2. This case is not subject to the restrictions of expedited discovery under Texas Rule of Civil Procedure 169 because the State’s claims include non-monetary injunctive relief.

¹ <https://web.archive.org/web/20220823113137/https://blog.yelp.com/news/providing-consumers-with-reliable-information-about-reproductive-health-services/>

3. In addition to the claims for non-monetary injunctive relief, the State seeks monetary relief of \$1,000,000 or more, including civil penalties, attorneys' fees, restitution, and costs.

II. JURISDICTION

4. This action is brought by the Texas Attorney General Ken Paxton, through his Consumer Protection Division, in the name of the State of Texas and in the public interest under the authority granted by § 17.47 of the DTPA upon the grounds that Defendant has engaged in false, deceptive, and misleading acts and practices in the course of trade and commerce as defined in, and declared unlawful by, subsections 17.46(a) and (b) of the DTPA. In enforcement suits filed pursuant to section 17.47 of the DTPA, the Attorney General is further authorized to seek civil penalties, redress for consumers, and injunctive relief. The Attorney General may also seek reasonable attorneys' fees and court costs for prosecuting this action, as authorized by Texas Government Code section 402.006(c).

III. DEFENDANT

5. Defendant Yelp Inc. is a Delaware corporation with its principal place of business at 350 Mission Street, San Francisco, California 94105. It may be served with process by serving its Registered Agent: National Registered Agents, Inc., at 1999 Bryan Street, Suite 900, Dallas, Texas 75201. SERVICE OF PROCESS IS HEREBY REQUESTED.

IV. VENUE

6. Venue of this suit lies in Bastrop County, Texas, pursuant to DTPA subsection 17.47(b), because transactions forming the basis of this suit occurred in Bastrop County, Texas, and Defendant has done business in Bastrop County, Texas.

V. PUBLIC INTEREST

7. Plaintiff has reason to believe that Defendant is engaging in, has engaged in, or is about to engage in, the unlawful acts or practices set forth below. Plaintiff has further reason to believe Defendant has caused injury, loss, and damage to the State of Texas, and has caused adverse effects to the lawful conduct of trade and commerce, thereby directly or indirectly affecting the people of this State. Therefore, the Consumer Protection Division of the Office of the Attorney General of the State of Texas is of the opinion that these proceedings are in the public interest.

VI. TRADE AND COMMERCE

8. Defendant has, at all times described below, engaged in trade and commerce as defined by subsection 17.45(6) of the DTPA.

VII. CLAIM FOR RELIEF

9. The State's claims for monetary relief including penalties and attorneys' fees and costs are in excess of \$100,000 and could exceed \$1,000,000. The State also seeks nonmonetary, injunctive relief.

VIII. ACTS OF AGENTS

10. Whenever in this Petition it is alleged that a Defendant did any act, it is meant that Defendant performed or participated in the act or Defendant's officers, agents, or employees performed or participated in the act on behalf of and under the authority of Defendant.

IX. NOTICE BEFORE SUIT

11. Yelp has been given notice of the alleged unlawful conduct described below at least seven days before filing suit, as may be required by subsection 17.47(a) of the DTPA.

X. APPLICABLE LAW

12. The DTPA prohibits “false, misleading, or deceptive acts or practices in the conduct of any trade or commerce” DTPA § 17.46 (a).

13. Section 17.47 of the DTPA authorizes the Consumer Protection Division to bring an action for temporary and permanent injunction whenever it has reason to believe that any person is engaged in, has engaged in, or is about to engage in any act or practice declared unlawful by the DTPA.

XI. FACTUAL ALLEGATIONS

A. *Background*

14. Yelp is a company founded in 2004 and features a platform in which users can connect with businesses by publishing online public reviews of those businesses on a publicly accessible page that Yelp maintains. Yelp claims its platform contains “trusted local business information, photos and review content.”²

15. Pregnancy resource centers, also known as crisis pregnancy centers, are businesses that provide pregnant women and their families with a wide range of services that support them through childbirth and into infancy. These services include prenatal services, such as pregnancy tests, ultrasound, and information about abortion. Pregnancy resource centers do not perform abortions. These centers are located throughout the State of Texas, including Bastrop County. Most pregnancy resource centers are nonprofit organizations. According to a 2020 study, pregnancy resource centers served over 1.8 million clients in 2019, furnishing \$266 million in services at little or no cost to their clients.³

² <https://www.yelp-press.com/company/fast-facts/default.aspx#:~:text=With%20trusted%20local%20business%20information,make%20an%20appointment%20or%20purchase> (last visited September 5, 2023).

³ Charlotte Lozier Institute, *Pregnancy Centers Stand the Test of Time* 24 (2020).

16. In 2019 the Charlotte Lozier Institute conducted a study in which 2,700 pregnancy resource centers were surveyed. The survey revealed that these centers collectively employed 10,215 licensed medical professionals.⁴ The 10,215 licensed medical professionals accounted for 25% of all paid staff and 12% of all volunteers at these centers.⁵

B. Yelp’s Misleading and Disparaging Disclaimer

17. On May 2, 2022, the news organization Politico published a leaked draft opinion of the United States Supreme Court’s opinion in *Dobbs v. Jackson*. And, on June 24, 2022, the United States Supreme Court issued its formal opinion in that case (142 S. Ct. 2228 (2022)). The formal opinion materially resembled the draft opinion, and it provided that *Roe v. Wade* and *Planned Parenthood v. Casey* were overruled and that the U.S. Constitution does not guarantee a right to an abortion.

18. Days after the draft opinion, Yelp’s CEO Jeremy Stoppelman issued a lengthy public statement expressing his support for abortion rights and affirming his “realiz[ation] [that] we need[] to take action.”⁶ Among other things, he boasted that Yelp provides special assistance to “select organizations that are fighting the legal battle against abortion bans.” He proclaimed that “[r]emaining silent on the issue of reproductive rights flies in the face of any public pledges professing a desire to create more diverse and inclusive companies.” And he attempted to rally the business community behind the pro-abortion cause: “We need more business leaders to use their platform and influence to help ensure that reproductive rights are codified into law.”

19. Three months later, in August 2022, Yelp did what Stoppelman suggested it should: It “use[d] [its] platform and influence to” elevate abortion providers and disparage pregnancy centers

⁴ <https://www.texasattorneygeneral.gov/news/releases/ag-paxton-sends-letter-google-urging-fair-access-crisis-pregnancy-centers> (last visited September 5, 2023).

⁵ *Id.*

⁶ <https://www.fastcompany.com/90749901/yelp-ceo-why-companies-need-to-take-a-stand-on-reproductive-rights> (last visited September 28, 2023).

that do not provide abortions. Specifically, Yelp added its misleading disclaimer on the business pages of pregnancy resource centers across the nation, which read as follows: “This is a Crisis Pregnancy Center. Crisis Pregnancy Centers typically provide limited medical services and may not have licensed medical professionals onsite.”⁷ The disclaimer flagged every pregnancy resource center, regardless of the kind of medical services offered and regardless of whether the center actually had licensed medical professionals onsite.

20. This same Yelp disclaimer, however, was *not* added to other facilities that cater to pregnant women—specifically, facilities that provide abortion services, even if those facilities did not in fact have licensed medical professionals on site.

21. Yelp proclaimed that its motivation for the disclaimer was to “provid[e] consumers with reliable and useful information.” In fact, however, Yelp’s disclaimer provided users with misleading information. And Yelp’s disclaimer remarkably did not even provide the *true* information—as it was permitted to do—that pregnancy resource centers do not provide abortion services.

22. Upon information and belief, Yelp’s pregnancy resource center disclaimer caused many consumers to seek services from facilities that did not have the disclaimer instead of going to a pregnancy resource center.

23. In an attempt to have this false and misleading disclaimer removed from its business page, at least one pregnancy resource center offered to provide Yelp copies of its employees’ medical licenses and a full accounting of medical services offered at its centers. However, despite the center’s attempts to correct the misinformation in its page, Yelp refused to remove its false disclaimer for months.

⁷ <https://www.msn.com/en-us/news/politics/tennessee-joins-multistate-coalition-alleging-yelp-discriminates-against-crisis-pregnancy-centers/ar-AA17f3dH> (last visited September 5, 2023).

24. On February 7, 2023, Texas Attorney General Ken Paxton, and Attorneys General for twenty-three other states drafted a letter to Yelp CEO Jeremy Stoppelman, explaining that Yelp’s disclaimer was misleading and overbroad because it flagged every pregnancy resource center, including those that do, in fact, have medical professionals onsite.⁸ The Attorneys General pointed out that no similar disclaimer had been displayed on pages of Planned Parenthood and similar facilities that perform abortion services.⁹ In fact, many abortion facilities do not operate onsite emergency rooms to handle surgery-related complications, and some abortion sites must resort to flying in out-of-state physicians to provide these services.¹⁰ Consequently, the Attorneys General explained that to the extent any businesses should be flagged for providing limited medical services, or for not having licensed medical professionals onsite, it should be Planned Parenthood and other similar clinics.¹¹

25. In or around February 2023, after approximately six months of displaying false and misleading disclaimers on the business pages of pregnancy resource centers, Yelp finally removed the misleading disclaimer regarding the alleged lack of medical professionals and medical services onsite, replacing it with a new disclaimer that stated: “This is a Crisis Pregnancy Center. Crisis Pregnancy Centers do not offer abortions or referrals to abortion providers.” Yelp’s general counsel responded to the February 7th letter of the attorneys general, disputing the claims that the original disclaimer was misleading, but informing the attorneys general that it had “update[d]” the disclaimer.¹²

⁸ <https://www.texasattorneygeneral.gov/news/releases/ag-paxton-sends-letter-google-urging-fair-access-crisis-pregnancy-centers> (last visited September 5, 2023).

⁹ *Id.*

¹⁰ *Id.* (citing Sharon Bernstein & Gabriella Borter, *In post-Roe U.S., abortion providers seek licenses across state lines*, REUTERS (June 25, 2022)).

¹¹ *Id.*

¹² <https://www.ag.ky.gov/Press%20Release%20Attachments/2022-02-08%20Letter%20to%20States%27%20AGs%20re%20CPCs.pdf> (last visited September 5, 2023).

26. Curiously, the letter also stated that Yelp’s original disclaimer was an attempt to address alleged misrepresentations by pregnancy resource centers.¹³ As support for the notion that pregnancy resource centers make “misrepresentations,” Yelp’s general counsel cited to a 2018 Gizmodo.com article that alleged pregnancy resource centers purchased Google Ad space to run ad campaigns “that often used ambiguous phrases like ‘Think you are pregnant? Get answers,’ or ‘Considering abortion?’ to lead people to click on them and draw them away from abortion providers and to their anti-abortion pregnancy centers instead.”¹⁴ Yelp and Gizmodo made these assertions despite pregnancy resource centers routinely offering abortion consultation services and providing information on abortions. And Yelp’s claim about pregnancy resource center “misrepresentations” is particularly strange because the Google Ad campaigns that it cited to do not appear to contain misrepresentations.

27. Moreover, Yelp’s general counsel’s response failed to address or explain the reason for Yelp’s disparate treatment between pregnancy resource centers and clinics that offer abortions. As stated above, for nearly six months Yelp singled out pregnancy resource centers for an alleged lack of medical professionals on site, effectively dissuading innumerable consumers who may otherwise have utilized these centers for medical and other services. To date, clinics offering abortion services are free of any sort of disclaimers on Yelp, even if they lack licensed medical professionals onsite, while the webpages for pregnancy resource centers universally contain the updated disclaimer.

C. Conclusion

28. Yelp specifically targeted pregnancy resource centers nationwide with their false and misleading disclaimer. Other types of facilities, such as Planned Parenthood and clinics

¹³ *Id.*

¹⁴ *Id.*

performing abortion services, did not have disclaimers placed on their webpages even if the disclaimer would have been *true* for that facility. Defendant disparaged the services of pregnancy resource centers through Defendant's misleading consumer disclaimers, in which Defendant misrepresented that pregnancy resource centers lacked licensed medical professionals at their facilities. On information and belief, Defendant's misrepresentations and failure to disclose the presence of licensed medical professionals at pregnancy resource centers dissuaded consumers from visiting these clinics in favor of clinics that perform abortion services.

XII. DTPA VIOLATIONS

29. Plaintiff incorporates Paragraphs 1 through 28, as is fully set forth herein.

30. Defendant has in the course and scope of trade and commerce engaged in false, misleading, or deceptive acts or practices declared unlawful in section 17.46(a) of the DTPA, including by engaging in conduct specifically defined to be false, deceptive, or misleading under section 17.46(b) by:

- (a) causing confusion or misunderstanding as to the source, sponsorship, approval, or certification of goods or services (§ 17.46(b)(2));
- (b) causing confusion or misunderstanding as to affiliation, connection, or association with, or certification by, another (§ 17.46(b)(3));
- (c) disparaging the goods, services, or business of another by providing a false or misleading representation of facts (§ 17.46(b)(8)); and
- (d) failing to disclose information concerning goods or services which was known at the time of the transaction if such failure to disclose such information was intended to induce the consumer into a transaction into which the consumer would not have entered had the information been disclosed (§ 17.46(b)(24)).

XIII. CONDITIONS PRECEDENT

31. All conditions precedent to Plaintiff's claims for relief have been performed or have occurred.

XIV. PRAYER

32. WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that Defendant be cited according to the law to appear and answer herein; and that after due notice and trial, a PERMANENT INJUNCTION be issued. Plaintiff prays that the Court will issue an ORDER enjoining Defendant, its officers, agents, servants, employees, and any other persons in active concert or participation with Defendant from the following:

- a. Misrepresenting the status or amount of licensed medical professionals onsite in pregnancy resource centers;
- b. Misrepresenting the services offered by pregnancy resource centers; and
- c. Posting any further false and/or misleading disclaimers or representations regarding pregnancy resource centers.

Plaintiff further requests that this Court award money damages and restitution of monies for pregnancy resource centers.

33. Plaintiff further requests that Defendant be ordered to pay to the State of Texas:

- A. Civil penalties of up to \$10,000.00 per violation of the DTPA;
- B. Civil penalties of up to \$250,000.00 per violation of the DTPA, when the act or practice that acquired or deprived money or other property from consumers who were 65 years of age or older when the act or practice occurred;
- C. Pre-judgment and post-judgment interest on all awards of restitution, damages, or civil penalties, as provided by law;
- D. All costs of Court, costs of investigation, and reasonable attorney's fees pursuant to Texas Government Code section 402.006(c); and
- E. Decree that all of Defendants' fines, penalties or forfeitures are not dischargeable in bankruptcy. *See* 11 U.S.C. Section 523(a)(7).

34. Plaintiff prays for all further relief, at law or inequity, to which it is justly entitled.

Respectfully submitted,

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ATTORNEYS FOR THE STATE OF TEXAS

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Pauline Sisson on behalf of Scott Froman
Bar No. 24122079
pauline.sisson@oag.texas.gov
Envelope ID: 80036521
Filing Code Description: Petition
Filing Description: PLAINTIFF'S ORIGINAL PETITION
Status as of 9/28/2023 3:38 PM CST

Associated Case Party: State of Texas

Name	BarNumber	Email	TimestampSubmitted	Status
Pauline Sisson		pauline.sisson@oag.texas.gov	9/28/2023 10:49:09 AM	SENT
Scott Froman		scott.froman@oag.texas.gov	9/28/2023 10:49:09 AM	SENT

EXHIBIT 12



(U)

Protect Life/Unborn

Office of the Attorney General Files Appeal to Texas Supreme Court, Blocking District Judge's Ruling and Leaving Abortion Law in Place (/news/releases/office-attorney-general-files-appeal-texas-supreme-court-blocking-district-judges-ruling-and-leaving)

The Office of the Attorney General ("OAG") filed a Notice of Accelerated Interlocutory Appeal directly to the Texas Supreme Court in *Zurawski, et al. v. State of Texas, et al.* under Texas Civil Practice and Remedies Code Section 6.001(b) and Texas Rule of Appellate Procedure 29.1(b).

August 05, 2023 | Press Release

Office of the Attorney General Celebrates One Year Anniversary of the Overturning of Roe v. Wade in Observation of Sanctity of Life Day (/news/releases/office-attorney-general-celebrates-one-year-anniversary-overturning-roe-v-wade-observation-sanctity)

On June 24, the Office of the Attorney General observes Sanctity of Life Day to honor and commemorate the tens of millions of lives lost to abortions.

June 23, 2023 | Press Release

Paxton Sends Letter to Company Highlighting Illegalities of Distributing Abortion Pills Through the Mail (/news/releases/paxton-sends-letter-company-highlighting-illegalities-distributing-abortion-pills-through-mail)

Attorney General Paxton sent a multistate letter to Carelon, which provides tele-health and tele-pharmacy services, thanking it for not announcing its intention to unlawfully distribute abortion pills and reminding the company of its obligations under state and federal law.

April 21, 2023 | Press Release

Paxton Defends Pro-Life West Virginia Law Against a Challenge from an Abortion Drug Manufacturer (/news/releases/paxton-defends-pro-life-west-virginia-law-against-challenge-abortion-drug-manufacturer)

Attorney General Paxton joined an Arkansas-led amicus brief before the U.S. District Court for the Southern District of West Virginia to defend a West Virginia law prohibiting abortions.

March 27, 2023 | Press Release

Paxton Sends Letters to Pharmacies Regarding FDA's Illegal Efforts to Encourage Companies to Mail Abortion Drugs (/news/releases/paxton-sends-letters-pharmacies-regarding-fdas-illegal-efforts-encourage-companies-mail-abortion)

Attorney General Paxton joined a Missouri-led coalition in sending a letter to Rite Aid regarding the company's plans to send abortion-inducing drugs through the mail.

March 08, 2023 | Press Release

Paxton Supports Efforts to Stop FDA from Expanding Access to Abortion-Inducing Drugs (/news/releases/paxton-supports-efforts-stop-fda-expanding-access-abortion-inducing-drugs)

Attorney General Paxton has joined a Mississippi-led amicus brief in a case challenging reckless and illegal actions by the U.S. Food and Drug Administration ("FDA") that expand access to abortion-inducing drugs being sent through the mail.

March 07, 2023 | Press Release

[Paxton Condemns Yelp for Discriminating Against Crisis Pregnancy Centers \(/news/releases/paxton-condemns-yelp-discriminating-against-crisis-pregnancy-centers\)](#)

Attorney General Paxton has sent a Kentucky-led letter to the CEO of Yelp condemning the company's efforts to discriminate against crisis pregnancy centers.

