Will the Deception Ever End?
An investigative report of anti-choice crisis pregnancy centers in Maryland

May 2018
NARAL Pro-Choice Maryland Fund

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Executive Summary

In 2007, NARAL Pro-Choice Maryland Fund (NPCMF) conducted an undercover investigation of a sample of Maryland anti-choice crisis pregnancy centers (CPCs) to assess whether they were intentionally providing biased services to individuals seeking pregnancy-related information and care. The findings were presented in a 2008 NPCMF report that detailed exactly what these centers were offering.\(^1\) Results of the study informed the 2009 introduction of statewide legislation in the Maryland General Assembly, as well as local ordinances in Montgomery County and Baltimore City, to alert potential visitors to these centers about limitations and potential harm in the services provided. Maryland was the first in the nation to attempt passage of such measures, and recent enactment of local and statewide efforts such as in California, New York, Washington, and Hawaii has generated renewed interest among pro-choice advocates committed to increasing access to comprehensive education and medical care for pregnant individuals. In 2017, NPCMF undertook another round of onsite investigations to update its existing data on the current scope of services and staffing of Maryland CPCs. The study results reveal that ten years later, there is a continuation and escalation of the deceptive tactics identified in the initial report.

From July to October 2017, NPCMF volunteers visited these anti-choice centers with urine samples donated by a pregnant volunteer and posed as young women, typically in their early college years, seeking a pregnancy test. After testing positive, volunteers gathered data on what information, “counseling,” and materials the centers provided to them, and shared observations using a survey that allowed for data collection and open-ended recordings of their experiences. Sixteen visits were conducted across the state, including in Allegany, Anne Arundel, Baltimore, Carroll, Charles, Frederick, Harford, Howard, Montgomery, Prince George’s, St. Mary’s, Talbot, and Wicomico Counties, as well as Baltimore City. The selected sites were representative of the 46 independent and national chain-run nonprofit centers operating at the time of the project.\(^2\)

The results of the 2017 study show several clear trends:

- The majority of the CPCs offered “counseling” or information sessions on medical topics regarding pregnancy, birth, and abortion without either center staff members having a medical license or certified medical training.
- The majority of the centers presented viewpoints that were strongly anti-abortion, anti-choice, or “pro-life,” and skewed conversations away from the option of abortion care and towards carrying to term, parenting, or adoption, often in the context of following conservative Christian religious beliefs.
- The majority of centers provided medically inaccurate, non-evidence-based, or selectively incomplete information especially about abortion care, the potential risks of carrying a pregnancy to term, and side effects of contraception.

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\(^2\) Appendix A Publicly Accessible CPC Information Agenda Analysis

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Most of the deceptive practices were observed in this third area, in which the CPCs presented themselves as providing “medical” or “evidence-based” information to assist individuals with their pregnancy decision-making. Discussion and materials with misinformation about abortion often included incorrect descriptions and overemphasis of the potential risks of abortion procedures, especially regarding surgical dilation and curettage (D&C) or dilation and evacuation (D&E) procedures, as well as medication abortion. NPCMF volunteers also widely reported that centers overemphasized the emotional toll of abortion3, citing depression, feelings of regret, and suicidal thoughts as the most common post-abortion symptoms. Center staff members often provided contextualizing accounts or personal anecdotes about either having had an abortion or carried to term. Multiple centers shared other medically inaccurate or unsupported evidence against abortion, and others failed to discuss abortion as a pregnancy outcome option. While these “help” centers promoted parenting or adoption, they did not detail the corresponding risks of carrying to term. These CPCs were found to spread misinformation about birth control, citing inaccurate medical information and general suspicion about the health risks and efficacy of contraceptives. Centers that offered ultrasound services falsely confirmed the “pregnancies” and offered due dates, information that an individual who was actually pregnant would rely on when making a pregnancy decision.

The experiences and observations of NPCMF volunteers reveal that the CPCs operate with anti-abortion and often anti-contraception agendas that may only be perceptible based on the information and counseling provided. Staff members in these centers express skewed views on pregnancy options and work to either avoid or actively discourage pregnant individuals seeking services to engage in conversations about abortion care. These anti-choice centers also create a false image of medical authority via staff uniforms and demeanor, as well as center materials and equipment, while frequently withholding that they are not medical centers and are not staffed by licensed medical professionals.

The findings presented in this 2018 report lead the NARAL Pro-Choice Maryland Fund to conclude that anti-choice crisis pregnancy centers represent a threat to pregnant individuals seeking timely prenatal or abortion care. Although individuals who are already aware of the limited scope of staffing and services that these centers offer should have the right to visit them, many who are unaware of these centers’ agendas are at risk of delayed access to medically accurate information and services, which may result in poor health outcomes. It is for this reason that many pro-choice advocates across the country have begun to refer to anti-choice crisis pregnancy centers as “fake women’s health centers”. CPCs are unregulated as their staff members provide no authentic medical care through licensed healthcare providers. Consumer protections cannot apply as they do not operate as fee-for-service entities. As a result, pro-choice advocates have found considerable challenges in effectively ending the deceptive ways the centers attract visitors to influence pregnancy outcomes.