February 14, 2023 | Press Release

[Paxton Warns CVS and Walgreens on the Illegalities of Sending Abortion Pills Through the Mail \(/news/releases/paxton-warns-cvs-and-walgreens-illegalities-sending-abortion-pills-through-mail\)](#)

Attorney General Paxton has joined two Missouri-led multistate letters being sent to CVS and Walgreens concerning their decision to seek approval from the U.S. Food and Drug Administration ("FDA") to use the mail to sell abortion pills.

February 14, 2023 | Press Release

[Paxton Sues Biden to Stop HHS from Illegally Forcing Pharmacies to Provide Abortion-Inducing Drugs \(/news/releases/paxton-sues-biden-stop-hhs-illegally-forcing-pharmacies-provide-abortion-inducing-drugs\)](#)

Attorney General Paxton filed a new lawsuit against the Biden Administration today to halt it from illegally forcing pharmacies across America to provide abortifacients, which are prescription or over-the-counter drugs that induce abortions.

February 07, 2023 | Press Release

[Paxton Joins Amicus Brief to Block the VA from Providing Taxpayer-Funded Abortions \(/news/releases/paxton-joins-amicus-brief-block-va-providing-taxpayer-funded-abortions\)](#)

Attorney General Paxton has joined a Mississippi-led amicus brief supporting an injunction against a U.S. Department of Veterans Affairs ("VA") rule that allows veterans and certain beneficiaries to get elective, taxpayer-funded abortions.

February 07, 2023 | Press Release

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Protect Life/Unborn

[Paxton Sends Letter to FDA Criticizing Unlawful Changes that Put Women and Unborn Children in Danger from Abortion Drugs \(/news/releases/paxton-sends-letter-fda-criticizing-unlawful-changes-put-women-and-unborn-children-danger-abortion\)](/news/releases/paxton-sends-letter-fda-criticizing-unlawful-changes-put-women-and-unborn-children-danger-abortion)

Attorney General Paxton has joined a multistate letter sent to Commissioner Califf of the Food and Drug Administration (“FDA”) after the FDA made radical changes to its policy regarding specific abortion drugs.
February 03, 2023 | Press Release

[Paxton Sends Letter to VA Challenging New Rule Attempting to Provide Taxpayer Funding to Pay for Abortions \(/news/releases/paxton-sends-letter-va-challenging-new-rule-attempting-provide-taxpayer-funding-pay-abortions\)](/news/releases/paxton-sends-letter-va-challenging-new-rule-attempting-provide-taxpayer-funding-pay-abortions)

Attorney General Paxton has joined a Mississippi-led letter to the U.S. Department of Veterans Affairs (VA) Secretary Denis McDonough challenging a new VA rule that attempts to circumvent state laws that protect the unborn by providing taxpayer dollars for abortions.
December 22, 2022 | Press Release

[Paxton Secures Victory Against Biden Administration, Blocks HHS from Forcing Healthcare Providers to Perform Abortions in Texas \(/news/releases/paxton-secures-victory-against-biden-administration-blocks-hhs-forcing-healthcare-providers-perform\)](/news/releases/paxton-secures-victory-against-biden-administration-blocks-hhs-forcing-healthcare-providers-perform)

Attorney General Paxton released the following statement after a federal judge sided with the Texas Attorney General and issued an injunction to stop the Biden Administration from using the Emergency Medical Treatment and Active Labor Act (EMTALA) to force Texas hospitals and doctors to perform abortions:
August 24, 2022 | Press Release

[AG Paxton Files for Injunction to Stop Biden Administration from Forcing Healthcare Providers to Use State Funding for Abortions \(/news/releases/ag-paxton-files-injunction-stop-biden-administration-forcing-healthcare-providers-use-state-funding\)](/news/releases/ag-paxton-files-injunction-stop-biden-administration-forcing-healthcare-providers-use-state-funding)

Yesterday Attorney General Paxton filed a motion to enjoin the Biden Administration from using a provision of the Emergency Medical Treatment and Active Labor Act (EMTALA) to require Texas hospitals and doctors to perform abortions as a condition of receiving Medicare and Medicaid funding.
August 04, 2022 | Press Release

[AG Paxton Publishes New Guidance Upon Issuance of SCOTUS’s Dobbs Judgment \(/news/releases/ag-paxton-publishes-new-guidance-upon-issuance-scotuss-dobbs-judgment\)](/news/releases/ag-paxton-publishes-new-guidance-upon-issuance-scotuss-dobbs-judgment)

Today Attorney General Paxton released a guidance letter following the U.S. Supreme Court’s issuance of a judgment in the Dobbs decision overturning Roe v Wade.
July 27, 2022 | Press Release

[AG Paxton Sends Letter to Google Urging Fair Access to Crisis Pregnancy Centers \(/news/releases/ag-paxton-sends-letter-google-urging-fair-access-crisis-pregnancy-centers\)](/news/releases/ag-paxton-sends-letter-google-urging-fair-access-crisis-pregnancy-centers)

Attorney General Paxton sent a Virginia-led multistate letter to the CEO of Alphabet Inc.—the multinational Big Tech conglomerate of which Google is a part—urging the company not to discriminate against crisis pregnancy centers in search results and online advertising.
July 26, 2022 | Press Release

Paxton Sues Biden Admin Over Its Efforts to Force Abortions in Texas

(/news/releases/paxton-sues-biden-admin-over-its-efforts-force-abortions-texas)

Texas Attorney General Ken Paxton filed a lawsuit against the U.S. Department of Health and Human Services regarding their use of the Emergency Medical Treatment and Active Labor Act (EMTALA) to require hospitals to perform abortions.

July 14, 2022 | Press Release

AG Paxton Files Emergency Motion with Texas Supreme Court in Support of Pre-Roe Statutes Barring Abortions
(/news/releases/ag-paxton-files-emergency-motion-texas-supreme-court-support-pre-roe-statutes-barring-abortions)

This week Attorney General Paxton asked the Supreme Court of Texas to vacate a temporary restraining order blocking enforcement Texas’s pre-Roe criminal prohibitions on elective abortion.

June 30, 2022 | Press Release

Attorney General Paxton Urges Feds to Investigate Violence Against Pro-Life Groups
(/news/releases/attorney-general-paxton-urges-feds-investigate-violence-against-pro-life-groups)

Attorney General Paxton joined a comment letter led by Ohio, addressed to U.S. Attorney General Merrick Garland, urging him to investigate the barrage of threats and attacks made against pro-life judges and pro-life organizations.

June 27, 2022 | Press Release

AG Paxton Celebrates End of Roe v. Wade; Announces Abortion Now Illegal in Texas
(/news/releases/ag-paxton-celebrates-end-roe-v-wade-announces-abortion-now-illegal-texas)

Today the United States Supreme Court overturned Roe v. Wade, 410 U.S. 113 (1973), and Planned Parenthood v. Casey, 505 U.S. 833 (1992), thus bringing an end to a half century of the unconstitutional and unconscionable national “right” to abortion.

June 24, 2022 | Press Release

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Protect Life/Unborn

[AG Paxton Joins Coalition to Protect Children's Health Against the Predations of the Gender-Ideological Left \(/news/releases/ag-paxton-joins-coalition-protect-childrens-health-against-predations-gender-ideological-left\)](#)

Texas Attorney General Ken Paxton joined a multistate amicus brief in support of Alabama's Vulnerable Child Protection Act, which prohibits the use of puberty blockers, cross-sex hormones, and surgery to cosmetically alter children and adolescents in order to facilitate their "gender transition."

May 11, 2022 | Press Release

[Paxton Fights to Protect Pro-Life Laws Threatened by Expired Equal Rights Amendment \(/news/releases/paxton-fights-protect-pro-life-laws-threatened-expired-equal-rights-amendment\)](#)

Attorney General Ken Paxton has joined a multi-state amicus brief opposing efforts to obtain a judicial ratification of the Equal Rights Amendment (ERA) of 1972.

March 18, 2022 | Press Release

[AG Paxton Supports Pro-Life Petition to Pass the Fetal Heartbeat and Protection from Abortion Act \(/news/releases/ag-paxton-supports-pro-life-petition-pass-fetal-heartbeat-and-protection-abortion-act\)](#)

Attorney General Paxton has joined a multistate amicus brief supporting South Carolina's pro-life law, the Fetal Heartbeat and Protection from Abortion Act, against a decision by a panel of the United States Fourth Circuit Court of Appeals that affirmed the district court's preliminary injunction.

March 15, 2022 | Press Release

[AG Paxton Announces Win on Senate Bill 8 The "Heartbeat Bill" \(/news/releases/ag-paxton-announces-win-senate-bill-8-heartbeat-bill\)](#)

Attorney General Ken Paxton announces the latest win in several challenges to Texas Senate Bill 8 (SB8), also known as the "Heartbeat Bill," which bans abortions after an unborn child's heartbeat can be detected.

March 11, 2022 | Press Release

[AG Paxton Supports Amicus Against Health and Human Services for Encouraging and Covering Abortions Illegally Using State Funding \(/news/releases/ag-paxton-supports-amicus-against-health-and-human-services-encouraging-and-covering-abortions\)](#)

Texas Attorney General Ken Paxton joined a multistate amicus brief supporting Ohio in its Title X appeal against the Biden Administration, which encourages and funds abortions through the use of state funds.

March 04, 2022 | Press Release

[Paxton Defends SB8, Saving Thousands of Lives in the Process \(/news/releases/paxton-defends-sb8-saving-thousands-lives-process\)](#)

Attorney General Ken Paxton has fought off multiple challenges to Texas Senate Bill 8 (SB8), which has saved approximately 17,000 newborn lives since it went into effect on September 1, 2021

February 28, 2022 | Press Release

[Paxton Sues Planned Parenthood to Disgorge \\$10 Million in Medicaid Payments \(/news/releases/paxton-sues-planned-parenthood-disgorge-10-million-medicaid-payments\)](#)

On behalf of the State of Texas, Attorney General Paxton has sued Planned Parenthood Federation of America and several Planned Parenthood locations in Texas, seeking recovery of \$10 million in payments made by the Texas Medicaid program.

January 13, 2022 | Press Release

[AG Paxton Defends Arizona Anti-Eugenics Abortion Law \(/news/releases/ag-paxton-defends-arizona-anti-eugenics-abortion-law\)](/news/releases/ag-paxton-defends-arizona-anti-eugenics-abortion-law)

Attorney General Ken Paxton today joined a 17-state coalition in filing an amicus brief in the United States Court of Appeals for the Ninth Circuit, in support of an Arizona law that prohibits abortions based solely on a prenatal Down syndrome diagnosis.

November 23, 2021 | Noteworthy

[Paxton Joins Multistate Coalition to Protect the Rights of the Unborn \(/news/releases/paxton-joins-multistate-coalition-protect-rights-unborn\)](/news/releases/paxton-joins-multistate-coalition-protect-rights-unborn)

July 14, 2021 | Press Release

[AG Paxton: Texas Lawfully Prohibits Barbaric, Violent Dismemberment Abortions \(/news/releases/ag-paxton-texas-lawfully-prohibits-barbaric-violent-dismemberment-abortion\)](/news/releases/ag-paxton-texas-lawfully-prohibits-barbaric-violent-dismemberment-abortion)

Solicitor General Kyle Hawkins defended in the United States Fifth Circuit Court of Appeals the constitutionality of Texas's law barring live-dismemberment abortions.

January 27, 2021 | Noteworthy

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[AG Paxton Continues Fighting for Sanctity of Life, Defends Texas Ban on Barbaric Abortion Procedure at the Fifth Circuit \(/news/releases/ag-paxton-continues-fighting-sanctity-life-defends-texas-ban-barbaric-abortion-procedure-fifth\)](#)

Attorney General Ken Paxton filed an en banc petition in the U.S. Court of Appeals for the Fifth Circuit urging the entire court to put a hold on a district court's ruling that allows live-dismemberment abortions.

August 26, 2020 | Press Release

[AG Paxton Joins Brief to Protect the Right to Life for Babies with Down Syndrome \(/news/releases/ag-paxton-joins-brief-protect-right-life-babies-down-syndrome\)](#)

January 22, 2020

[AG Paxton: Baby T.L.'s Right to Life Must be Protected \(/news/releases/ag-paxton-baby-tls-right-life-must-be-protected\)](#)

Attorney General Ken Paxton and Gov. Greg Abbott today filed a friend-of-the-court brief in the Second Court of Appeals, urging the court to reverse a lower court's order and grant baby T.L.'s family a temporary injunction until the case is resolved to protect the baby's life.

January 17, 2020 | Noteworthy

[AG Paxton Joins Amicus Supporting Mississippi Law Limiting Abortion After 15 Weeks \(/news/releases/ag-paxton-joins-amicus-supporting-mississippi-law-limiting-abortion-after-15-weeks\)](#)

Attorney General Ken Paxton joined Louisiana's friend-of-the-court brief which was filed with the U.S. Court of Appeals for the Fifth Circuit in support of Mississippi as it seeks en banc review of a law prohibiting non-emergency abortions past the 15th week of pregnancy.

January 07, 2020 | Noteworthy

[AG Paxton Files Amicus Brief with Supreme Court in Support of Louisiana Abortion Law That Protects Women \(/news/releases/ag-paxton-files-amicus-brief-supreme-court-support-louisiana-abortion-law-protects-women\)](#)

Attorney General Ken Paxton today filed a friend-of-the-court brief in the United States Supreme Court calling for dismissal of a constitutional challenge to a Louisiana law that requires abortion doctors to have admitting privileges at a nearby hospital.

December 31, 2019 | Noteworthy

[AG Paxton's Office Defends State Abortion Regulations in Court \(/news/releases/ag-paxtons-office-defends-state-abortion-regulations-court\)](#)

A legal team from Attorney General Ken Paxton's office today defended reasonable state abortion regulations designed to protect the health and safety of women.

August 09, 2019 | Noteworthy

[AG Paxton Leads 16-State Coalition Brief Asking 7th Circuit to Allow Indiana to Protect the Health and Safety of Women \(/news/releases/ag-paxton-leads-16-state-coalition-brief-asking-7th-circuit-allow-indiana-protect-health-and-safety\)](#)

Leading a coalition of 16 states, Attorney General Ken Paxton today filed a friend-of-the-court brief with the U.S. Court of Appeals for the 7th Circuit explaining why Indiana's reasonable licensing requirements for abortion clinics are constitutional.

July 23, 2019 | Noteworthy

[AG Paxton Co-Authors 12-State Brief to Protect Health and Safety for Women \(/news/releases/ag-paxton-co-authors-12-state-brief-protect-health-and-safety-women\)](#)

June 25, 2019

[AG Paxton Applauds SCOTUS Decision Upholding Indiana's Law on the Humane Disposition of Fetal Remains \(/news/releases/ag-paxton-applauds-scotus-decision-upholding-indianas-law-humane-disposition-fetal-remains\)](#)

May 28, 2019

[AG Paxton Files Bi-Partisan Brief in Support of Pro-Life Louisiana Laws \(/news/releases/ag-paxton-files-bi-partisan-brief-support-pro-life-louisiana-laws\)](#)

May 24, 2019 | Noteworthy

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[AG Paxton's Office Asks Entire 5th Circuit to Allow Texas to Proceed with Defunding of Planned Parenthood \(/news/releases/ag-paxtons-office-asks-entire-5th-circuit-allow-texas-proceed-defunding-planned-parenthood\)](#)

On behalf of Attorney General Ken Paxton's office, Texas Solicitor General Kyle Hawkins presented oral arguments today before the entire U.S. Court of Appeals for the 5th Circuit, demonstrating that individual Medicaid recipients cannot use lawsuits to force taxpayer funding of Planned Parenthood.

May 14, 2019 | Press Release

[AG Paxton Joins Multi-State Coalition Brief Defending Trump Administration Title X Funding Rule to Protect the Unborn \(/news/releases/ag-paxton-joins-multi-state-coalition-brief-defending-trump-administration-title-x-funding-rule\)](#)

Attorney General Ken Paxton today joined a multistate coalition brief defending a new Trump Administration rule for the Title X grant program which allows family planning services to cease providing abortion counseling and referral.

April 09, 2019 | Noteworthy

[AG Paxton Applauds 6th Circuit Decision Upholding Kentucky Informed-Consent Law for Abortion \(/news/releases/ag-paxton-applauds-6th-circuit-decision-upholding-kentucky-informed-consent-law-abortion\)](#)

April 05, 2019 | Noteworthy

[AG Paxton Applauds Federal Appeals Court Ruling Allowing Ohio to Defund Planned Parenthood \(/news/releases/ag-paxton-applauds-federal-appeals-court-ruling-allowing-ohio-defund-planned-parenthood\)](#)

March 14, 2019

[AG Paxton Files Brief with 5th Circuit Defending the Right of States to Enact Laws Safeguarding Women's Health and Protecting the Unborn \(/news/releases/ag-paxton-files-brief-5th-circuit-defending-right-states-enact-laws-safeguarding-womens-health-and\)](#)

March 14, 2019

[AG Paxton Files Brief Asking 5th Circuit to Allow Texas to Proceed with Defunding of Planned Parenthood \(/news/releases/ag-paxton-files-brief-asking-5th-circuit-allow-texas-proceed-defunding-planned-parenthood\)](#)

March 08, 2019

[AG Paxton: Trump Administration's Title X Rule is a Victory for Conscience, Human Life, and the Rule of Law \(/news/releases/ag-paxton-trump-administrations-title-x-rule-victory-conscience-human-life-and-rule-law\)](#)

February 22, 2019

[AG Paxton: Full 5th Circuit Agrees to Review Texas Case on Defunding Planned Parenthood \(/news/releases/ag-paxton-full-5th-circuit-agrees-review-texas-case-defunding-planned-parenthood\)](#)

February 05, 2019

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AG Paxton Commends 5th Circuit Decision Regarding Exclusion of Planned Parenthood from Medicaid (/news/releases/ag-paxton-commends-5th-circuit-decision-regarding-exclusion-planned-parenthood-medicaid)

January 17, 2019

AG Paxton Defends State Laws Protecting the Health and Safety of Texas Women (/news/releases/ag-paxton-defends-state-laws-protecting-health-and-safety-texas-women)

January 07, 2019

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Protect Life/Unborn

[AG Paxton Vows to Continue Fight to Honor the Dignity of the Unborn and Defend Texas Law on the Human Disposition of Fetal Remains \(/news/releases/ag-paxton-vows-continue-fight-honor-dignity-unborn-and-defend-texas-law-human-disposition-fetal\)](#)

September 05, 2018 | Press Release

[AG Paxton Files Court Brief to Safeguard Women's Health and Protect the Unborn in Texas \(/news/releases/ag-paxton-files-court-brief-safeguard-womens-health-and-protect-unborn-texas\)](#)

August 28, 2018

[AG Paxton Defends Constitutionality of Texas Law on the Humane Disposition of Fetal Remains \(/news/releases/ag-paxton-defends-constitutionality-texas-law-humane-disposition-fetal-remains\)](#)

"Texas has chosen to respect unborn life by adopting rules requiring the dignified treatment of fetal remains, rather than allow health care facilities to dispose of the remains in sewers or landfills," Attorney General Paxton said. "At the trial, we'll demonstrate that the rules are constitutional and do not impact the abortion procedure or the availability of abortion in Texas. I'm confident in our arguments and look forward to the courts ultimately upholding Texas law."

July 16, 2018

[AG Paxton Praises Trump Administration Proposal to Protect Life in the Federal Title X Family Planning Grant Program \(/news/releases/ag-paxton-praises-trump-administration-proposal-protect-life-federal-title-x-family-planning-grant\)](#)

"Sending taxpayer money to abortion providers is a bit like giving matches to an arsonist, so long as he promises he will use somebody else's matches to start fires," Attorney General Paxton said. "In making a true separation between family planning clinics and abortion providers a requirement for receipt of Title X funds, President Trump again demonstrated his commitment to protecting the sanctity of life and the conscience rights of millions of Americans. Attempts to conflate abortion and family planning have always violated the letter and the spirit of Title X. This decision is equal parts victory for the rule of law and for the unborn."

May 21, 2018

[AG Paxton Defends Humane Treatment of the Unborn at the 5th Circuit \(/news/releases/ag-paxton-defends-humane-treatment-unborn-5th-circuit\)](#)

"During the trial of this case, through compelling testimony and documentary evidence, my office exposed the horrific truth of dismemberment abortions. This barbaric procedure completely disregards respect for human life and humane treatment of the unborn," Attorney General Paxton said. "Senate Bill 8 promotes dignity and respect for human life as well as the integrity of the medical profession."

February 27, 2018

[AG Paxton Leads 15-State Coalition Defending Kentucky Informed-Consent Law to Protect the Health of Mothers and the Life of the Unborn \(/news/releases/ag-paxton-leads-15-state-coalition-defending-kentucky-informed-consent-law-protect-health-mothers\)](#)

"Legislation enacted in Kentucky, Texas, and other states ensures that a woman seeking an abortion has all the facts about the life she is carrying, and understands the devastating impact of such a life-ending decision," Attorney General Paxton said. "We will fight any attempt to block state laws that value and protect the health of

AG Paxton Stands Committed to Honoring the Dignity of the Unborn and Defending Texas Law on the Humane Disposition of Fetal Remains (/news/releases/ag-paxton-stands-committed-honoring-dignity-unborn-and-defending-texas-law-humane-disposition-fetal)

“Texas values the dignity of the remains of the unborn and believes that fetal tissue should be disposed of properly and humanely,” Attorney General Paxton said. “My office will continue to fight to uphold the constitutionality of the new law, which simply prevents fetal remains from being treated as medical waste.”

January 29, 2018

AG Paxton Commends President Trump for Protecting the Unborn (/news/releases/ag-paxton-commends-president-trump-protecting-unborn)

“Nearing a year in office, President Trump has already taken significant steps to roll back the radical abortion policies of the Obama-era, protect the innocent lives of the unborn, and preserve religious liberties,” Attorney General Paxton said. “The president's pro-life accomplishments embolden all of us in Texas who believe that every human life, including every baby waiting to be born, is sacred, unique and worthy of protection.”

January 19, 2018

AG Paxton Leads 22-State Coalition in Filing Brief with U.S. Supreme Court to Protect the Unborn and Uphold Free Speech Rights (/news/releases/ag-paxton-leads-22-state-coalition-filing-brief-us-supreme-court-protect-unborn-and-uphold-free)

“Forcing pro-life organizations to promote a state-sponsored advertisement for the abortion industry is not the tool of a free government,” Attorney General Paxton said. “California's unlawful Reproductive FACT Act tramples on the constitutionally protected rights of free speech and free religious expression. The Supreme Court should rule against the law to prevent other states from passing similar legislation intended to turn pro-life pregnancy centers into referral agencies for abortions.”

January 16, 2018

AG Paxton Leads 11-State Coalition in Brief to Prevent ACLU From Transforming Texas into a Sanctuary State for Abortions (/news/releases/ag-paxton-leads-11-state-coalition-brief-prevent-aclu-transforming-texas-sanctuary-state-abortions)

“The ruling contradicts U.S. Supreme Court precedent and harms the public interest because it effectively creates a right to abortion for anyone who enters the U.S. illegally, no matter how briefly,” Attorney General Paxton said. “Unlawfully-present aliens with no substantial ties to this country do not have a constitutional right to abortion on demand. Texas must not become a sanctuary state for abortions.”

December 19, 2017

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Protect Life/Unborn

[AG Paxton Leads 11-State Coalition in Brief to Defend Federal Immigration Laws and Protect Unborn Children \(/news/releases/ag-paxton-leads-11-state-coalition-brief-defend-federal-immigration-laws-and-protect-unborn-children\)](#)

“Unlawfully-present aliens with no substantial ties to this country do not have a constitutional right to abortion on demand,” Attorney General Paxton said. “Texas must not become a sanctuary state for abortions. If the plaintiffs in this case prevail, there will be no meaningful limit on the constitutional rights an unlawfully present alien can invoke simply by attempting to enter the U.S. illegally.”

December 18, 2017

[AG Paxton Joins 22-State Coalition to Fight Inhumane Treatment of Fetuses \(/news/releases/ag-paxton-joins-22-state-coalition-fight-inhumane-treatment-fetuses\)](#)

“It is a solemn day when we must fight not for human life, but for the minimum respect owed to human life in an already difficult situation,” Attorney General Paxton said. “Dismemberment methods of abortion are callous, cold and demonstrate a complete lack of respect for human life. In a country where the horror of abortion has already become normalized, if this practice goes unregulated, the balance between women’s reproductive rights and the risk of devaluing human life will be scattered to the wind.”

March 17, 2017

- [« \(/news/categories/protect-lifeunborn?page=5\)](#)
- Page 7

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EXHIBIT 13



KNOW THE DIFFERENCE: CRISIS PREGNANCY CENTERS V. REPRODUCTIVE HEALTHCARE FACILITIES

WARNING: CRISIS PREGNANCY CENTERS (CPC) DO NOT PROVIDE COMPREHENSIVE REPRODUCTIVE HEALTHCARE.

- CPCs are organizations that seek to discourage people facing unintended pregnancies from accessing abortion care.
- CPCs often advertise a full range of reproductive healthcare services, but they **do not** provide abortion or abortion referral, and usually do not provide birth control or other forms of contraceptives.

IF YOU ARE LOOKING TO UNDERSTAND YOUR ABORTION OPTIONS, BE AWARE OF THE LIMITS TO THE INFORMATION AND CARE A CPC PROVIDES.

- Some CPCs are not licensed medical clinics.
 - You have the right to know whether a facility is a licensed medical clinic and whether the facility will perform or refer you for an abortion *before* you go to the clinic.
 - Unlicensed CPCs staffed by non-medical personnel are not required to keep your medical records private.
- Some CPCs offer ultrasounds even though they may not have a healthcare professional on staff or onsite.
 - Only a licensed healthcare professional, like a doctor, nurse, or ultrasound specialist can accurately tell you how many weeks pregnant you are.

DO YOUR RESEARCH AND ASK THE RIGHT QUESTIONS BEFORE GOING TO A PREGNANCY CLINIC TO LEARN ABOUT YOUR ABORTION OPTIONS.

- Research the clinic online, or call the clinic, before making an appointment. Online reviews sometimes provide information about prior patient experiences that may be helpful.
- When researching a clinic, questions you might ask include:
 - Is the facility licensed? If yes, what type of license?
 - Will you be seen by a licensed provider? If yes, what type of licensed provider (nurse, doctor, etc.)?
 - Does the facility perform or refer persons for abortions?
 - What is the cost of a visit? Does the clinic take insurance?







- o Will the clinic keep your information confidential and not disclose your visit to anyone?
- If a clinic does not provide clear answers to your questions, consider going to a different clinic.
- Be wary of clinics that attempt to delay your appointments. If you are considering or seeking an abortion, timing is important.
- Contact programs to assist you with locating a provider that meets your needs:
 - o [ACCESS Reproductive Justice](#) connects people to free and low-cost programs that pay for reproductive healthcare for people living in, traveling to, or traveling from California to receive an out-of-state abortion.
 - o [Women's Reproductive Rights Assistance Project](#) provides direct and logistical support, transportation assistance, abortion appointment navigation, and other resources.
 - o The [National Abortion Federation](#) maintains a list of abortion providers.
 - o To access additional services, look for a Title X family planning clinic near you. Title X family planning clinics are state and federally funded facilities that provide access to a broad range of family planning and preventive health services, such as contraception, pregnancy testing, sexually transmitted disease testing, breast and cervical cancer screening, regardless of your ability to pay. Locate a Title X clinic near you at <https://opa-fpclinicdb.hhs.gov/>.
- When you arrive for your appointment, make sure you are at the correct clinic. CPCs are sometimes located near a reproductive healthcare clinic that provides abortion care.

If you believe you have been the victim or target of deceptive, misleading, unfair, or unlawful conduct, please immediately file a complaint at oag.ca.gov/crisis-pregnancy-center-complaint.



This bulletin was issued by the Healthcare Rights and Access (HRA) Section of the California Department of Justice. HRA works proactively to increase and protect the affordability, accessibility, and quality of healthcare in California. HRA attorneys monitor and contribute to various areas of the Attorney General's healthcare work, including consumer rights; anticompetitive consolidation in the healthcare market; anticompetitive drug pricing; nonprofit healthcare transactions; privacy issues; civil rights, such as racial equity and discrimination in healthcare, reproductive rights and LGBTQ healthcare-related rights; and public health work on tobacco, e-cigarettes, and other products.

EXHIBIT 14

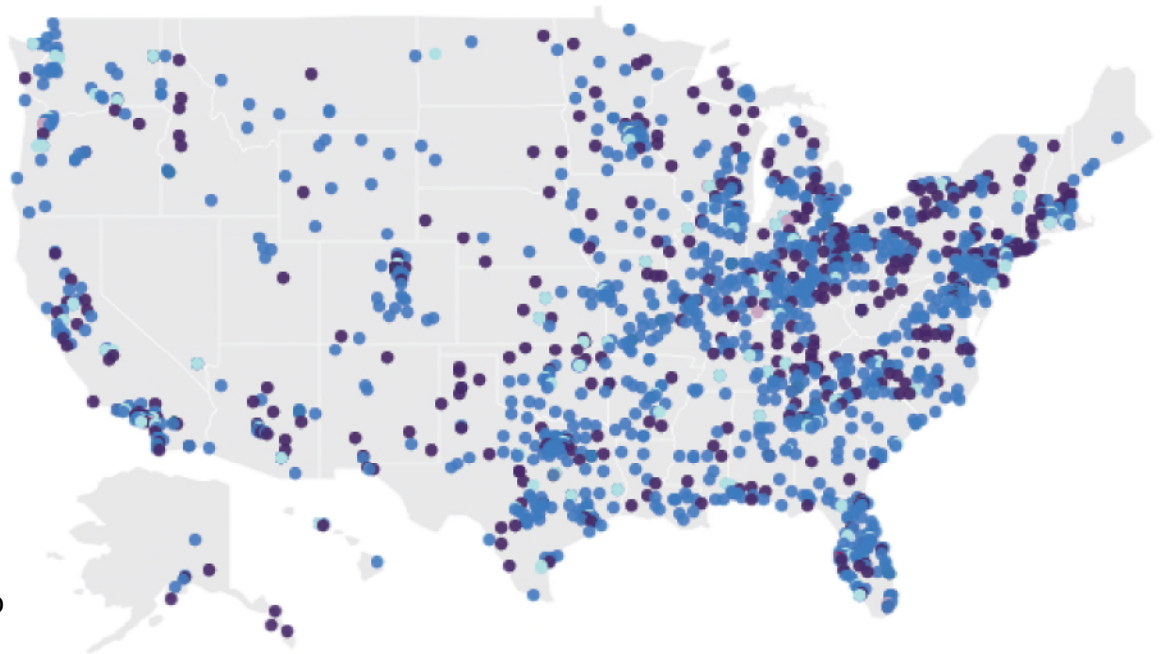


(<https://www.facebook.com/HeartbeatInternational>) 
(<https://www.instagram.com/heartbeatinternational/>) 
(<https://twitter.com/heartbeatintl>) 
(<https://vimeo.com/user55509272>) 

What is a Pregnancy Center?

font size   | [Print \(/our-work/what-is-a-pregnancy-center?tmpl=component&print=1\)](#) | [Email \(/component/mailto/?tmpl=component&template=rt_protean&link=84572ffabb45dd2a8d1dc6395b0091364910a813\)](#)

Every woman deserves love and support during an unexpected pregnancy. That's why there are pregnancy help centers around the world dedicated to providing material assistance, moral support, and medical services to meet their needs.



Pregnancy Help Centers (PHCs) are life-affirming non-profit service providers that provide women who have an unexpected pregnancy with alternatives to abortion. Their services often include free pregnancy tests, consultation, ultrasounds, material support; education and information on adoption and abortion; and services and referrals for ongoing pregnancy and parenting needs. There are

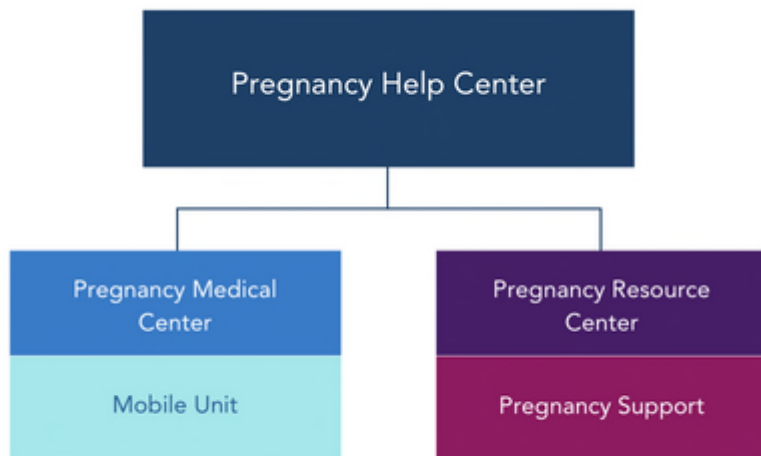
approximately 2,750 PHCs in the U.S. serving women and their families every day with a 99% satisfactory rating from clients (<https://www1.cbn.com/cbnnews/us/2021/december/pregnancy-centers-higher-customer-satisfaction-than-chick-fil-a>)¹.

Centers that additionally provide limited medical care under the supervision of a licensed Medical Director are called **Pregnancy Medical Centers** (PMCs). Their services include pregnancy tests and ultrasound, to prenatal care and STI/STD testing.

Find a center near you!

(<https://optionline.org/>)

Pregnancy
Help Centers
are also
called:



- PRC – Pregnancy Resource Center
- PCC – Pregnancy Care Center or Pregnancy Counseling Center
- PC – Pregnancy Center or Pregnancy Clinic
- CPC – Crisis Pregnancy Center
- PSC – Pregnancy Support Center
- PSS – Pregnancy Support Services
- PMC – Pregnancy Medical Center

What services are generally provided by PHCs?

- Free pregnancy tests
- Pregnancy consultation (information about pregnancy options)
- Material resources (including diapers and formula)
- Post-decision support (including parenting education and abortion recovery groups)
- Consultation with a licensed medical professional
- Limited ultrasound for pregnancy confirmation
- Testing for sexually transmitted infections and diseases

- [Abortion Pill Reversal \(https://abortionpillreversal.com/\)](https://abortionpillreversal.com/)

Want to know more about Pregnancy Help Centers?

Equip yourself with the truth about pregnancy centers at **[PregnancyCenterTruth.com \(https://pregnancycentertruth.com/\)](https://pregnancycentertruth.com/)**, where you will find helpful stats and evidence-based answers!