Whether ultimately having an abortion or carrying to term, it is critical that pregnant individuals receive accurate, evidence-based information and proper pregnancy-related medical care to ensure the safety and best possible health outcome for themselves and their families. As such, it is necessary to limit how and in what ways anti-choice crisis pregnancy centers engage with the public. The policy research and community outreach conducted by the NARAL Pro-Choice Maryland Fund, the 501(c)3 arm of the statewide affiliate of NARAL Pro-Choice America, helps to inform the work of the 501(c)4, NARAL Pro-Choice Maryland, its policy and political arm. It is the intent of this report to help increase public awareness of these issues as well as encourage state and local jurisdictions to use legislation or ordinances in order stop deceptive practices of CPCs that can contribute to poor pregnancy outcomes.

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3 Unbiased research regarding emotional and mental health after abortion has been conducted by organizations such as The Guttmacher Institute, [https://www.guttmacher.org/perspectives50/emotional-and-mental-health-after-abortion](https://www.guttmacher.org/perspectives50/emotional-and-mental-health-after-abortion)

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Introduction

Anti-choice crisis pregnancy centers (CPCs) provide information and services for individuals who may suspect or know that they are pregnant, including free pregnancy tests and “counseling” on abortion, adoption, and parenting. These centers operate with the purpose of discouraging abortion as a pregnancy option, and often offer misinformation about contraceptive use. Services offered at these centers range from only providing pregnancy testing and information sessions, to including sexually transmitted infection (STI) testing, contraceptive “counseling”, sonograms, and referrals to community resources and adoption agencies. Some centers also host parenting classes and other workshops. Many collect donations of baby supplies including bottles, formula, clothes, diapers, carriers, and other infant necessities. These donations are made available to those visiting the centers. Heavy advertising around free pregnancy testing and “counseling” services, as well as the potential to receive resources or financial support, make these centers an enticing option for vulnerable individuals, particularly those facing financially instability.

Many of these centers are located in close proximity of authentic family planning or abortion clinics in order to confuse patients seeking medical care, or they are situated in geographic areas posing as the only available local pregnancy help or resource center. Currently 46 anti-choice crisis pregnancy centers operate across 19 Maryland counties and Baltimore City, with the majority of centers concentrated in more populated areas. The only counties without these centers are in Dorchester, Kent, Queen Anne’s, and Somerset Counties.

Map of Crisis Pregnancy Centers – Western Maryland focus
(blue markers with the number “2” indicates that areas in which at least two centers are located)

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4 Appendix A Publicly Accessible CPC Information Agenda Analysis

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Many of the CPCs are located right near legitimate medical facilities or abortion clinics, which may trick individuals into visiting the anti-choice centers in error. They may be located across the street or immediately next to a clinic that one would view first while traveling down a given road. Signage of these centers can be confusing to those trying to locate the correct address, as many of these centers choose names that do not confirm nor deny that they are anti-abortion, with words such as “pregnancy center” or “pregnancy clinic”. Some of these centers have volunteers or allow other anti-choice advocates to stand in front of their locations to attract visitors to their doors or distract patients from successfully finding nearby authentic medical facilities where they may have appointments scheduled. One example was Germantown Pregnancy Choices located directly opposite the shared parking area of Germantown Reproductive Health Services, which offered later abortion care until August 2017. Every morning, anti-choice advocates hovered around patients entering the clinic to discourage them from following through with their appointments. Shortly after the abortion clinic closed, the anti-abortion center did as well – indicating that the center’s main purpose was to directly harass clinic patients and staff.

For a comparison, the following maps show the locations of crisis pregnancy centers (red) in relation to Title X family planning clinics (blue), which provide comprehensive family planning information and services.

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5 The Germantown Pregnancy Choices was operated by the Maryland Coalition for Life, which bought out Germantown Reproductive Health Services and another in Prince George’s County in the attempt to stop later abortion care to be offered in the state. However, several weeks later, the medical director and staff which specialize in later abortion care opened a new clinic in Bethesda. Maryland is one of three states in the country that has a clinic which provides abortion care services beyond 26 weeks.
Map of Crisis Pregnancy Centers (red) and Title X family planning clinics (blue) – Western Maryland focus

Map of Crisis Pregnancy Centers (red) and Title X family planning clinics (blue) – Eastern Maryland focus
Accessibility and advertising are important factors that may drive individuals to visit an anti-choice crisis pregnancy center over a Title X family planning clinic. Title X programs offer the full range of family planning services including access to contraceptives, preventative health services, and information on reproductive health and family planning. Although Maryland is home to more Title X family planning clinics than anti-choice centers, Title X clinics are concentrated in the D.C. and Baltimore City urban areas and are occasionally overshadowed by multiple anti-choice centers in a single area. This can also be seen in more rural areas such as Hagerstown, Oakland, and Elkton where the CPCs outnumber the Title X clinics by a ratio of 2 to 1. Over the last several years, Marylanders have been able to access approximately 70 Title X funded family planning clinics and 20 abortion clinics, as well as 46 anti-choice fake health centers. However, it is important to note that there are areas in Maryland where there are scarce authentic family planning clinics, creating “family planning deserts”, and one may see from the maps that what is more available in these areas are these anti-choice centers. Additionally, CPCs may attract individuals by advertising services as free of charge. Although Title X clinics may also offer services for free or at a very low-cost, they cannot advertise themselves as entirely free of charge because of the wide range of actual medical services they offer.