If you would like to support the vital work of Pregnancy Help Centers, you can **[give here! \(/givetoday\)](#)**

¹<https://www1.cbn.com/cbnnews/us/2021/december/pregnancy-centers-higher-customer-satisfaction-than-chick-fil-a>
(<https://www1.cbn.com/cbnnews/us/2021/december/pregnancy-centers-higher-customer-satisfaction-than-chick-fil-a>)

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[back to top \(/our-work/what-is-a-pregnancy-center#startOfPageId2305\)](#)

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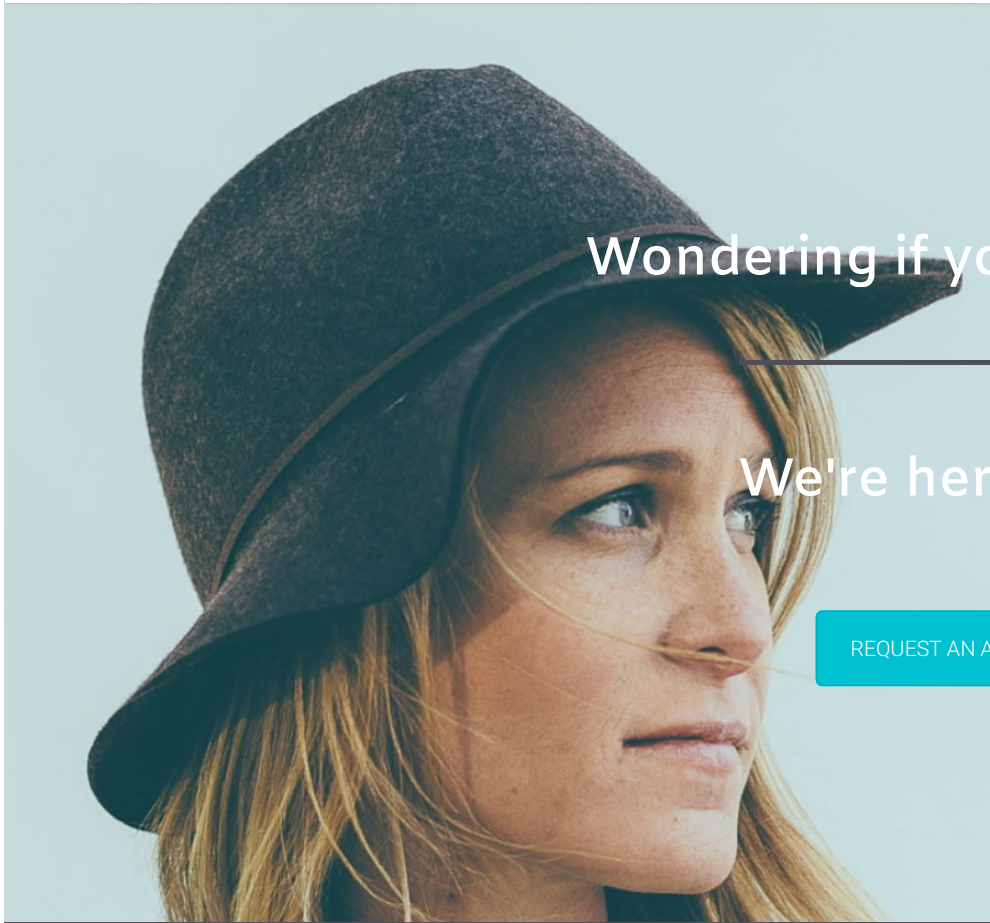
[ORGANIZATIONS](#)

[GIVE](#)

Web Design and Development by [Extend Web Services \(http://www.extendwebsiteservices.com\)](http://www.extendwebsiteservices.com).

[Privacy Policy \(/../privacy-policy\)](#).

EXHIBIT 15



Wondering if you

We're here

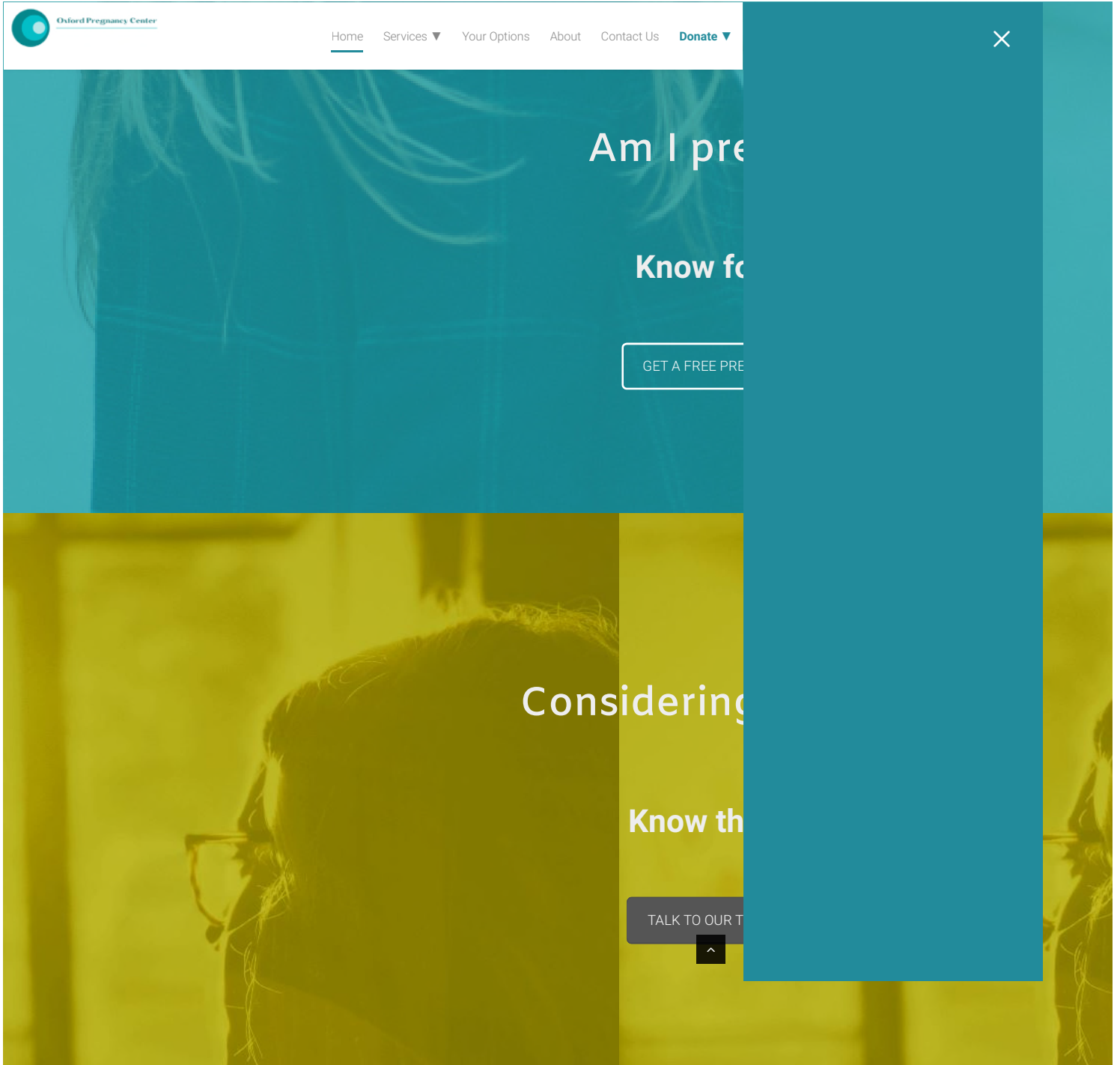
REQUEST AN A



assion is
ve're here

should have to face an unplanned pregnancy alone. We are here for you.
nt, no opinions, just honest answers and accurate information.

ervices are free and confidential.



Your Options

If you are facing an unplanned pregnancy, there are many things to consider. Our advocates are here to provide information on all of your options so that you can make a fully informed choice. We act as a neutral party to help you navigate emotional attachment or financial responsibilities that can often cloud the opinions of friends and family.

The screenshot shows the Oxford Pregnancy Center website. At the top left is the logo, a teal circle with a white dot inside, followed by the text "Oxford Pregnancy Center". To the right of the logo is a navigation menu with links: "Home", "Services" (with a dropdown arrow), "Your Options", "About", "Contact Us", and "Donate" (with a dropdown arrow). Below the navigation is a light gray banner with the text: "Our advocates are trained to offer accurate, up to date, information unbiased, non-judgmental fashion. All clients are treated with dign... cation is". Below this banner is a teal button with the text "LEARN MORE".

The main content area has a dark gray background. It features a large white heading "For Guys" with a horizontal line underneath. Below the heading is the text: "So your girlfriend thinks she's pregnant. Now what?". At the bottom of this section is a teal button with the text "GET ANSWERS".

A large teal vertical bar is overlaid on the right side of the page, partially obscuring a photograph of a man's face. In the top right corner of this bar is a white "X" icon. At the bottom right of the page, there is a small black square button with a white upward-pointing arrow.





Pregnancy Test

We offer a medical grade urine pregnancy test that measures at approximately 2 weeks gestation. This test may be administered by our medical staff. After confirming your pregnancy, we will schedule your appointment.

[MAKE AN APPOINTMENT](#)

Ultrasound

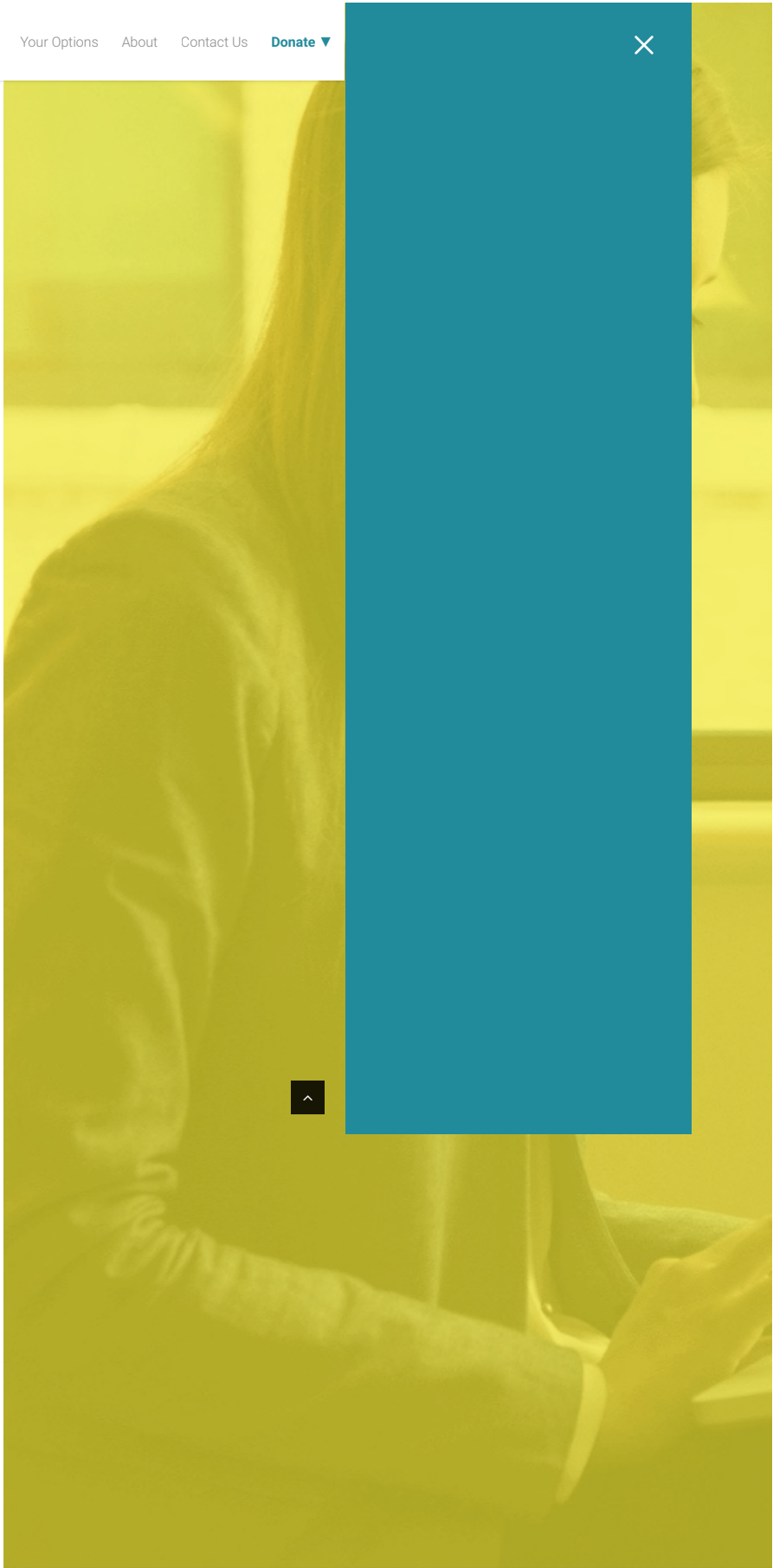
Using a state-of-the-art ultrasound, we are able to:

- Verify intrauterine pregnancy
- Rule out ectopic pregnancy
- Determine the likelihood of miscarriage
- Determine fetal heart rate
- Estimate fetal age
- Help you in making an informed choice

[GET IN TOUCH](#)









Our trained team can help walk you through the steps of healthy decision making... in the state of Michigan, and much more. No opinions, no judgment, just honest and

EARN MORE

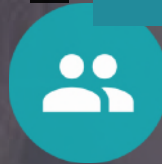
Contact Us

Your comfort and confidentiality are important to us, so we have



Call

(248) 96



Walk-in

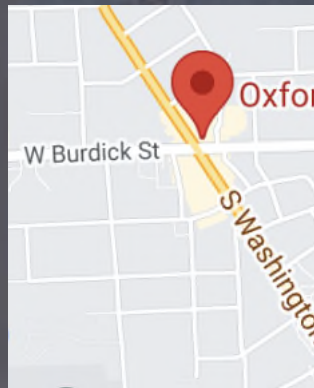
Mon & Fri | 10am – 2pm

Tues – Thurs | 10am – 5pm



Email

Request an appointment



Find us on G



DISCLAIMER

The Oxford Pregnancy Center (OPC) is a limited medical clinic. The information provided by client advocates, nurses and ultrasound technicians is intended for general informational purposes. The OPC does not perform or refer for abortions or abortion services or provide emergency contraception. We do not arrange adoptions. All services are confidential and offered free of charge regardless of your age, race or social status.

EXHIBIT 16



#here4you

[Read More](#)

- [get answers »](#)
- [about prc »](#)
- [appointments »](#)
- [contact](#)



confidential

Taken a home test (or six) and having a hard time believing the results? We're here for you. Our center offers hassle-free pregnancy testing and counseling in a convenient & confidential atmosphere. We ensure no woman leaves without receiving the care she needs. At your appointment you'll have a chance to speak with a medical professional. Emergency appointments available.



your life

If you are considering an abortion the first step is a pregnancy ultrasound. This will determine if the pregnancy is viable, the number of weeks pregnant you are, and which procedure is available to you. You have the right to make a fully-informed decision.



get answers

Unplanned pregnancies are stressful as are the uncertainties of the unknown. Schedule an appointment today to get the confidence you need for your future.



Call: [\(704\) 980-0226](tel:(704)980-0226)

PRC Charlotte



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[Appointments](#)

SERVICES

[Free Pregnancy Test](#)
[Ultrasounds](#)
[Abortion Consultation](#)

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PRC CHARLOTTE

1505 East 4th Street
Charlotte, NC 28204 [\(704\) 980-0226](tel:(704)980-0226)

[prompt](#) · [respectful](#) · [confidential](#)

©2017 PRC Charlotte. The Pregnancy Resource Center of Charlotte is a non-profit organization providing limited medical services since 1982.

Services are offered to women facing unintended pregnancies and all services free of charge.

PRC Charlotte does not perform or refer for abortions, nor arrange adoptions. Information on this website is for general education purposes only.

Confidentiality is guaranteed, except as required by law.

EXHIBIT 17



(<https://reachoutwomenscenter.com/>)

Menu ☰

Pregnant? Don't make a decision alone.

CALL TODAY (/contact-us/)

○



(</services/pregnancy-test/>)

Pregnancy Testing (/services/pregnancy-test/)



(/services/ultrasounds/)

Limited Obstetrical Ultrasound (/services/ultrasounds/)



(/services/peer-counseling/)

Peer Counseling (/services/peer-counseling/)



(/services/material-assistance/)Material Assistance (/services/material-assistance/)

**GET HONEST ANSWERS TO YOUR QUESTIONS
ALL SERVICES ARE FREE AND CONFIDENTIAL**

THE INFORMATION BELOW IS FOR EDUCATIONAL PURPOSES ONLY. WE DO NOT PERFORM OR REFER FOR ABORTIONS.

Can I really parent a child?

[LEARN MORE \(/options/parent/\)](/options/parent/)

How does adoption work?

[LEARN MORE \(/options/adoption/\)](/options/adoption/)

 English



What is a surgical abortion?



[LEARN MORE \(/options/suction-abortion/\)](/options/suction-abortion/)

What is a medical abortion?

[LEARN MORE \(/options/medical-abortion/\)](/options/medical-abortion/)

📞 520-321-4300 (tel:5203214300)

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(<https://plus.google.com/+Reachoutwomenscenter>)  (<https://www.youtube.com/user/ReachoutWomensCenter>) 

(<https://www.pinterest.com/reachoutwomen/>)

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We Care About You

📍 2648 N Campbell Ave. Tucson, AZ 85719

Reachout Women's Center is a limited medical facility that does not provide extended OB/GYN or pre-natal care, birth control, abortions or abortion referrals. We offer free pregnancy testing, limited obstetrical ultrasounds, and peer counseling. We believe individuals have the right to be fully educated on their options for their unexpected pregnancy before making a final decision. This website is for information purposes only and is not a substitute for medical advice, diagnosis or treatment.

[Privacy and Terms of Use Policy \(/privacy-and-terms-of-use-policy-2\)](/privacy-and-terms-of-use-policy-2)

EXHIBIT 18

UPDATE: Ky Attorney General Cameron Leads 24 States in Letter Urging Yelp Not to Discriminate Against Crisis Pregnancy Centers

News Home

More from Local News

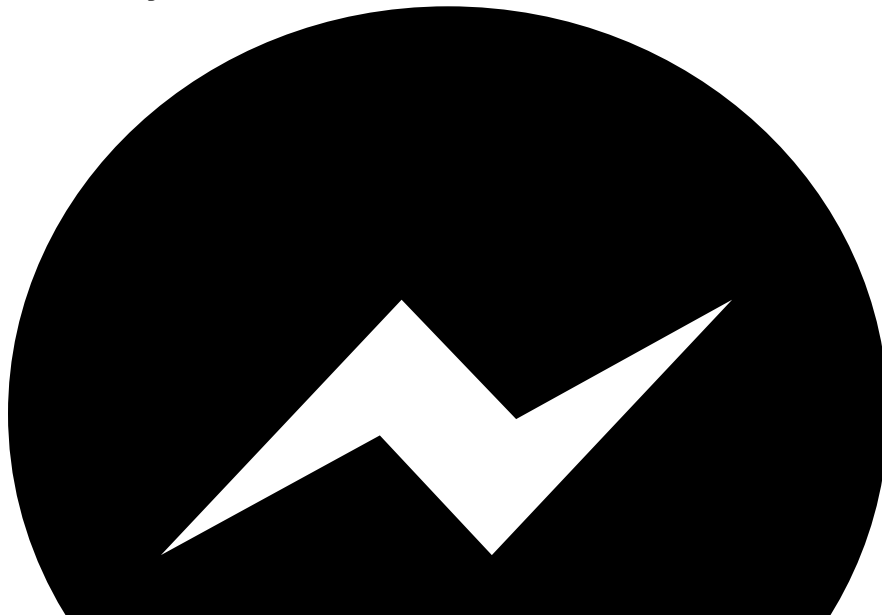
Wednesday, February 8, 2023 at 11:14 AM

By Josh Myers [@Wikicountry](#)

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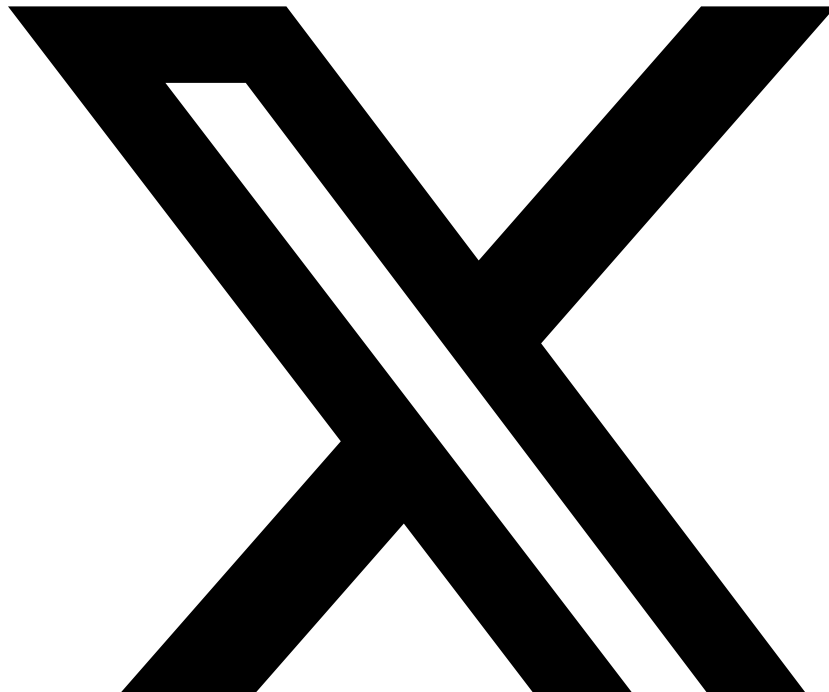




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• [Share on X](#)





• [Share on Whatsapp](#)



Apply these notices to all crisis pregnancy centers



UPDATE:

Attorney General Cameron Issues Statement After Yelp Changes Policy Related to Discrimination Against Crisis Pregnancy Centers

FRANKFORT, Ky. (February 9, 2023) – Attorney General Daniel Cameron today issued a statement on Yelp’s response to his letter regarding the company’s discrimination against crisis pregnancy centers.

The statement is as follows:

“Two days ago, I led a coalition of 24 attorneys general in sending a letter urging Yelp to stop discriminating against crisis pregnancy centers by placing misleading consumer notices on their profiles but not on Planned Parenthood facility profiles.

The notices informed consumers that crisis pregnancy centers ‘typically provide limited medical services and may not have licensed medical professionals onsite.’

Yesterday, Yelp responded to our letter and agreed to remove this misleading statement. The consumer notices on crisis pregnancy profiles now state, ‘This is a Crisis Pregnancy Center. Crisis Pregnancy Centers do not offer abortions or referrals to abortion providers.’

This decision moves us one step closer to ensuring women and families have access to accurate information about crisis pregnancy centers and the life-affirming care and support these companies provide. I appreciate Yelp’s timely response in addressing our concerns.”

To read a copy of Yelp’s letter, click [here](#).

FRANKFORT, Ky. (February 7, 2023) – Attorney General Daniel Cameron today led a 24-state coalition of attorneys general in sending a letter to Yelp opposing the company’s practice of discriminating against crisis pregnancy centers in online consumer notices.

“Discriminating against the services of crisis pregnancy centers hinders women and families from accessing the life-affirming care and support that they need,” said Attorney General Cameron. “Yelp’s decision to issue warnings on the profiles of crisis pregnancy centers but not on Planned Parenthood facility profiles places politics above the health and wellness of women and children, and we will do everything in our power to stop this discrimination.”

Last year, following pressure by Democrats for Alphabet to discriminate against pro-life crisis pregnancy centers in Google Search results, Yelp announced that the company would begin issuing consumer notices to the Yelp profiles of crisis pregnancy centers. The notices claim to inform consumers that crisis pregnancy centers “typically provide limited medical services and may not have licensed medical professionals onsite.”

In their letter, General Cameron and the attorneys general argue that applying these notices to all crisis pregnancy centers but not to Planned Parenthood and related facilities is discriminatory. The attorneys general write, “The fact that Yelp has apparently applied the Consumer Notice only to crisis pregnancy centers means that Yelp has singled out crisis pregnancy centers for disparate treatment. This sort of discrimination is unacceptable.”

The coalition also contends that recategorizing the services of crisis pregnancy centers is misguided because these services are in high demand. The attorneys general have called on Yelp to stop misrepresenting the services of these crisis pregnancy centers.

In 2019, crisis pregnancy centers provided ultrasounds, pregnancy tests, STD testing, parenting and prenatal education classes, recovery counseling, and other services valued at over \$266 million to nearly two million Americans.

Last July, Attorney General Cameron [sent](#) a letter to Google urging the company not to censor crisis pregnancy centers from search results, online advertising, and other products like Google Maps. Today’s letter to Yelp is a continuation of his fight to protect pregnant mothers and their children.

Attorney General Cameron was joined by attorneys general from Alabama, Alaska, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Mississippi, Montana, Missouri, Nebraska, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, and Wyoming in sending the letter.

To read a copy of the letter, click [here](#)

Share

- [Share on Facebook](#)

EXHIBIT 19

Original Paper

A Web-Based Geolocated Directory of Crisis Pregnancy Centers (CPCs) in the United States: Description of CPC Map Methods and Design Features and Analysis of Baseline Data

Andrea Swartzendruber, MPH, PhD; Danielle N Lambert, MPH, PhD

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Abstract

Background: Crisis pregnancy centers (CPCs) are nonprofit organizations that aim to dissuade people considering abortion. The centers frequently advertise in misleading ways and provide inaccurate health information. CPCs in the United States are becoming more medicalized and gaining government funding and support. We created a CPC Map, a Web-based geolocated database of all CPCs currently operating in the United States, to help individuals seeking health services know which centers are CPCs and to facilitate academic research.

Objective: This study aimed to describe the methods used to develop and maintain the CPC Map and baseline findings regarding the number and distribution of CPCs in the United States. We also examined associations between direct state funding and the number of CPCs and relationships between the number of CPCs and state legislation proposed in 2018-2019 to ban all or most abortions.

Methods: In 2018, we used standard protocols to identify and verify the locations of and services offered by CPCs operating in the United States. The CPC Map was designed to be a publicly accessible, user-friendly searchable database that can be easily updated. We examined the number of CPCs and, using existing data, the ratios of women of reproductive age to CPCs and CPCs to abortion facilities nationally and by region, subregion, and state. We used unadjusted and adjusted negative binomial regression models to examine associations between direct state funding and the number of CPCs. We used unadjusted and adjusted logistic regression models to examine associations between the number of CPCs by state and legislation introduced in 2018-2019 to ban all or most abortions. Adjusted models controlled for the numbers of women of reproductive age and abortion facilities per state.

Results: We identified 2527 operating CPCs. Of these, 66.17% (1672/2527) offered limited medical services. Nationally, the ratio of women of reproductive age to CPCs was 29,304:1. The number of CPCs per abortion facility was 3.2. The South and Midwest had the greatest numbers of CPCs. The number of CPCs per state ranged from three (Rhode Island) to 203 (Texas). Direct funding was associated with a greater number of CPCs in unadjusted (coefficient: 0.87, 95% CI 0.51-1.22) and adjusted (coefficient: 0.45, 95% CI 0.33-0.57) analyses. The number of CPCs was associated with the state legislation introduced in 2018-2019 to ban all or most abortions in unadjusted (odds ratio [OR] 1.04, 95% CI 1.01-1.06) and adjusted analyses (OR 1.11, 95% CI 1.04-1.19).

Conclusions: CPCs are located in every state and particularly prevalent in the South and Midwest. Distribution of CPCs in the United States is associated with state funding and extreme proposals to restrict abortion. Researchers should track CPCs over time and examine factors that influence their operations and impact on public health and policy.

(*JMIR Public Health Surveill* 2020;6(1):e16726) doi: [10.2196/16726](https://doi.org/10.2196/16726)

KEYWORDS

directory; crisis pregnancy center; abortion, induced; reproductive health; policy; access to information

Introduction

Background

Crisis pregnancy centers (CPCs, also known as *pregnancy resource centers* and *fake women's health clinics*) are nonprofit organizations that primarily aim to dissuade people from seeking abortions [1,2]. Other aims include Christian evangelism and promoting sexual abstinence before marriage and marriage [2,3]. Most CPCs in the United States are affiliated with national organizations, such as Care Net and Heartbeat International, that have policies against promoting contraception [4]. CPCs have been operating in the United States since the 1960s and have traditionally provided pregnancy testing and counseling to influence individuals' pregnancy decisions and discourage people from seeking abortion [5]. CPCs in the United States are increasingly becoming medicalized, offering limited medical services, such as limited obstetric ultrasounds to confirm pregnancy and testing for some sexually transmitted infections [6]. However, CPC services do not align with national quality family planning service recommendations that define a core set of services to prevent missed opportunities for comprehensive prevention and treatment [7]. CPCs also often fail to adhere to standard ethical principles [5], such as respect and responsibility. For example, to attract individuals who may not otherwise seek their services, CPCs frequently advertise themselves in misleading ways [5-8]. For example, the centers often give the appearance that they offer services that they do not provide, such as abortion [5-8]. CPCs also frequently provide biased, misleading, and inaccurate health information in support of their objectives [1,4,6-11]. In particular, CPCs frequently provide misleading and inaccurate information about the risks of abortion and misinformation about contraceptives and condom effectiveness [1,4,6-11].

CPCs in the United States have increasingly gained government funding and political clout [6,12]. CPCs have received federal grants to support abstinence-only education in public schools for decades [13,14]. An increasing number of states support CPCs through the sale of *Choose Life* license plates and directly fund the centers through dedicated grant programs [6,14]. The Trump Administration appointed multiple CPC proponents to leadership positions. For example, the current Deputy Assistant Secretary for Population Affairs (DASPA) within the Department of Health and Human Services was formerly President and Chief Executive Officer of a network of CPCs [12]. In 2018, the DASPA was provided final decision-making authority over which organizations receive Title X grants intended to provide family planning and related preventive services to low-income or uninsured individuals [15]. In 2019, the Trump Administration announced changes to the Title X program that made CPCs eligible for the federal grants, despite the fact that CPCs do not provide contraception, and awarded funding to a California-based CPC network [16]. CPCs were also awarded federal grant funding through the Teen Pregnancy Prevention Program in 2019.

In addition to government support and funding, CPCs in the United States have also won important legal protections. CPCs are not subject to the same regulatory requirements as health

facilities and are largely unregulated [5,14]. California was the first state to pass state-level legislation aimed at regulating CPCs. The 2015 California Reproduction Freedom, Accountability, Comprehensive Care, and Transparency Act mandated that unlicensed CPCs disclose that the centers are not health facilities and licensed CPCs provide information about state programs that provide abortion, prenatal, and family planning services at little or no cost to eligible individuals. In 2018, although, in a 5-4 decision in *the National Institute of Family and Life Advocates (NIFLA) versus Bacerra*, the US Supreme Court ruled in favor of CPCs' First Amendment rights and struck down the law [12].

To date, reported estimates of the total number of CPCs in the United States have widely varied. Antichoice groups' estimate of 2500-4000 CPCs [6] has commonly been cited in scientific articles published since the early 2000s. A 2017 study that compiled publicly accessible directories maintained by national umbrella organizations such as Care Net, Birthright International, and NIFLA reported >4500 CPCs nationally [17]. However, the investigators did not assess data quality or verify information reported by the organizations. Other maps and directories of CPCs have also suffered from key limitations. For example, state-level directories, by definition, are limited in scope. Furthermore, methods for producing these directories are not readily accessible leading to questions about rigor and comparability. As previously mentioned, umbrella organizations that support CPCs maintain directories of affiliated centers, but none is comprehensive of all CPCs currently operating in the country. Other national maps and directories of CPCs have been produced but are limited because they are known to be incomplete, their methods have not been reported, it is unclear if the data have been verified, they are not searchable, or they are difficult to navigate. Despite increasing medicalization of CPCs, to date, no comprehensive database has categorized or estimated the number of CPCs that provide information only or limited medical services in addition to information.

Given that CPCs often employ misleading and deceptive advertising tactics, some people may visit CPCs with misconceptions about the centers' mission and services [5]. Evidence suggests that CPC services may pose risk to individual and public health by impacting decision making about health behaviors and health care seeking and through delayed care [18]; however, evidence about CPCs' impact is limited. Furthermore, CPCs' role in the landscape of sexual and reproductive health services and abortion policy is not well understood. The number of facilities that provide abortion has declined over the past decade [19]. To date, no studies have compared the number of CPCs and facilities that provide abortion by state. Despite a rapidly changing policy environment, studies have not examined how government sponsorship influences the proliferation of CPCs or how CPCs might influence abortion policies. In 2018 and the first half of 2019, a record number of states introduced extreme legislation to ban all or most abortions [20-22]. As an active, grassroots part of the *pro-life* movement, a greater number of CPCs may signal a galvanized base of support for and potential legislative success in limiting abortion access.

Objectives

We created a CPC Map, a Web-based geolocated database of all CPCs currently operating in the United States, with the following goals: (1) helping individuals seeking health services know which centers are CPCs and (2) facilitating academic research related to CPCs. Here, we describe the methods used to create and maintain the database, key design features of the tool and related operating procedures, and baseline findings regarding the number and distribution of CPCs in the United States. Specifically, we examined the number of CPCs nationally and by state, subregion, and region and in relation to the number of women of reproductive age and abortion facilities. We also investigated associations between direct state funding for CPCs and the number of CPCs per state and relationships between the number of CPCs and legislation proposed in 2018 and from January through July 2019 to ban all or most abortions.

Methods

Data Sources

Potential CPCs were identified through multiple internet searches conducted in March-May 2018, by trained research assistants following a standard protocol. All searches were conducted using Google search engine in incognito mode. First, we accessed five Web-based directories of CPCs to create an unduplicated list of CPCs by state: Care Net, Heartbeat International, NIFLA, Birthright International, and Ramah International [23-27]. For each entry, we recorded the center's name, address, county, telephone number, and proprietary client-facing (ie, targeted to potential clients) website. If no website was provided, we searched for the site using the following keywords: [name of center], [city], and [state]. Next, we conducted keyword searches by separately entering [state] with "pregnancy resource center," "crisis pregnancy center," "pregnancy care center," and "pregnancy center." We reviewed the first five pages of results for each search (approximately 50 links per keyword search) and added unique entries to the master list. Next, we identified and reviewed existing maps by state to identify additional unique entries that were then added to the master list. We entered [state], "crisis pregnancy centers," and "map" and reviewed the first two pages of entries (approximately 20 links). We also reviewed an existing crowd-sourced Web-based directory of CPCs by state and added unique entries to the master list [28]. Finally, we searched websites of listed entries for additional potential CPC addresses and added unique entries to the master list. Each search and entry were independently verified. For all entries, we recorded the method(s) by which the center was identified.

Eligibility

From May to August 2018, trained research assistants evaluated each entry for eligibility and confirmed the name of the center and the center's address. Centers were eligible for inclusion if they were determined to be (1) currently in business and (2) a CPC. Mobile clinics and maternity homes were excluded.

First, we examined if the recorded name of the center was the exact same as the name listed on the center's website. If the center's name was not exactly as it appeared on its website, we

corrected the center's name on the master list to match the name that appeared on the website. For centers with websites that did not clearly list the centers' names and for which no proprietary website was identified, we called the centers to confirm their names using a standard script and protocol.

A center was categorized as currently in business if (1) its address was listed on a live propriety domain or (2) a respondent confirmed the center's address during a telephone call to the center. Using a standard script and protocol, trained research assistants called all centers with addresses not listed on a proprietary domain. Centers with disconnected or out of service telephone numbers and those that could not be reached within five call attempts were categorized as not currently in business.

A center was categorized as a CPC if it (1) was identified through one of the search strategies, (2) advertised free pregnancy tests or testing and counseling on a live proprietary domain site or the center confirmed the availability of free pregnancy tests or testing during a telephone call to the center, (3) did not perform abortions or have *obstetrics/gynecology* in the site name, and (4) was not a family planning clinic or an informational directory that included local CPCs. Using a standard script and protocol, trained research assistants called all centers with websites that did not explicitly advertise free pregnancy tests or testing and centers with no identified client-facing proprietary website. Callers did not identify themselves as research assistants or explain the nature of the call.

Types of Services

We also identified whether each eligible CPC provided information or counseling only or limited medical services in addition to information or counseling. CPCs that advertised free limited ultrasound services (excluding referrals) on a proprietary domain or confirmed the availability of free limited ultrasound services for any type or group of clients during a telephone call to the center were categorized as providing limited medical services. All other CPCs were categorized as providing information only.

Design Features and Operating Protocols

The CPC Map's design features reflect our goals to aid people in determining which centers are CPCs and facilitate research. Intended users included individuals seeking health services, public health and medical professionals, social service organizations, researchers, and decision makers. Key features include (1) accessibility and an open-source widget that allows distribution of the CPC Map on existing websites and apps, (2) faceted search, (3) geo-tracking to facilitate localized search results, (4) Google map and data visualization, (5) categorization of CPCs that provide information only vs limited medical services, (6) enumeration of CPCs, (7) marker clustering, (8) a webform to provide updates about included CPCs, (9) a webform to suggest a CPC not already included, and (10) a webform to request access to the CPC Map data set. Below, we describe these features and related protocols in greater detail.

The CPC Map is a national directory of CPCs that is publicly available [29]. The website, which is both desktop and mobile responsive, was publicly released on September 10, 2018. In

addition, an open-source iFrame available on the site allows distribution of and access to the directory through existing websites and mobile apps. The directory, whether accessed through the main CPC Map website or widget display, is searchable by state, city, and zip code. Users who search by city or zip code are able to select radii of 5, 10, 25, 50, and 200 miles. CPC results can be presented in both map and list views. The homepage displays the map view with markers indicating locations of CPCs and includes a scroll panel that lists CPC names and addresses. Given the broadly recognized desire for and value of localized search results, the site includes geo-tracking, which, if allowed by the user, presents CPCs on the homepage at a resolution below city but above streets based on the user's internet protocol address. A separate, searchable list view can be accessed via an icon on the homepage. Both the list and map views allow users to select presentation of CPCs that offer information only or limited medical services in addition to information, or all CPCs. CPCs that offer information only are indicated via blue markers, and centers that offer limited medical services in addition to information are indicated via green markers. All search results include the total number of centers in the geographic area selected. To aid visual representation of a large number of markers on the homepage map, which presents all CPCs currently operating in the United States, the CPC Map utilizes marker clustering, a grid-based clustering technique that groups CPCs within close proximity and displays the number of CPCs within each cluster. As the user zooms out, the groups consolidate. As the user zooms in, individual centers are marked.