Crisis pregnancy centers are predominantly nonprofit entities, sponsored and funded by anti-choice organizations, individual donors, conservative foundations, and/or Christian religious organizations. While some states publicly support their anti-choice centers, Maryland state and local governments do not. In a review of 2015 IRS 990 filings (tax reports required annually of nonprofits), the majority of CPCs in Maryland had revenues ranging from $80,000 to $350,000 from donations and grants. Center funding levels vary, with the smallest reported FY2015 revenue under $27,000. Some larger conglomerates have significantly more money to spend on programming and advertising, such as one nonprofit reporting in FY2015 having operated three clinics with approximately fifty volunteers, and over $557,000 in revenue and $650,000 in total expenses. Most centers are staffed almost entirely by volunteers enabling the majority of the revenue to cover advertising and program expenses.

It is important to note that there is no requirement that Maryland family planning clinics be licensed by the state unless they offer surgical abortion care. To attract individuals looking for pregnancy-related services, anti-choice centers often present themselves as offering services similar to family planning clinics such as pregnancy testing and ultrasounds. They may do this through conversations with those contacting the centers by telephone, signage near the location of the centers, or through websites advertising the centers. To gain a better understanding of how CPCs present themselves publicly as well as to those inside seeking services, NARAL Pro-Choice Maryland Fund recruited volunteers to telephone, view websites, and visit these centers. Some centers are more upfront about their limitations in providing such services than others. For example, one center listed itself in materials and online as “a limited medical facility when staffed by licensed professionals.” In contrast, many other centers did not identify the limited medical credentials of staff members, but advertised that they provided medical information and procedures like ultrasounds and transvaginal sonograms. Many NPCMF volunteers visiting the centers noted that at times there were ultrasound training certificates of completion, but that they saw no indication of any staff members or supervisors with medical licenses. Volunteers also reported having to complete numerous documents that

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9 Appendix B CPC On-Site Survey
mirrored HIPAA and medical release forms used in authentic medical practices. These tactics and others helped create the façade of legitimacy of these centers as medical clinics for potentially pregnant individuals seeking pregnancy-related services that could medical care and comprehensive discussion of options, rather than just information session centers with an anti-abortion agenda.

Ultimately, this study reveals that anti-choice crisis pregnancy centers continue to employ deceptive practices like those identified in the 2008 NARAL Pro-Choice Maryland Fund report. According to NPCMF volunteers, individuals seeking comprehensive information about pregnancy options or pregnancy-related medical care may be confused by telephone interactions with CPCs staff or websites which present themselves as family planning clinics. When volunteers made onsite visits, these fake health centers gave false medical information, failed to provide balanced and accurate counseling on pregnancy options, focused on Christian-centric religiously-motivated responses, and employed emotional manipulation tactics with the overt or subvert intention of preventing women from choosing abortion. Our analysis reveals that all 46 crisis pregnancy centers in Maryland are anti-choice, anti-abortion centers, often masking as medical clinics, presenting biased language and aiming to dissuade or entirely prevent individuals from considering abortion as a pregnancy outcome option.

The 2017 Study

Volunteers at NARAL Pro-Choice Maryland Fund collected data and performed an analysis of all 46 anti-choice crisis pregnancy centers currently operating in the State of Maryland. The goal was to collect information about the current scope of services and staffing of these centers to identify if there has been a continuation or even escalation of deceptive tactics identified in the 2008 report.

During summer of 2017, NPCMF volunteers attempted to contact each center across the state by telephone to learn how center staff members respond to the basic question of whether abortion care was provided at the site. Of the 46 centers, only 32 were successfully contacted. Two-thirds of the responses clearly indicated that abortion care was not provided nor would be discussed as an option if one visited the center. For example, one center staff member responded to the question “Can I get an abortion there?” with the following:

Our services include pregnancy confirmation and sonograms to confirm. We do not do referrals or perform abortions. Our services are more about counseling and giving out information on your options.

Other responses reflected the intent of centers to discourage abortion if one sought onsite services:

Have you already made your mind up about that? There are so many disadvantages and dangers to having an abortion, and if you are already at the age where you should have kids you could be damaging your reproductive system. I would love to set up an appointment for you to come in and talk. We can help you and so many other students have babies successfully. Please, please, think about your decision more.

However, the remaining third of the responders did not confirm nor deny that anti-abortion information would be provided on-site, but did engage in ways to encourage the caller to visit the center. Here are examples of responses:

Let’s make sure you have a viable pregnancy, medically verified, then we can do an ultrasound to make sure the pregnancy is in the uterus. There is no sense in paying money for abortion if you are naturally miscarrying.

We provide high quality free pregnancy tests and sonograms…A sonogram is very important because only 30% of fetuses are viable, so you might not even have to worry.

We don’t do abortion referrals here, but we can set you up with an appointment with a counselor to go over abortion options and provide an ultrasound.

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Come in and get a more accurate pregnancy test. You might not even be pregnant. You can come get an ultrasound because you don't wanna go through the trauma of abortion if your pregnancy isn't even viable…Come talk to us about your abortion options and we can give you medical advice.