We intend to review and update the site annually. The CPC Map website also includes several webforms to facilitate maintenance and accuracy of the directory over time. Through webforms, users may suggest centers that should be included in the directory and submit changes to information (eg, name and address changes and types of services offered) about listed centers. Information provided via the webforms is sent to an email address maintained by the research team. Upon receipt of information about additional centers that should be included, the research team verifies the suggested information and determines whether the center is eligible for inclusion using the process described above. Centers that meet existing eligibility criteria are then added to the directory by research team members who have rights-based permission to make changes. Similarly, upon receipt of suggested information changes for centers already included in the directory, research team members verify the submitted information and update the directory, as necessary.

One of the goals underlying development of the CPC Map is to facilitate high-quality academic research related to CPCs. Users can request access to the database via a webform available on the CPC Map website. Individuals requesting access to the database are asked to provide their first and last name, organization, reason requesting access as specifically as possible, email address, and phone number. Requests are considered on a case-by-case basis. Access to the database is intended to be used for research and program planning purposes only. For example, researchers may use CPC Map data as a sampling

frame or use CPC Map data in analyses. Program planners may use the data to geographically target or inform their efforts.

Usability Testing

Before finalizing the website, five individuals including sexual and reproductive health researchers, a sexual and reproductive health policy expert, an organizer at a nonprofit women's organization, a public health student, and sexual and reproductive health care consumers conducted user testing. Testers were asked to attempt to complete six user tasks and report back on their experiences and any problems in completing the tasks. Feedback from the testers confirmed that the website and its functions were user-friendly and potential users were enthusiastic about the usefulness of the directory. Feedback was also used to finalize the site. For example, based on testers' feedback, we added a link to the webform to suggest a center to the *Contact Us* page and added tooltips that hover above the map and list view icons to explain their functions.

Data Analysis

We conducted analyses to describe the number of centers identified during data collection and final enumeration of eligible CPCs and distribution of CPCs in the United States. We also conducted analyses to examine policy factors related to CPCs, website user data, and search engine visibility. First, we used summary statistics to enumerate centers identified during collection and the number of CPCs currently operating in the United States, in total and by types of services offered. We also used descriptive statistics to assess the distribution of CPCs by region, subregion, and state. Next, we calculated the ratio of women of reproductive age (ages 15-49 years) to CPCs and the ratio of CPCs to abortion facilities nationally and by region, subregion, and state. Estimates of mid-year 2017 populations were obtained from the US Census Bureau [30]. The number of abortion facilities was obtained from a 2018 study that conducted a systematic Web-based search of abortion facilities in the United States [19].

Next, we examined policy factors related to the number of CPCs in each state and the District of Columbia. We examined the association between direct state funding for CPCs (yes/no) and the number of CPCs, a count variable, using unadjusted and adjusted mixed effect negative binomial regression models with a random intercept for region and robust standard errors. We used negative binomial regression models because analyses showed that Poisson models were not a good fit. Adjusted models controlled for the number of women of reproductive age and number of abortion facilities per state. Information about states that directly fund CPCs was obtained from a 2019 report released by a national advocacy organization [31]. States that directly funded CPCs (Florida, Georgia, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, and Wisconsin) were coded 1, and all others were coded 0.

We used unadjusted and adjusted logistic regression models to examine associations between the number of CPCs and state legislation to ban all or most abortions introduced in 2018 and from January through July 2019. Adjusted models controlled for the number of women of reproductive age and number of

abortion facilities per state. We separately assessed associations between the number of CPCs and legislation to ban all or most abortions introduced in 2018, 2019, and in either year (2018-2019). Information about states that introduced legislation to ban all or most abortions was obtained from the Guttmacher Institute [20]. The following states introduced legislation to ban all or most abortions in 2018: Colorado, Illinois, Iowa, Indiana, Kentucky, Minnesota, Mississippi, Missouri, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, and Tennessee. States that introduced legislation to ban all or most abortions in 2019 included: Alabama, Arkansas, Georgia, Florida, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, New York, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Washington, and West Virginia. States that introduced legislation were coded as 1; all others were coded as 0.

Finally, we used Google Analytics to describe the total number of views and unique views of the CPC Map within the first 10 months following release of the website. We also examined the number of domains that contained links to the CPC Map and the number that embedded the CPC Map widget. In addition, we used SEMRush to analyze search engine results and catalog relevant queries (keywords) with notable volume that drove organic traffic to the site. We then identified and quantified the number of queries that ranked on Google's first page.

Results

Enumerating Crisis Pregnancy Centers

Using the multiple data sources described above, 4379 CPCs were initially identified through the search procedures. The compiled list was then reviewed for duplicate entries. A total of 14.20% (622/4379) of duplicate listings were identified, resulting in 3754 unique entries. These entries were then further reviewed for eligibility to determine if they were currently in business, offered free pregnancy tests or testing, and were a CPC. Of the unique sites found through the search procedures, 67.3% (2527/3754) were identified as eligible and operating CPCs. Of these, 66.17% (1672/2527) offered limited medical

services in addition to pregnancy testing and counseling. Nationally, the ratio of women of reproductive age to CPCs was 29,304:1 per center. The number of CPCs per abortion facility was 3.2 nationally.

Distribution of Crisis Pregnancy Centers in the United States

The distribution of CPCs varied across region (Table 1). The South had the greatest number of CPCs and the highest proportion of centers that offered limited medical services. The Northeast had the fewest CPCs and lowest proportion that offered limited medical services. The Midwest had the lowest ratio of women of reproductive age to centers, and the West had the highest. The Midwest had the highest ratio of CPCs to abortion facilities, and the Northeast had the lowest.

The distribution of CPCs also varied by state: Rhode Island, Delaware, and Hawaii were among the states with the fewest CPCs along with the District of Columbia. None of these was categorized as directly funding CPCs. The five states with the greatest number of CPCs included Texas, Florida, California, Pennsylvania, and Ohio. Of these, only California was categorized as not directly funding CPCs.

States with the highest proportion of centers that provided limited medical services included Rhode Island, Louisiana, Nevada, North Dakota, and Delaware. States with the lowest proportion included District of Columbia, Connecticut, New York, Vermont, and Maine. Wyoming, Montana, Iowa, South Dakota, and Kansas had the lowest ratio of women of reproductive age to CPCs, whereas New Mexico, District of Columbia, Nevada, Rhode Island, and California had the highest.

In only two states, Massachusetts and New Jersey, and the District of Columbia, the ratio of CPCs to abortion facilities was less than 1. There were approximately equal numbers of CPCs and abortion facilities in California and Rhode Island. In all other states, CPCs outnumbered abortion facilities. The ratio was highest in Missouri, Kentucky, and Mississippi, each of which had only a single abortion facility.

Table 1. Number of crisis pregnancy centers in the United States, by region and state, in 2018.

Region and state	CPCs ^a , n	CPCs that offer limited medical services, n (%)	Population of women of reproductive age (ages 15-49 years) per CPC, n	Ratio of CPCs to abortion facilities
United States	2527	1672 (66.17)	29,304	3.2
Northeast	352	168 (47.7)	36,820	1.5
New England	83	40 (48)	40,706	1.1
Connecticut	21	7 (33)	38,613	1.1
Maine	11	5 (46)	25,445	0.6
Massachusetts	25	11 (44)	64,611	1.3
New Hampshire	15	11 (73)	19,360	2.5
Rhode Island	3	3 (100)	82,094	1.0
Vermont	8	3 (37)	16,985	1.3
Middle Atlantic	269	128 (47.6)	35,621	1.7
New Jersey	37	22 (59)	55,330	0.7
New York	107	37 (34.6)	44,028	1.2
Pennsylvania	125	69 (55.2)	22,591	7.4
Midwest	724	474 (65.5)	21,073	7.9
East North Central	455	321 (70.6)	23,234	6.7
Indiana	96	73 (76)	15,688	16.0
Illinois	86	59 (68)	34,859	3.4
Michigan	99	64 (64)	22,339	4.3
Ohio	119	85 (71.4)	21,724	10.8
Wisconsin	55	40 (72)	23,110	18.3
West North Central	269	153 (56.9)	17,417	11.2
Iowa	49	28 (57)	13,911	5.4
Kansas	36	17 (47)	17,880	9.0
Minnesota	77	39 (51)	15,969	15.4
Missouri	69	47 (68)	19,769	69.0
Nebraska	20	12 (60)	21,037	6.7
North Dakota	7	6 (86)	23,446	7.0
South Dakota	11	4 (36)	16,484	11.0
South	1003	745 (74.28)	28,031	5.2
South Atlantic	486	361 (74.3)	29,906	3.3
Delaware	6	5 (83)	35,298	2.0
District of Columbia	2	0 (0)	99,643	0.7
Florida	160	132 (82.5)	27,590	2.7
Georgia	90	70 (78)	27,540	5.3
Maryland	48	38 (79)	29,464	1.9
North Carolina	83	60 (72)	28,253	5.5
South Carolina	32	18 (56)	34,763	10.7
Virginia	51	31 (60)	38,600	3.4
West Virginia	14	7 (50)	27,850	14.0
East South Central	200	142 (71.0)	21,642	13.3
Alabama	52	39 (75)	21,452	10.4

Region and state	CPCs ^a , n	CPCs that offer limited medical services, n (%)	Population of women of reproductive age (ages 15-49 years) per CPC, n	Ratio of CPCs to abortion facilities
Kentucky	54	34 (63)	18,477	54.0
Mississippi	29	18 (62)	23,929	29.0
Tennessee	65	51 (78)	23,403	8.1
West South Central	317	242 (76.3)	29,188	10.2
Arkansas	37	27 (73)	18,095	12.3
Louisiana	29	25 (86)	37,452	9.7
Oklahoma	48	37 (77)	18,324	12.0
Texas	203	153 (75.4)	32,597	9.7
West	448	285 (63.6)	39,656	1.7
Mountain	196	128 (65.3)	27,370	3.6
Arizona	53	35 (66)	28,786	6.6
Colorado	58	38 (66)	22,009	2.8
Idaho	19	11 (58)	19,270	4.8
Montana	18	11 (61)	12,017	3.6
Nevada	7	6 (86)	95,375	0.9
New Mexico	22	13 (59)	20,849	4.4
Utah	7	4 (57)	104,029	3.5
Wyoming	12	10 (83)	10,441	6.0
Pacific	252	157 (62.3)	49,212	1.2
Alaska	9	5 (56)	18,790	1.5
California	147	93 (63.3)	63,665	1.0
Hawaii	6	4 (67)	51,811	2.0
Oregon	43	26 (60)	21,214	3.6
Washington	47	29 (62)	35,117	1.4

^aCPC: crisis pregnancy center.

Policy Analyses

We found significant positive associations between direct state-level funding for CPCs and the number of centers in states in both unadjusted (coefficient: 0.87, 95% CI 0.51-1.22; $P < .001$) and adjusted models (coefficient: 0.45, 95% CI 0.33-0.57;

$P < .001$). **Table 2** presents associations between the number of CPCs in each state and the District of Columbia and legislation to ban all or most abortions proposed in 2018 and through July 2019. A greater number of CPCs was positively associated with legislation to ban all or most abortions introduced in 2018, 2019, and 2018-2019 in both unadjusted and adjusted analyses.

Table 2. Associations between the number of crisis pregnancy centers in each state and the District of Columbia and legislation proposed in 2018 and January-July 2019 to ban all or most abortions.

The year in which legislation to ban all or most abortions was introduced	Unadjusted analysis		Adjusted ^a analysis	
	OR ^b (95% CI)	<i>P</i> value	OR (95% CI)	<i>P</i> value
2018	1.01 (1.00-1.03)	.09	1.08 (1.02-1.14)	.005
2019	1.03 (1.01-1.05)	.004	1.06 (1.01-1.12)	.01
2018 or 2019	1.04 (1.01-1.06)	.002	1.11 (1.04-1.19)	.002

^aAdjusted for the number of abortion facilities and women aged 15 to 49 years per state.

^bOR: odds ratio.

Website Analytics

With no paid advertising, the CPC Map website received 9516 unique views and 11,872 total views in the initial 10 months after release, and views steadily increased over time. During the same period, 177 domains contained links to the CPC Map, including major and regional news outlets. In July 2019, the CPC Map ranked for more than 3100 keywords, indicating a very high degree of relevant and valuable content. The CPC Map ranked for 13 terms with significant search volume on Google's first search engine results page. For example, the site ranked sixth for *crisis pregnancy center near me* and *crisis pregnancy locations*, seventh for *what are CPCs*, and eighth for *teen pregnancy center near me*. Searches that include *near me* indicate strong signals of user intent and suggest that the CPC Map is successfully reaching people seeking to identify local CPCs.

Discussion

Principal Findings

Individuals facing or at risk for unintended pregnancy require quality sexual and reproductive health information and services. CPCs frequently provide inaccurate health information and do not adhere to medical or ethical practice standards, which could pose risk to individual and public health [18]. CPCs are becoming more medicalized and increasingly gaining government support. The purpose of the CPC Map is to identify the number and locations of CPCs currently operating in the United States. We identified over 2500 CPCs currently operating in the United States, about two-thirds of which offered limited medical services. However, the distribution of centers was not uniform by region or state.

The South and Midwest had the highest numbers of CPCs and lowest ratios of reproductive-aged women to CPCs. We found that state funding was positively associated with a greater number of CPCs per state. In total, 88% (14/16) of the states that directly fund CPCs were located in the South and Midwest. As this study is cross-sectional, temporality cannot be established. It is currently unknown whether state funding attracts more centers or whether states with more centers are more successful in attracting state funding. Over time, the CPC Map may be useful for longitudinally tracking how the number of CPCs changes and the potential impact of state government support. That approximately one-third of states directly fund the centers despite lack of evidence of public health benefit and potential risks point to additional factors that may also influence the numbers and locations of CPCs. Political climate and religious context likely underlie whether states directly fund CPCs, the number of CPCs, and the ratio of CPCs to abortion facilities in a state. Future studies that more fully explore state-level factors related to the number of CPCs per state and changes over time would be helpful to better understand contexts that limit and facilitate CPC operations.

Nationally, there are over three times as many CPCs as abortion facilities. In only four states and the District of Columbia, the ratio of CPCs to abortion facilities was approximately 1 or less, suggesting that in most of the United States, people have better access to CPCs than abortion care. Access to abortion is a

function of residence. The Midwest and South have the fewest abortion facilities [19] and greatest number of CPCs resulting in nearly eight times as many CPCs in the Midwest and over five times as many in the South.

We also found that a greater number of CPCs was associated with state abortion bans introduced in 2018 and 2019. An unprecedented wave of legislation restricting access to abortion has been enacted since 2011 [21]. Following Supreme Court changes, 2019 marked a new level of proposed legislation to ban abortion [22]. The current findings show that a greater number of CPCs predicted the most extreme legislation introduced in 2019 that aimed to ban all or most abortions, including legislation to ban abortion completely and to ban abortion after 6 to 8 weeks of gestation. CPCs are one facet of a movement eager to make abortion unlawful nationally. Although this study was not able to thoroughly explore factors associated with where and what types of abortion bans were introduced, CPCs may represent a significant base of support and mobilization for this type of legislation. What impact such bans and other abortion restrictions, if enacted and implemented, would have on the number of CPCs in each state is unknown. If abortion was completely banned in only some states, CPCs may strategically focus their efforts in states where abortion remained legal. Alternatively, CPCs may see their objectives of promoting sexual abstinence before marriage and childbearing as unchanged or perhaps perceive an even greater need for their pregnancy support services if abortion became illegal in some states or nationally. The CPC Map is well suited to track these potential changes over time and to facilitate analyses related to how state policy environments are influenced by and influence CPCs.

Strengths and Limitations

The CPC Map is subject to several limitations. Although our team followed standard protocols to create the tool, the CPC Map is dependent on the accuracy of publicly available information about centers and their locations. Rigorous data collection occurred in April-June 2018. Although we intend to maintain the CPC Map over time, the tool is not updated constantly, and we cannot guarantee the completeness and accuracy of the CPC Map, particularly as CPCs do change names and locations and increasingly offer limited medical services. However, the CPC Map's design facilitates a process for obtaining and verifying updates submitted by users. In addition, the current analysis focused on between-state comparisons. Investigating locations of CPCs within states might also be important for better understanding factors that influence where CPCs operate, groups that might be most impacted by CPC services, and access to sexual and reproductive health services and information in different areas. For example, examining factors such as proximity to schools, racial composition of the population, rural and urban differences, and proximity to hospitals, abortion facilities, and other sources of health care may provide further insights about where CPCs locate, contexts that facilitate and constrain CPC operations, and individuals and groups that might be most impacted by CPC services. Finally, although our adjusted analyses controlled for multiple potential confounders, the findings may be limited by

unidentified sources of confounding, which may have led to inflated or underestimated results.

Conclusions

In an era of volatile policy dynamics and intense change related to sexual and reproductive health care access and rights, the CPC Map was designed to help raise awareness about CPCs and track the extent to which CPCs change in number, location, and types of services offered over time. The purpose of the CPC Map was to create an accessible, user-friendly Web-based geolocated database of all of the CPCs operating in the United States to help make sexual and reproductive health care consumers aware of which centers are CPCs and to facilitate and grow the evidence base related to CPCs, particularly in a period when CPCs are benefitting from significant US

government support and funding. Direct, organic, and referral traffic to the site incrementally increased since the release of the CPC Map despite no paid advertising, indicating increasing reach and potentially increased awareness about CPCs and their locations. This study revealed that CPCs are located in every state and are particularly prevalent in the South and Midwest, which also have the fewest abortion facilities. Nationally, CPCs outnumber abortion facilities by a factor of 3.2. We found that state funding for CPCs was positively associated with the number of CPCs, and a greater number of CPCs predicted introduction of extreme state legislation restricting abortion. Given increasing government investment in CPCs, researchers should continue to track CPCs and examine factors that influence CPCs' operations, strategies, and impact on public health and policy.