NPCMF volunteers commented that it was surprising how difficult it was to reach some of the centers by telephone, especially as phone contacts might be a useful strategy to entice callers to make onsite visits. This may be that since many of the centers are operated by volunteer staff, access by phone was altered to fit their individual schedules and not typical business hours. In many of the contacts, asking for background information about the caller and convincing that caller to come into the center as soon as possible was a higher priority than describing the onsite services. One volunteer commented that having no telephone access may be a way to encourage direct visits to the centers. If one is unable to reach a center by telephone, perhaps another way to get information about a center before making a visit is by finding information through the internet.

NPCMF volunteers used Google search engine to visit each center’s publicly accessible website, and recorded information about its content. Data recorded included: the use of religious or pro-life language (i.e. emphasizing the “sanctity of life”); misleading, inaccurate, or a total lack of information about abortion or emergency contraception; and refusal to provide abortion or emergency contraception onsite, or referrals for off-site access. If one or more of these indicators were present, it was concluded that the center had an anti-choice, anti-abortion agenda. The results of this website review can be found in Appendix A Publicly Accessible CPC Information Agenda Analysis. Centers that did not have websites are included in this list, but not evaluated.

The centers’ webpages varied widely, ranging from a basic single page with a center’s name and an anti-choice mission statement, to an extensive and professional-looking, multi-page website. Consistently, information about available services was difficult to find. It usually required searching multiple pages and interpreting biased language in order to recognize that the center did not provide medically accurate information or advising, and did not offer abortion or emergency contraception information, services, or referrals. Of the 41 websites assessed, all were found to include anti-abortion content. Examples of phrases found on the sites included the following:

- “Our mission is to affirm the value of life”
- “…it is the right of every child to be born”
- “We do not offer, recommend or refer for abortions or abortifacients”
- ”(We) enable all women to continue their pregnancies”

Much of the content viewed included variations of the recurring themes of overemphasizing potential negative physical and emotional effects of abortion, misrepresentation of medication abortion pill as emergency contraception, and promotion of abstinence-only education and post-abortion counseling. Some websites included content to discourage use of hormonal birth control. Here is one example:

A study found that widespread use of hormonal contraceptives had impacted a community water supply via estrogen passed with urination, causing male fertility to decrease by half. There has also been noticeably more website content about “abortion reversal” – the notion of interrupting the hormonal protocol for a medication abortion, although this has no scientific evidence that it works:

Abortion Pill Reversal is safe and confidential but extremely time sensitive. If you have only taken the first medication and would like to talk to someone about abortion pill reversal, please call the Abortion Pill Reversal hotline at 1-877-558-0333.  

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11 Appendix A Publicly Accessible CPC Information Agenda Analysis
12 Pregnancy Center West, https://pregnancycenterwest.org/contraception/
13 Centro Tepeyac Women's Center, http://www.pregnancyclinic.org/abortionpillreversal/
Study Methodology for Site Visits

Personal account data was collected from NARAL Pro-Choice Maryland Fund (NPCMF) volunteers who visited the sixteen centers across fourteen counties.

Centers visited during the 2017 investigation:

<table>
<thead>
<tr>
<th>County</th>
<th>Name of Center</th>
<th>Address of Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany County</td>
<td>1st Way Pregnancy Support Center</td>
<td>310 Race Street, Cumberland 21501</td>
</tr>
<tr>
<td>Anne Arundel County</td>
<td>Birthright of Annapolis</td>
<td>269 A Peninsula Farm Road, Arnold 21012</td>
</tr>
<tr>
<td>Anne Arundel County</td>
<td>Mary’s Center</td>
<td>7567 Ritchie Highway, Glen Burnie 21061</td>
</tr>
<tr>
<td>Anne Arundel County</td>
<td>Severna Park Pregnancy Clinic</td>
<td>650 Ritchie Highway #307, Severna Park 21146</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>Greater Baltimore Center for Pregnancy Concerns, St. Ann’s Center</td>
<td>528 E. 22nd Street, Baltimore 21218</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>Alpha Pregnancy Center</td>
<td>301 Main Street #1B, Reisterstown 21136</td>
</tr>
<tr>
<td>Calvert County</td>
<td>Birthright of Prince Frederick</td>
<td>301 Steeple Chase Drive #405, Prince Frederick, 20678</td>
</tr>
<tr>
<td>Carroll County</td>
<td>Tender Care Pregnancy Consultation</td>
<td>95 Carroll Street, Westminster 21157</td>
</tr>
<tr>
<td>Charles County</td>
<td>Catherine Foundation</td>
<td>3065 Old Washington Road, Waldorf 20601</td>
</tr>
<tr>
<td>Harford County</td>
<td>Alpha’s Glory Pregnancy Center</td>
<td>219 West Bel Air Avenue, Aberdeen 21001</td>
</tr>
<tr>
<td>Howard County</td>
<td>Columbia Pregnancy Center</td>
<td>10632 Little Patuxent Pwy, St 254, Columbia, 21044</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>Birthright of Montgomery County</td>
<td>2915 Olney Sandy Spring Road F, Olney 20832</td>
</tr>
<tr>
<td>Prince George’s County</td>
<td>Bowie-Crofton Pregnancy Clinic</td>
<td>4341 Northview Drive, Bowie 20716</td>
</tr>
<tr>
<td>St. Mary’s County</td>
<td>Care Net of Southern Maryland</td>
<td>25482 Point Lookout Rd, Unit 201A, Leonardtown 20650</td>
</tr>
<tr>
<td>Talbot County</td>
<td>Choices Pregnancy Center</td>
<td>8221 Teal Drive, Unit 408, Easton 21601</td>
</tr>
<tr>
<td>Wicomico County</td>
<td>Eastern Shore Pregnancy Center</td>
<td>1300 S Division Street, Salisbury 21804</td>
</tr>
</tbody>
</table>

The objective was to understand how anti-choice crisis pregnancy centers are treating individuals who are anxious about a potential pregnancy and are unsure of their options going forward. NPCMF volunteers visited the centers most often in pairs, with one volunteer acting as a potentially pregnant person and the other acting as a supportive friend. Initially the volunteers assumed false names, ages, occupations, and personalities, giving no identification to the centers to verify the personal information collected, and the volunteer presenting as potentially pregnant assumed a fake residential address near the center. Most volunteers pretended to be college students who were concerned they might be pregnant and were unsure of their options. Following the discovery that at least one anti-choice network received an alert that Planned Parenthood and NARAL affiliates were conducting secret visits, as well as after one center turned down two volunteers who refused to show their IDs, subsequent volunteers pretending to be pregnant gave their real names and were prepared to show an ID, though fake identities and addresses were still used.

The “pregnant” NPCMF volunteers used urine samples provided by another pregnant volunteer to test positive in pregnancy tests. Volunteers were mostly members of NARAL Pro-Choice Maryland Fund’s intern team and were therefore already aware of their roles and the goal of the investigation. However, a volunteer

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14 Planned Parenthood did not partner with this investigation.
orientation process was developed for non-intern volunteers, and after several center visits, a separate document was developed with tips on how to act and perform. Volunteers were instructed primarily to keep the CPC staff members talking as much as possible to better understand each center’s tactics and positions, which was often achieved by feigning ignorance of pregnancy and abortion-related issues. Though the primary focus was response to a volunteers’ pregnancy, we also asked volunteers to gather any information the center was disseminating, and specifically asked in the survey about information on STIs and birth control.

During the visits, NPCMF volunteers also gathered documents and materials when available, including materials handed out by the center staff and photographs of materials on display. At the end of the visit, volunteers filled out a survey about their experience. The survey was designed to allow open-ended responses so volunteers could record as many observations and details as possible. Note that questions 17 (“If you tested pregnant, were you offered prenatal vitamins?”) and 18 (“Did the staff say anything about an abortion reversal process?”) were added to the survey in response to NPCMF volunteer experiences after the completion of nine site visits.

**Volunteer Experiences at Anti-Choice Crisis Pregnancy Centers**

NPCMF volunteer experiences at the CPCs ranged in length, but the majority reported a similar structure to the visit: first volunteers took the offered pregnancy test and then underwent the “counseling” session. Some volunteers were then offered to have the pregnancy stage confirmed by an ultrasound to be performed onsite or to make an appointment to receive one at a later time. Some volunteers reported spending time separated from their supporting friend, but the majority remained together for most of the visit. Topics discussed in the pre- and post-pregnancy test information sessions varied between centers, as did volunteer reactions to the center staff members themselves.

### I. Collection of Medical Information

The CPCs typically collected information about visitors through either a self-administered intake form or through an intake form completed by the center staff member during the information sharing session. These forms often included questions to capture basic demographics, as well as medical and personal history, such as religious affiliation, marital status, date of last menstrual period, previous pregnancies, previous abortions, information about the potential father, and more.

Some centers had additional or more extensive paperwork, including “discharge” papers. In general, the forms not only gave the CPC access to visitors’ personal information, but also helped the center look more professional, organized, and legitimate as a medical provider. One center volunteer stated to a NPCMF volunteer that “the professional/important looking intake forms...helped in the overall illusion that this center was like a doctor’s office.”

Most centers required clients to complete and sign various forms before receiving “counseling” or “treatment.” The most extensive paperwork required at one center included a general intake form, a fake HIPAA form, multiple medical consent and release forms, various forms waiving the center’s liability, and an ectopic pregnancy form. The false HIPAA form cited below (although misspelled) enhances the center’s appearance as a licensed medical provider:

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15 Appendix C CPC On-Site Survey Results
16 For clarity, ‘volunteers’ refer to NARAL Pro-Choice Maryland Fund volunteers, and ‘staff’ refers to CPC staff, who may be volunteering their time.
17 Appendix D Samples of CPC Intake Forms
18 Appendix C CPC On-Site Survey Results
19 Appendix E Samples of CPC “Medical” Forms
We are a medical care provider that does not engage in any transactions that invoke coverage of the Health Information Insurance Portability and Accountability Act of 1996 (HIPPA), the privacy practices and terms described in this notice are voluntarily undertaken. Therefore, nothing in this notice should be construed as creating any contractual or legal right on behalf of patients.

This notice required a signature before the “counseling” and sonogram were offered.