Conflicts of Interest

None declared.

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Abbreviations

- CPC:** crisis pregnancy center
DASPA: Deputy Assistant Secretary for Population Affairs
NIFLA: National Institute of Family and Life Advocates
OR: odds ratio

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EXHIBIT 20

[Back to Chapter 4](#)[← Genetics & Reproductive Medicine](#)

OPINION 4.2.7

Abortion

Abortion is a safe and common medical procedure, about which thoughtful individuals hold diverging, yet equally deeply held and well-considered perspectives. Like all health care decisions, a decision to terminate a pregnancy should be made privately within the relationship of trust between patient and physician in keeping with the patient's unique values and needs and the physician's best professional judgment.

The *Principles of Medical Ethics* of the AMA permit physicians to perform abortions in keeping with good medical practice

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OPINION 1.1.7



Preserving opportunity for physicians to act (or to refrain from acting) in accordance with the dictates of conscience is important for preserving the integrity of the medical profession as well as the integrity of the individual physician; Physicians' freedom to act according to conscience is not unlimited; They are expected to provide care in emergencies, honor patients' informed decisions to refuse life-sustaining treatment, respect basic civil liberties and not discriminate against patients on the basis of arbitrary characteristics.

OPINION 2.1.2



Physicians should engage patients whose capacity is impaired in decisions involving their own care to the greatest extent possible, including when the patient has previously designated a surrogate to make decisions on his or her behalf.

OPINION 4.1.2



Physicians may ethically provide genetic testing to inform reproductive decision making when the patient requests, but may also wish to offer broad screening to all persons who are considering having a child.

EXHIBIT 21

[Español](#)[한국어](#)[Tagalog](#)[Tiếng Việt](#)[简体中文](#)[繁體中文](#)**California abortion access**[Menu](#)

On this page

[What is an abortion](#)[Pregnancy stages](#)[Types of providers](#)[How to get an abortion](#)[Abortion aftercare](#)

About abortion

An abortion is a procedure that ends a pregnancy. It is a very common and safe procedure when performed by a qualified health care provider.

If you are thinking about getting an abortion, you are not alone. Based on data from 2014, about 1 in 4 people in the US who can become pregnant will have an abortion by age 45. 60% of people who get an abortion already have kids.

What is an abortion

An *abortion* is a medical treatment that ends a pregnancy. It can also be called a *termination of pregnancy*.

An abortion can involve taking pills or having a common medical procedure at a health clinic. The type of abortion you have can depend on your preference, any medical conditions you have, and your pregnancy stage.

Learn more about the [types of abortions](#) available.

Pregnancy stages

A pregnancy is divided into three stages called *trimesters*.

- A trimester lasts between 12 and 14 weeks.
- The first trimester starts on the first day of your last period.

Timing is important when deciding to have an abortion. The earlier your pregnancy stage, the more [types of abortion](#) may be available to you.

Learn more about [when you can have an abortion](#).

Types of providers

Licensed doctors, nurses, certified nurse midwives, nurse practitioners, and physician assistants with proper training can provide abortion care in California.

How to get an abortion

If you choose to have an abortion, here's a basic plan you can follow:

1. Review your abortion [legal rights](#) and [privacy rights](#).
2. Figure out the first day of your last period.
3. Learn about the [types of abortion](#).

4. Use the [California abortion finder](#) to search for a provider that meets your needs.
5. Schedule the abortion and start [planning](#), including [how to pay](#).
6. Have the abortion and begin your [abortion aftercare](#). If you have a medical condition, talk to your doctor about aftercare.
7. Remember to take care of your [health and wellness](#) through your abortion journey. Reach out to your provider if you need additional care.

Abortion aftercare

Your provider will give you detailed information on what to expect and how to care for yourself after your abortion. Your abortion aftercare will depend on the type of abortion you have.

Visit [Caring for yourself after an abortion](#) from Planned Parenthood of Michigan for some information about abortion aftercare.

Disclaimer: This website is for information only. It does not provide legal and medical advice or create an attorney-client relationship.



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EXHIBIT 22



July 13, 2023

Dear Fortune 100 CEOs:

We, the undersigned Attorneys General of 13 States, write to remind you of your obligations as an employer under federal and state law to refrain from discriminating on the basis of race, whether under the label of “diversity, equity, and inclusion” or otherwise. Treating people differently because of the color of their skin, even for benign purposes, is unlawful and wrong. Companies that engage in racial discrimination should and will face serious legal consequences.

Last month, the United States Supreme Court handed down a significant decision in *Students for Fair Admissions v. President & Fellows of Harvard College*, No. 20-1199 (U.S. June 29, 2023) (“*SFFA*”). In that case, the Supreme Court struck down Harvard’s and the University of North Carolina’s race-based admissions policies and reaffirmed “the absolute equality of all citizens of the United States politically and civilly before their own laws.” *SFFA*, slip op., at 10. Notably, the Court also recognized that federal civil-rights statutes prohibiting *private* entities from engaging in race discrimination apply at least as broadly as the prohibition against race discrimination found in the Equal Protection Clause. *See SFFA*, slip op. at 6 n.2. And the Court reiterated that this commitment to racial equality extends to “other areas of life,” such as employment and contracting. *Id.* at 13. In sum, the Court powerfully reinforced the principle that *all* racial discrimination, no matter the motivation, is invidious and unlawful: “***Eliminating racial discrimination means eliminating all of it.***” *Id.* at 15 (emphasis added).

We ask that you comply with these race-neutral principles in your employment and contracting practices.

A. Racial Discrimination Is Commonplace Among Fortune 100 Companies and Others.

Sadly, racial discrimination in employment and contracting is all too common among Fortune 100 companies and other large businesses. In an inversion of the odious discriminatory practices of the distant past, today's major companies adopt explicitly race-based initiatives which are similarly illegal. These discriminatory practices include, among other things, explicit racial quotas and preferences in hiring, recruiting, retention, promotion, and advancement. They also include race-based contracting practices, such as racial preferences and quotas in selecting suppliers, providing overt preferential treatment to customers on the basis of race, and pressuring contractors to adopt the company's racially discriminatory quotas and preferences.

A few cases illustrate the pervasiveness and explicit nature of these racial preferences. In 2020, a group of executives from 27 banks, tech companies, and consulting firms set an explicit racial hiring quota. Matthew Lavietes, *'Watershed Moment': Corporate America Looks to Hire More Black People*, Reuters (Aug. 19, 2020), available at <https://www.reuters.com/article/us-usa-race-hiring-idUSKCN25F2SY/>. Similarly, in 2019, Goldman Sachs set racial quotas for the hiring of new analysts and entry-level associates. Hugh Son, *How JPMorgan Increased the Number of Black Interns in Its Wall Street Program by Nearly Two-Thirds*, CNBC, Apr. 9, 2021, available at <https://www.cnbc.com/2021/04/09/jpmorgan-increased-the-number-of-black-interns-in-its-wall-street-program-by-nearly-two-thirds.html>. Racial quotas and other explicitly race-based practices in recruitment, hiring, promotion, and/or contracting have also been adopted by other major companies, such as Airbnb, Apple, Cisco, Facebook, Google, Intel, Lyft, Microsoft, Netflix, Paypal, Snapchat, TikTok, Uber, and others. Lauren Feiner, *Tech Companies Made Big Pledges to Fight Racism Last Year—Here's How They're Doing So Far*, CNBC (June 6, 2021), available at <https://www.cnbc.com/2021/06/06/tech-industry-2020-anti-racism-commitments-progress-check.html>.

Microsoft announced that it would set a quota for the number of Black-owned approved suppliers over three years and demand annual diversity disclosures from its top 100 suppliers, implying that suppliers that did not adopt their own racially discriminatory policies would suffer consequences. *Id.* Microsoft also announced that over a three-year period, it would set quotas for transaction volumes through Black-owned banks and external managers as well as for the number of Black-owned U.S. partners. *Id.*

B. Race Discrimination Is Illegal Under Federal and State Law.

Such overt and pervasive racial discrimination in the employment and contracting practices of Fortune 100 companies compels us to remind you of the obvious: Racial discrimination is both immoral and illegal. Such race-based employment and contracting violates both state and federal law, and as the chief law enforcement officers of our respective states we intend to enforce the law vigorously.

“It must become the heritage of our Nation to rise above racial classifications that are so inconsistent with our commitment to the equal dignity of all persons.” *Peña-Rodriguez v. Colorado*, 137 S.Ct. 855, 867 (2017). As the multitude of state and federal statutes prohibiting race discrimination by private parties attests, this “commitment to the equal dignity of persons” extends to the private sector as well as the government.

Title VII of the Civil Rights Act of 1964 prohibits racial discrimination in employment. It provides that “[i]t shall be an unlawful employment practice for an employer (1) to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual’s race, color, religion, sex, or national origin;” or “(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual’s race, color, religion, sex, or national origin.” 42 U.S.C. 2000e-2(a).

Furthermore, 42 U.S.C. § 1981 prohibits race discrimination in contracting. It provides that “[a]ll persons within the jurisdiction of the United States shall have the same right in every State and Territory to make and enforce contracts . . . as is enjoyed by white citizens, and shall be subject to like punishment, pains, penalties, taxes, licenses, and exactions of every kind, and to no other.” 42 U.S.C. § 1981(a). This extends to “the making, performance, modification, and termination of contracts, and the enjoyment of all benefits, privileges, terms, and conditions of the contractual relationship.” *Id.* § 1981(b). Further, “[t]he rights protected by this section are protected against impairment by nongovernmental discrimination and impairment under color of State law.” *Id.* § 1981(c).

The Supreme Court has repeatedly and emphatically condemned racial quotas and preferences. As the Court held in *Parents Involved in Community Schools v. Seattle School District No. 1*, 551 U.S. 701, 746 (2007):

[Racial] classifications promote “notions of racial inferiority and lead to a politics of racial hostility,” “reinforce the belief, held by too many for too much of our history, that individuals should be judged by the color of their skin,” and “endorse race-based reasoning and the conception of a Nation

divided into racial blocs, thus contributing to an escalation of racial hostility and conflict.”

Id. at 746 (quoting *City of Richmond v. J.A. Croson Co.*, 488 U.S. 469, 493 (1989); *Shaw*, 509 U.S. at 657; *Metro Broad., Inc. v. FCC*, 497 U.S. 547, 603 (O’Connor, J., dissenting)). “One of the principal reasons race is treated as a forbidden classification is that it demeans the dignity and worth of a person to be judged by ancestry instead of by his or her own merit and essential qualities.” *Rice v. Cayetano*, 528 U.S. 495, 517 (2000).

Well-intentioned racial discrimination is just as illegal as invidious discrimination. The “argument that different rules should govern racial classifications designed to include rather than exclude is not new; it has been repeatedly pressed in the past, and has been repeatedly rejected.” *Parents Involved*, 551 U.S. at 742.

Last month, the Supreme Court stated definitively that racial discrimination under the guise of affirmative action must end: “Distinctions between citizens solely because of their ancestry are by their very nature odious to a free people whose institutions are founded upon the doctrine of equality.” *SFFA*, slip op. at 16 (internal quotes omitted). “[R]acial discrimination is invidious in all contexts.” *Id.* at 22 (internal quotes omitted). Racial preferences are a “perilous remedy.” *Id.* at 23. The Court previously allowed a narrow exception for race-conscious college admissions to further student body diversity, but we have known for decades that that exception would be expiring soon—as indeed it did on June 29. *See generally Grutter v. Bollinger*, 539 U.S. 306, 343 (2003) (“We expect that 25 years from now, the use of racial preferences will no longer be necessary . . .”).

And the Court took pains to emphasize that the supposedly benign nature of racial preferences cannot save them. Despite the universities’ claims in *SFFA* that they were actually helping people, not hurting them, the Court rightly noted that that argument itself “rest[ed] on [a] pernicious stereotype.” Slip op. at 29. Likewise, when an employer makes employment or contracting decisions “on the basis of race, it engages in the offensive and demeaning assumption that [applicants] of a particular race, because of their race, think alike.” *Id.* (internal quotes omitted). Further, racial preferences “stamp” the preferred races “with a badge of inferiority” and “taint the accomplishments of all those who are admitted as a result of racial discrimination.” *SFFA*, slip op. at 41 (Thomas, J., concurring); *see also id.* (“The question itself is the stigma.”).

And, of course, every racial preference necessarily imposes an equivalent harm on individuals outside of the preferred racial groups, solely on the basis of their skin color. “[I]t is not even theoretically possible to ‘help’ a certain racial group without causing harm to members of other racial groups. It should be obvious that every racial classification helps, in a narrow sense, some races and hurts others.” *Id.* at 42 (quotation omitted). Thus, “whether a law relying upon racial taxonomy is ‘benign’ or ‘malign’ either turns on ‘whose ox is gored’ or on distinctions found only in the eye of the beholder.” *Id.*

Racial discrimination inevitably “provokes resentment among those who believe they have been wronged by the . . . use of race.” *Id.* at 46.

Attempting to defend such racial hiring in the name of seeking racial diversity is unavailing. Regarding Harvard’s unlawful admissions program, the Supreme Court noted that it was a quota system in all but name—as all race-conscious practices inevitably are. “For all the talk of holistic and contextual judgments, the racial preferences at issue here in fact operate like clockwork.” *Id.* at 32 n.7. Playing this “numbers game” is flagrantly illegal: “[O]utright racial balancing” is “patently unconstitutional.” *Id.* at 32.

Let there be no confusion: These principles apply equally to Title VII and other laws restricting race-based discrimination in employment and contracting. Courts routinely interpret Title VI and Title VII in conjunction with each other, adopting the same principles and interpretation for both statutes. *See, e.g., SFFA* slip op. at 4 (J. Gorsuch concurring), *Maisha v. Univ. of N. Carolina*, 641 F. App’x 246, 250 (4th Cir. 2016) (applying “familiar” Title VII standards to “claims of discrimination under Title VI”); *Rashdan v. Geissberger*, 764 F.3d 1179, 1182 (9th Cir. 2014) (“We now join the other circuits in concluding that [the Title VII standard] also applies to Title VI disparate treatment claims.”).

Race discrimination in employment and contracting, of course, also violates state law. And State courts frequently look to Title VII to interpret their own prohibitions against race discrimination in employment practices. *See, e.g., Montana State University-Northern v. Bachmeier*, 480 P.3d 233, 246 (Mont. 2021) (“Reference to federal case law is appropriate in employment discrimination cases filed under the [Montana Human Right Act]’ because of the MHRA’s similarity to Title VII of the Civil Rights Act of 1964.”); *Texas Dep’t of State Health Servs. v. Kerr*, 643 S.W.3d 719, 729 (Tex. Ct. App. 2022) (“The Texas Legislature modeled the TCHRA after federal law ‘for the express purpose of carrying out the policies of Title VII of the Civil Rights Act of 1964 and its subsequent amendments.’”); *see also McCabe v. Johnson Cty. Bd. of Cty. Comm’rs*, 615 P.2d 780, 783 (Kan. 1980) (“Federal court decisions under [Title VII], although not controlling, are of persuasive precedential value [in construing the Kansas Act Against Discrimination].”). Likewise, refusing to deal with a customer or supplier or otherwise penalizing them on the basis of race is illegal under the laws of many states. *See, e.g., J.T.’s Tire Service, Inc. v. United Rentals of North America, Inc.*, 985 A.2d 211, 240 (N.J. App. 2010) (holding that New Jersey law “prohibits discriminatory refusals to do business” with any person on the basis of race); *Reese v. Wal-Mart Stores, Inc.*, 73 Cal. App. 4th 1225, 1231 (Cal. Ct. App. 1999) (noting that California law prohibits any “business establishment” from “discriminat[ing] against” or “refus[ing] to buy from, sell to, or trade with any person” because of race); *Mehtani v. New York Life Ins. Co.*, 145 A.D.2d 90, 94 (N.Y. 1989) (noting that New York law defines “unlawful discriminatory practice(s)” to include “discriminat[ing] against,” “refus[ing] to buy from, sell to or trade with, any person” because of race).

Accordingly, the Supreme Court's recent decision should place every employer and contractor on notice of the illegality of racial quotas and race-based preferences in employment and contracting practices. As Attorneys General, it is incumbent upon us to remind *all* entities operating within our respective jurisdictions of the binding nature of American anti-discrimination laws. If your company previously resorted to racial preferences or naked quotas to offset its bigotry, that discriminatory path is now definitively closed. Your company must overcome its underlying bias and treat *all* employees, *all* applicants, and *all* contractors equally, without regard for race.

Social mobility is essential for the long-term viability of a democracy, and our leading institutions should continue to provide opportunities to underprivileged Americans. Race, though, is a poor proxy for what is fundamentally a class distinction. Responsible corporations interested in supporting underprivileged individuals and communities can find many lawful outlets to do so. But drawing crude lines based on skin color is not a lawful outlet, and it hurts more than it helps.

We urge you to immediately cease any unlawful race-based quotas or preferences your company has adopted for its employment and contracting practices. If you choose not to do so, know that you will be held accountable—sooner rather than later—for your decision to continue treating people differently because of the color of their skin.