The paperwork required by the centers contained personal and medical history information that may be sensitive to visitors. Only in some instances did the centers offer a specific release form to specify who may or may not access a visitor’s information. While most centers suggested that the information would remain private and internal, there is no guarantee of privacy because, as noted by one center’s fake HIPAA form, any counseling and treatment does not fall under HIPAA guidelines or privacy-related medical regulations.

II. Pregnancy Testing
All centers visited during the investigation offered free pregnancy testing. Many NPCMF volunteers called ahead for an appointment or to confirm walk-in hours to guarantee a successful visit and, in doing so, confirmed that the center administered free pregnancy tests onsite. All volunteers took a urine sample pregnancy test resulting in a positive outcome, and one volunteer was asked to take a second test to confirm the result. The variation between centers regarding the pregnancy tests themselves came only from how the test was administered and read: one NPCMF volunteer self-administered the test with no center staff oversight; three tests were processed entirely by center staff with no NPCMF volunteer oversight; one NPCMF volunteer self-administered the test, but the center staff processed and interpreted it out of the volunteer’s sight; and ten (67%) tests were administered and interpreted by both the NPCMF volunteer and center staff, usually with both waiting for the results together.20

Only three centers required a NPCMF volunteer to sign a document acknowledging that the pregnancy should be formally verified by an OB-GYN.21 A NPCMF volunteer who visited one center was referred to a local registered nurse off-site and told to have the unaffiliated nurse check the viability of the pregnancy.22 The pregnancy status as indicated by the pregnancy tests were treated as accurate, triggering subsequent information sharing about pregnancy outcome options.

III. STI Testing
The majority of the CPCs did not discuss or disseminate information on sexually transmitted infection (STI) testing services. While STI testing was commonly listed as a service provided by the centers and advertised on multiple brochures, over half of volunteers reported that the center did not offer them STI testing. Of the seven that did offer the service, the testing was free.23

IV. Experiences with Center Staff
NPCMF volunteers spent most or all of their time with a staff member of the CPC who offered “counseling” after, and sometimes before, the positive pregnancy result. The interactions with staff members were reported to be at least initially friendly, sympathetic, and kind; several volunteers reported that staff hugged them, prayed for them, and/or were “motherly” and “caring.” Multiple staff members gave their personal phone numbers to volunteers with instructions to call and talk about the pregnancy, and volunteers reported receiving follow-up calls from staff members, some of which were repeated for several weeks. One volunteer

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20 Appendix C CPC On-Site Survey Results
21 Appendix E and F Samples of CPC “Medical” Forms and Sample of a CPC Pregnancy Screening Form
22 Appendix C CPC On-Site Survey Results
23 Appendix C CPC On-Site Survey Results
reported having received a voicemail from a center staff member in attempt to engage in a conversation around the volunteer’s “due date”.

However, many of these same onsite visits became decidedly more “judgmental” and confrontational. One volunteer was asked about her “mistake” following the positive pregnancy test, and another was called “a train wreck” after crying in the office. The overwhelming majority of volunteers reported a level of judgement even with staff who also at times appeared friendly or sympathetic.24

Staff members heavily influenced and revealed the level of religiosity of the centers. Seven of the sixteen CPCs visited were reported as “intensely” religious, and all but one were overtly labeled as religious in some capacity. NPCMF volunteers observed “bibles everywhere… quotes about God and Jesus everywhere” and a varying degree of explicitly Christian questions about the volunteer’s relationship with spirituality. Many centers specifically included Christianity as a moral guide to abortion and included appeals about how “God wanted me to have this baby” and it was “God’s will” or “path.” Several volunteers reported staff members praying for them during the “counseling” session, and one volunteer reported a staff member praying on her knees for her and her hypothetical child. Several volunteers were also given bibles as part of the materials given out by the centers, including a bible published by a national anti-choice crisis pregnancy center chain.25

V. “Counseling” on Birth Control

Over 90% of NPCMF volunteer-attended information sessions did not discuss birth control options, and only five volunteers reported that birth control even came up as a topic of conversation. CPC staff were observed as being judgmental about unmarried sexual activity and overtly calling for or suggesting abstinence in four of the aforementioned five visits. Abstinence was reported by volunteers as the only birth control method not described in a negative way, while birth control pills were seen as suspicious or harmful. A volunteer was told “the pill will make my uterus hard and I will have thicker periods because I’m aborting a baby” and another was told “the pill does funny things to you.” One volunteer was told that condoms do not work as birth control.26

The emphasis on abstinence was also seen in the brochures and print information with themes about premarital sex and “reclaiming virginity.” A number of centers discouraged premarital sex, as evidenced mostly by the nature of the brochures and posters displayed in sites. Some CPCs highlighted the increased risk of STIs when an individual has sex with multiple partners, and one volunteer was told that when she had sex with a partner, she was also having sex with every prior sexual partner that person had as well. Some centers, particularly the more overtly religious, also offered pamphlets on why abstinence is the best way and also how to “reclaim” or “renew virginity” for better health and happiness.27

VI. “Counseling” on Pregnancy

Following a confirmation that the NPCMF volunteer was “pregnant,” CPC staff focused the “counseling” session on pregnancy outcome options. No center visit addressed physical/medical risks associated with viable pregnancy, including in one instance in which a volunteer explained that she did not have health insurance. The one pregnancy-related health risk discussed was that associated with an ectopic pregnancy, which staff suggested abortion providers would not check for, and could then become life-threatening.

Many centers inquired about who knew of the NPCMF volunteers’ potential pregnancies, and about who and how people would be informed of the pregnancy confirmations. This part of the discussion tended to involve

24 Appendix C CPC On-Site Survey Results
25 Appendix C CPC On-Site Survey Results
26 Appendix C CPC On-Site Survey Results
27 Appendix J CPC Premarital Sex Pamphlets
staff emphasizing that there was no going back now that a pregnancy was confirmed, as many NPCMF volunteers reported being told “[their] life had already changed drastically.” Even when volunteers said they were concerned about how their parents or partners would react, CPC staff remained confident and optimistic about volunteers receiving support, or insisted that they could raise a baby alone. In several instances, staff focused the discussion almost entirely on how to break the news to parents or partners, and in one case offered to be a mediator between parties. Of all the repercussions of unintended pregnancy, the financial aspect was the facet most often discussed, especially since volunteers were posing as college students without full-time jobs. Conversations about finances typically involved a question about whether or not the volunteer had health insurance and who was likely to support the volunteer, with a focus on identifying parents as sources of insurance and support. Many volunteers were reassured that education goals could be attained while pregnant or parenting, even if those education goals took longer to complete than previously planned. Further, at several centers NPCMF volunteers were told they would have no trouble at all finishing their education while pregnant or parenting.28

VII. “An Act of Betrayal”: “Counseling” on Abortion
Five CPCs failed to discuss abortion or only very briefly mentioned it as an option with volunteers, instead focusing on adoption and parenting as the only paths forward.29 Eleven of the sixteen centers specifically “counseled” in depth on abortion as an option. Many discussed the physical risks of abortion, but the conversations were often more focused on the emotional effects of the procedure and appealing volunteers to carry to term.

Physical Consequences of Abortion
CPCs that discussed abortion tended to heavily emphasize the potential risks of the procedure. Medication abortion procedures were described as risky as center staff alleged that abortion providers did not follow FDA guidelines. One volunteer was told that medication abortion is “like a massive birth control pill” and the same as “putting down a cat.” Additionally, nine (more than 56%) of the centers indicated that surgical abortion was risky or very risky, compared to two that noted that there was only some or mild risk involved. Center staff that shared information about surgical abortion procedures often used extremely graphic and inaccurate descriptions. One described dilatation and curettage (D&C) abortions as “damaging/painful for the baby… [and] said they (abortion providers) used a tool to scrape [the] whole uterus after ripping the baby out.” The “scraping” language was frequently used to describe D&C procedures, and in those cases the threat of damage to the uterus and cervix was highlighted.30 Volunteers observed that the materials used during these discussions were often medically inaccurate and the language used was deliberately dramatic. Several centers used similar or the same illustrations, booklets, and

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28 Appendix C CPC On-Site Survey Results
29 Appendix C CPC On-Site Survey Results
30 Appendix C CPC On-Site Survey Results
figurines of fetuses in various stages of development. Multiple centers used a booklet with information about the physical effects of abortion and illustrations, including images of fetuses being torn apart in the uterus. This resource emphasized the potential risks of sepsis or of other complications with a D&C or D&E abortions.

Many of the anti-choice crisis pregnancy centers also extensively discussed physical risks and the emotional impact of abortion. Five of the eleven centers that discussed abortion directly linked the procedure to breast cancer, with one claiming that abortion is linked to colon and uterine cancer. Infertility was a common topic, which six centers specifically referenced with statements indicating that abortion ruined or significantly harmed chances of future pregnancy. A volunteer reported that one center was “aggressively focused on the risks of doing anything but carrying to term, and it was mentioned multiple times how abortions could cause me to... become infertile forever.” Another center staff member told a volunteer that “surgical abortions are very risky due to the potential damage to your cervix” which the staff member said could only be diagnosed “after you’ve miscarried four or five times.”

Another volunteer reported:

I was told that this may be my “only chance to be a mother because abortion ruins future fertility opportunities” but was then also told that abortion increases my “risk of pregnancy because the hormones need somewhere to go after the baby is removed.”

Other serious complications listed included sepsis, blood poisoning, puncturing of the uterus, and/or fetal tissue decay. Several centers specifically emphasized death as a risk of surgical abortion, as well as death by hemorrhage. A NPCMF volunteer reported that a center staff member at “used the phrase hemorrhage/bleed out/hemorrhage to death at least four times.” The risk of death in connection to an abortion of an ectopic pregnancy was also discussed. A volunteer described in her post-visit survey:

(They) talked about pieces of the baby being left inside and causing sepsis...DEFINITELY SAID THAT if you have an ectopic pregnancy and have an abortion you will remain pregnant after the abortion because they won’t have actually gotten rid of the pregnancy, and won’t check before they perform your abortion – the side effects of an ectopic pregnancy won’t be recognized after an abortion and you will die.