Sincerely,



Kris W. Kobach
Kansas Attorney General



Jonathan Skrmetti
Tennessee Attorney General and Reporter



Steve Marshall
Alabama Attorney General



Tim Griffin
Arkansas Attorney General



Todd Rokita
Indiana Attorney General



Mike Hilgers
Nebraska Attorney General



Brenna Bird
Iowa Attorney General



Alan Wilson
South Carolina Attorney General



Daniel Cameron
Kentucky Attorney General



Patrick Morrisey
West Virginia Attorney General



Lynn Fitch
Mississippi Attorney General



Andrew Bailey
Missouri Attorney General



Austin Knudsen
Montana Attorney General

EXHIBIT 23

NEWS | POLITICS | TEXAS LEGISLATURE

Texas AG Ken Paxton calls Target's transgender bathroom policy a crime risk in letter to execs

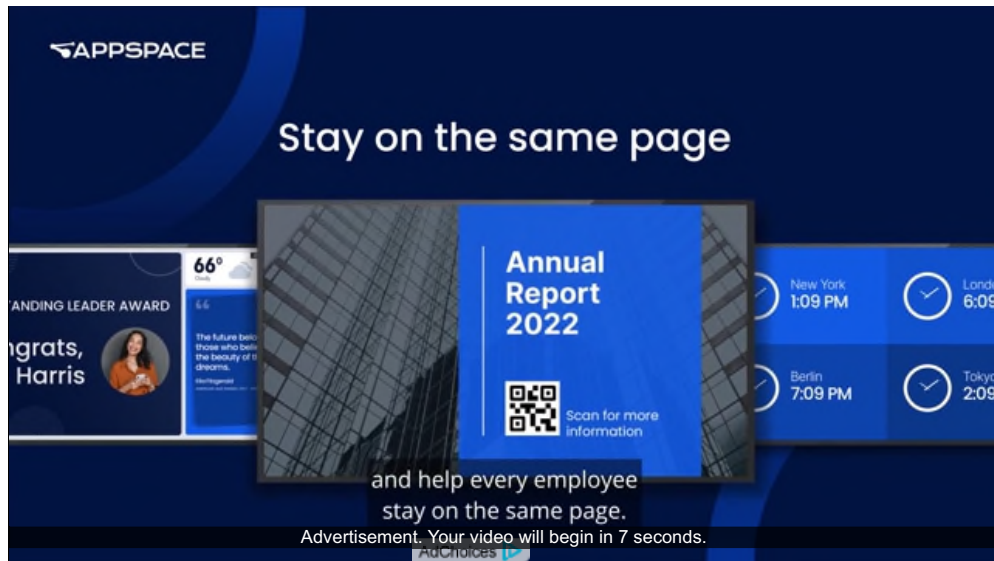
By **Peggy Fikac**, *San Antonio Express-News*

May 4, 2016



"corresponds with their gender identity." (AP Photo/Lynne Sladky, File)
Lynne Sladky/Associated Press

AUSTIN – Attorney General Ken Paxton is the latest Texas official to take aim at Target’s decision to allow shoppers to use the restroom that corresponds to their gender identity, contending it’s a crime risk.



Fox News said Wednesday it had exclusively obtained a letter from the Republican attorney general telling the retailer’s chief executive officer that “allowing men in women’s restrooms could lead to criminal and otherwise unwanted activity.”

“As chief lawyer and law enforcement officer for the State of Texas, I ask that you provide the full text of Target’s safety policies regarding the protection of women and children from those who would use the cover of Target’s restroom policy for nefarious purposes,” Paxton’s letter said.

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Paxton acknowledged Target can set its own bathroom policies but said he wasn't sure Texas would welcome its action, Fox News reported in its article charmingly headlined, "Texas raises stink over Target's transgender bathrooms."

Equality Texas, which fights discrimination based on sexual orientation and gender identity/expression, said there have been no cases of a person who is transgender committing a crime in a public restroom in any of the municipalities or states where lesbian, gay, bisexual or transgender (LGBT) people are protected.

The group's CEO, Chuck Smith, said the rhetoric by state officials and others in the national debate over the issue worries him.

"I am concerned about the rhetoric. If we really care about public safety, we would leave this non-existent problem alone and we would stop doing things and saying things that might incite violence against transgender people," Smith said. "This whole exercise by the attorney general is creating a vigilante-type environment, and it needs to stop."



Target in setting its policy last month said "Inclusivity is a core belief at Target."

Its action prompted a petition by the American Family Association to boycott Target stores.

Lt. Gov. Dan Patrick also has weighed in on the issue, saying "Stay out of the ladies' room if you're a man" and suggesting he would support legislation if necessary to support his view.

Although Patrick and Paxton are Republicans, the party isn't of a single mind on the issue. Presumptive Republican presidential nominee Donald Trump has said people should "use the bathroom they feel is appropriate."

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May 4, 2016



By **Peggy Fikac**



Peggy Fikac is Austin bureau chief and columnist for the San Antonio Express-News, delving into politics and policy in areas including the state budget, where the intersection of the two is compelling.

She covers Gov. Greg Abbott, who won the state's top seat after a nationally noticed campaign against Wendy Davis; dug into Ted Cruz's ascent to the U.S. Senate; covered George W. Bush as governor and during his races for president; and has bird-dogged Rick Perry's tenure as Texas' longest-serving governor, his White House ambitions and his indictment.

Peggy was bureau chief for the Houston Chronicle as well as the Express-News for more than five years when the two combined their Austin operations.

She previously worked for the Associated Press, where she covered the late Ann Richards during both of her campaigns for governor and specialized in public education and legislative coverage. Peggy also has been the correspondent for three Rio Grande Valley newspapers, starting as a senior at her alma mater, the University of Texas at Austin.

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EXHIBIT 24

MORE FROM HOMEPAGE



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NEWS

Plano police say no laws broken after AG Ken Paxton calls for drag show prosecutions

The comments from Texas' top lawyer comes amid uproar over video showing a drag performance near a child. Plano police, however, said "no laws were broken" at the event.



Texas Attorney General Ken Paxton speaks during the second day of Conservative Political Action Conference (CPAC) at the Hilton Anatole in Dallas on Friday, Aug. 5, 2022. (Shafkat Anowar / Staff Photographer)

By [Michael Williams](#) and [Lauren McGaughy](#)
2:36 PM on Oct 20, 2022 CDT



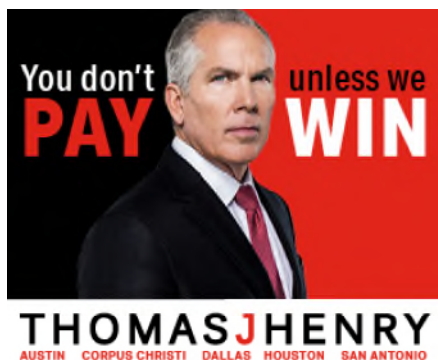
Update:

Updated at 3:00 p.m. to include a statement from Plano police.

Attorney General Ken Paxton wants local prosecutors to look into whether [drag shows](#) that admit children are breaking any state laws.

In remarks to a conservative website Wednesday, Paxton said district attorneys are empowered to “protect Texas kids by prosecuting these types of totally inappropriate acts.” He did not detail what crimes he believes are being committed.

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Paxton’s comments came after a [video filmed over the weekend](#) at Ebb & Flow, a Plano bar, showed one performer at a drag brunch performing a risqué routine in front of what appears to be a child under the age of 10. The drag show was advertised for mature audiences.

But a Plano police spokesperson said Thursday the department saw no lawbreaking in the video.



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“Police administrators and department legal advisors carefully reviewed the video and determined no laws were broken. At this time, no complaints have been filed with the department,” Officer Jennifer Chapman told *The Dallas Morning News* in a statement. “The City of Plano has always treated the health and safety of children as a

top priority. It is the City's mission to treat every group in our community fairly and equally with the same level of respect."

Related: A Plano bar hosted a drag brunch marketed for adults. Threats quickly followed

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THOMAS J HENRY
AUSTIN CORPUS CHRISTI DALLAS HOUSTON SAN ANTONIO

Bar owner Dallas Hale told *The Dallas Morning News* he allowed the child into the venue after making sure their guardian knew what they were about to see. Hale said he saw no difference between a child being allowed to view the performance and being allowed in a theater showing an R-rated movie.

The video, filmed by a correspondent for conservative media outlet BlazeTV and widely shared on social media, showed the performer dancing in the bar's dining area, with a young girl watching nearby. At one point, the performer turns away from the child and lifts up their skirt while lip-syncing to explicit lyrics.

Violent threats against the bar started rolling in minutes after the video was shared to Twitter.

"When you go with the First Amendment on things, people get this way," Hale said earlier this week. "I knew it was coming; I saw it at other locations and it wasn't anything that made me nervous in any way, shape or form."

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A representative for Hale had no immediate comment about Paxton's statement.

Related: Does the state think transgender care is abuse? Ken Paxton's comments contradict Texas' legal stance

It's unclear what charges could be filed against the bar owner or drag performer; there is no Texas law prohibiting minors from sitting in a drinking establishment and not drinking alcohol, though a Texas lawmaker has proposed legislation that would explicitly prohibit children viewing the performances.

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After a June drag show in Dallas caused similar outrage in conservatives circles, the state comptroller agreed to investigate to see whether the venue was violating any rules regarding so-called sexually oriented businesses. That review was ongoing as of earlier this month.

Paxton is the highest-ranking statewide official in Texas to call for more scrutiny of drag shows. [A Republican seeking reelection](#), Paxton has long crusaded against expanding rights for lesbian, gay, bisexual and transgender Texans.

Related: Misinformation will be rampant this election cycle. Here's what voters should look out for

His remarks, which come after months of protests by conservative activists against these events, show the issue is being elevated to the attention of the top state leaders. Some of the protests drew members of right-wing extremist groups, including the Proud Boys. During protests in Houston and Plugerville, demonstrators toted flags with swastikas and signs with anti-semitic messages.

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They also drew armed counter-protesters who said their intention was to protect the venues and their patrons.

Born in gay bars and clubs, drag shows have become popular in restaurants and other venues frequented by non-LGBTQ patrons and families. Drag shows can range from chaste lip-syncing spectacles with dancing to raunchier routines in revealing clothing.

Some local drag events, including story hours at libraries and performances at church bingos, have been advertised as family friendly events lacking explicit or inappropriate behavior.

Under state law, the attorney general must be asked by a district or county attorney to get involved in most local prosecutions. Collin County District Attorney Greg Willis said he was “very disturbed” by the video footage from the Plano drag show, but made clear his office is not usually empowered to start criminal cases unless law enforcement asks him.

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“My office stands ready to support any law enforcement agency investigating any potential crimes relating to this event,” Willis, a Republican and close friend of Paxton’s, told *The News*. “We do not initiate criminal investigations except in very limited circumstances as provided by statute.”

In his statement Wednesday, Paxton added state lawmakers should empower him to prosecute these types of events if local district attorneys do not.

“What’s more, in 2023, the Texas Legislature should amend the Texas Penal Code to expressly prohibit this kind of grossly sexual conduct and empower my Office to prosecute when district and county attorneys refuse,” he said.



Michael Williams, Breaking News reporter. Michael D. Williams is a reporter covering breaking news for The Dallas Morning News. A native of Florida, he grew up in Pensacola and graduated from the University of Central Florida in 2018. Before joining The News in 2021, he reported in Orlando, Albany, N.Y., and San Francisco.

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Lauren McGaughy. Lauren is an investigative reporter focused on state politics and policy. Her expertise areas include courts, criminal justice, ethics and LGBTQ issues. She previously covered Texas politics for The Houston Chronicle and Louisiana politics for The New Orleans Times-Picayune. She loves cats, cemeteries and comic books, and cooks a mean steak.

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15 IN THE UNITED STATES DISTRICT COURT
16 THE NORTHERN DISTRICT OF CALIFORNIA
17 SAN FRANCISCO DIVISION

18 YELP INC.,

19 Plaintiff,

20 v.

21 KEN PAXTON, ATTORNEY GENERAL
OF THE STATE OF TEXAS,
22 in his official capacity,

23 Defendant.
24

Case No. 3:23-cv-04977-TLT

**[PROPOSED] ORDER AND FINDINGS
OF FACT AND CONCLUSIONS OF LAW**

Date: November 7, 2023
Time: 9:00 AM
Dept.: Courtroom 9

Action Filed: September 27, 2023

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1 This matter is before the Court on Plaintiff Yelp Inc.’s Motion for Preliminary Injunction.
2 The Court has considered the testimony and evidence and any argument of counsel and makes the
3 following findings of fact and conclusions of law.

4 **I. FINDINGS OF FACT**

5 1. Plaintiff Yelp Inc. (“Yelp”) has provided notice of its motion for preliminary
6 injunction to Defendant Ken Paxton, Attorney General of Texas (“Attorney General”).

7 2. The Texas Attorney General has embarked on a campaign to punish Yelp for
8 publishing truthful information about “crisis pregnancy centers.” As part of this campaign, the
9 Attorney General has threatened to, and on September 28, 2023, did, file a lawsuit against Yelp
10 seeking civil penalties and fees totaling over \$1 million based on a consumer notice Yelp published
11 on its platform, which stated in part: “Crisis Pregnancy Centers typically provide limited medical
12 services and may not have licensed medical professionals onsite.” *See Pet., Texas v. Yelp Inc.*,
13 Case No. 2519-335 (Bastrop Cnty. Dist. Ct. Sept. 28, 2023); Sieff Decl. Ex. 11 (“Petition”); Malik
14 Decl. ¶¶ 14, 18 & Ex. H. The Attorney General’s actions toward Yelp constitute part of a pattern
15 and practice of harassment toward private parties, including Yelp, whom the Attorney General
16 perceives to promote messages or practices involving abortion he personally disfavors.

17 3. Both Yelp’s original and modified consumer notices are truthful and involve a
18 matter of public concern. *See, e.g.*, Malik Decl. ¶¶ 14, 17 & Exs. C, D, E; Sieff Decl. Exs. 5-9,
19 19.

20 4. Yelp plans to continue communicating truthful information about CPCs. Malik
21 Decl. ¶¶ 19-23. If not enjoined, the Attorney General’s actions against Yelp will continue to chill
22 Yelp’s speech and cause Yelp to continue to suffer actual and immediate concrete injuries. *See*
23 Malik Decl. ¶¶ 19-23.

24 5. Yelp’s original consumer notice was the motivating factor behind the Attorney
25 General’s decision to interfere with and restrict Yelp’s editorial practices by threatening litigation
26 over publication decisions he disfavors, as well as the motivating factor behind the lawsuit in
27 Texas. *See* Malik Decl. Ex. H; Sieff Decl. Ex. 11 at 1.

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1 See *Elrod v. Burns*, 427 U.S. 347, 373 (1976). Specifically, Yelp has shown it will suffer
2 irreparable harm if the Attorney General may continue to threaten and take actions to penalize
3 Yelp for, or prevent Yelp from, publishing protected speech, since to avoid injunctions and
4 substantial penalties, Yelp will be forced to consider self-censoring its speech, nationwide, which
5 is intended to provide true and accurate information to consumers to help them make informed
6 decisions. See *Ashcroft v. ACLU*, 542 U.S. 656, 670-71 (2004).

7 5. Equity tips sharply in favor of an injunction because the Attorney General “cannot
8 reasonably assert that [he] is harmed in any legally cognizable sense by being enjoined from
9 constitutional violations.” *Zepeda v. I.N.S.*, 753 F.2d 719, 727 (9th Cir. 1983); see also *Sanders*
10 *Cnty. Republican Cent. Comm. v. Bullock*, 698 F.3d 741, 749 (9th Cir. 2012). The public interest
11 also strongly supports issuance of an injunction because the public has a “fundamental interest in
12 the protection of all people’s” constitutional rights, *Klein v. City of Laguna Beach*, 381 F. App’x
13 723, 727 (9th Cir. 2010), particularly when, as here, failing to enjoin the Attorney General’s
14 conduct “would infringe not only” Yelp’s “free expression,” “but also the interests of other people”
15 affected by “the same restrictions,” *Klein v. City of San Clemente*, 584 F.3d 1196, 1208 (9th Cir.
16 2009) (internal quotation marks omitted).

17 THEREFORE, the Court ORDERS as follows:

18 (A) Defendant and anyone acting in active concert with his office are immediately
19 RESTRAINED from taking any further action, formal or informal, to penalize, deter, prevent, or
20 discourage Yelp’s publication of truthful speech about crisis pregnancy centers, including by
21 making the statement or conveying the information that such centers “typically provide limited
22 medical services and may not have licensed medical professionals onsite”;

23 (B) This PRELIMINARY INJUNCTION will issue without the requirement of any
24 security bond because Yelp has shown a likelihood of success on its claims. The Court additionally
25 finds that Defendant will suffer no harm from maintaining the status quo.

26 (C) This PRELIMINARY INJUNCTION shall take effect immediately and remain in
27 effect until otherwise ordered by the Court.

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SO ORDERED this ____ day of _____, 2023.

Hon. Trina L. Thompson
UNITED STATES DISTRICT JUDGE

Presented by:

DAVIS WRIGHT TREMAINE LLP

By: /s/ Ambika Kumar
Ambika Kumar

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Case No. 3:23-cv-04977-TLT

**CERTIFICATE OF SERVICE
PER LOCAL RULE 5-5**

Action Filed: September 27, 2023

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CERTIFICATE OF SERVICE

I am a citizen of the United States and employed in Seattle, Washington. I am over the age of 18 and not a party to the within action. My business address is Davis Wright Tremaine LLP, 920 Fifth Avenue, Suite 3300, Seattle, Washington 98104.

On October 2, 2023, I caused the following documents described as:

Notice of Motion for Preliminary Injunction and Memorandum of Points and Authorities in Support;

Declaration of Adam Sieff in Support of Motion for Preliminary Injunction, with exhibits;

Declaration of Noorie Malik in Support of Motion for Preliminary Injunction, with exhibits;

[Proposed] Order and Findings of Fact; and

Certificate of Service Per Rule 5-5

VIA PERSONAL SERVICE: I caused a copy of the document(s) listed above to be personally served on Defendant KEN PAXTON, ATTORNEY GENERAL OF THE STATE OF TEXAS, in his official capacity, by delivering true and correct copies via legal messenger to:

KEN PAXTON, ATTORNEY GENERAL OF THE STATE OF TEXAS
Price Daniel, SR Bldg.
209 W 14th Street, 8th Floor
Austin, Texas 78701-1614

VIA U.S. MAIL: I placed such envelope(s) with postage thereon fully prepaid for deposit in the United States Mail in accordance with the office practice of Davis Wright Tremaine LLP for collecting and processing correspondence for mailing with the United States Postal Service. I am familiar with the office practice of Davis Wright Tremaine LLP, for collecting and processing correspondence for mailing with the United States Postal Service, which practice is that when correspondence is deposited with the Davis Wright Tremaine LLP, personnel responsible for delivering correspondence to the United States Postal Service, such correspondence is delivered to the United States Postal Service that same day in the ordinary course of business.

VIA E-MAIL OR ELECTRONIC TRANSMISSION: I caused a copy of the document(s) to be sent via email to the person(s) at the e-mail address listed below. I did not receive, within reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

Christin Vasquez - christin.vasquez@oag.texas.gov
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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am employed in the office of a member of the bar of this Court at whose direction the service was made.

Executed on October 2, 2023, at Seattle, Washington.

Lisa Merritt
Print Name



Signature