The CPCs broadly discussed abortion as a dangerous procedure that usually comes with long-term physical consequences. While various abortion methods do carry medical risks, including those associated with receiving anesthesia, the majority of centers that discussed abortion dramatized and overstated potential

31 Appendix C CPC On-Site Survey Results
32 Extensive research has debunked the association of abortion with infertility. More information regarding the safety of abortions can be accessed through organizations such as the Guttmacher Institute, https://www.guttmacher.org/fact-sheet/induced-abortion-united-states
33 Appendix C CPC On-Site Survey Results
34 Appendix C CPC On-Site Survey Results
35 Appendix C CPC On-Site Survey Results
36 Appendix C CPC On-Site Survey Results
complications, and made unsupported or blatantly inaccurate claims regarding the link between abortion and breast cancer, cervical problems, infertility, and death.

**Emotional Effects of Abortion/Appeals to Carry to Term**

Negative emotional effects were heavily emphasized during the “counseling” sessions at centers. In eleven of the sixteen visits (approximately 70%), CPC staff listed regret and depression as side effects when abortion was discussed. Volunteers at two centers who discussed abortion said a counselor told them women who had abortions had a higher risk of suicidal ideation: women “want to die too” after the procedure. Even centers that did not discuss abortion as a medical procedure made statements such as “abortion is a risky procedure, and a lot of women feel very sad about it after,” and that abortion would have “lifelong effects and likely make me [the volunteer] very depressed.” Volunteers reported center staff using personal anecdotes that tied into biased perspectives of the emotional aftermath of abortion, including one staff member who said she had an abortion and a year later became depressed because of her lost baby. Several volunteers also reported that staff discussed and emphasized the spiritual ramifications of pregnancy and abortion.

All anti-choice crisis pregnancy centers visited by NPCMF volunteers universally framed pregnancy in terms of life beginning at conception, as did the materials they provided.

Center staff made statements such as the “two-week-old baby already had toes” or simply refused to call the fetus anything but a “baby.” Staff members emphasized how a heartbeat is heard at an early stage of development. The exact timeframe given for when a fetal heartbeat begins varied among centers from around five days to three weeks.

Beyond any discussion of options like abortion or adoption (although more frequently mentioned in the context of abortion) the majority of NPCMF volunteers reported that the centers appealed to them to keep their pregnancies. These appeals ranged from simply having the conversation under the “assumption that [the volunteer] should and would continue the pregnancy,” to heavy-handed shaming and guilt tactics. One volunteer was told that a baby “clings to its mother” and “looks to her for protection.” Another volunteer specifically reported being told the abortion “hurts the baby.” There was also an emphasis on the fact that abortion was not a way to “undo” a pregnancy, as discussed above. A volunteer reported being told “it’s not just my life anymore [and] to think about two lives.”

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37 Appendix C CPC On-Site Survey Results  
38 Appendix H CPC Anti-Abortion Pamphlets Targeting Women  
39 Appendix C CPC On-Site Survey Results  
40 Appendix C CPC On-Site Survey Results
Abortion “Reversal”

Abortion reversal has, since the release of an unverified and non-peer reviewed 2012 study, steadily grown in popularity as an option offered by anti-abortion activists and crisis pregnancy centers to women who have started a medication abortion procedure.\(^1\) Medication abortions are a two-step, two-pill process in which mifepristone is first taken to stop the pregnancy, followed by misoprostol to induce uterine contractions to expel the pregnancy tissue. The concept of “abortion reversal” involves ingesting a dose of progesterone after only taking mifepristone to try to counteract the effects. One volunteer wrote in her post-visit observations that a center offered abortion reversal pills as a potential option:

Both the nurse and the counselor said that the abortion pill reversal was real – when asked about how it works, the counselor said it is an option after taking the first pill, and that they’d had ‘one successful case’ to date, but to ask the nurse... the nurse said there was about a 60% success rate... The nurse described it as a shot of progesterone to counteract the first abortion pill (mifepristone). They definitely treated it like a possible solution that works some of the time.\(^2\)

The American Congress of Obstetricians and Gynecologists (ACOG) reports that doing nothing after taking mifepristone is just as effective as taking progesterone, and that progesterone can have unintended and potentially harmful effects to the individual ingesting it.\(^3\) It should be noted that after NPCMF volunteers reported discussing abortion pill reversal, a question regarding it was added to the survey. Only some centers mentioned abortion pill reversal during the summer months of 2017 and it is understood to be a tactic that is just now becoming more popular with anti-choice crisis pregnancy centers.

Perceptions of Abortion Providers

CPC staff also occasionally made comments to the NPCMF volunteers about abortion providers and “pro-abortion” activists in the “counseling” sessions, which were most commonly negative and in the context of discussing abortion safety and patient care. One center staff member warned a volunteer that “abortion providers do not follow FDA recommendations about abortion pills” and another said that abortion providers are negligent in checking for ectopic pregnancy, saying that abortion providers “won’t check before they perform your abortion.” Another volunteer noted that a center staff member specifically told her that Planned Parenthood would not give her a sonogram before an abortion, even if requested.\(^4\) In addition to “counseling” or information sessions, center material handouts discussing patients’ rights and abortion show attempts to undermine authority, legitimacy, and trust of abortion providers.\(^5\)

VIII. Sonograms/Ultrasounds

When sonograms were offered upon testing positive for pregnancy, all the centers encouraged NPCMF volunteers to accept. Sonograms were offered at eight centers either same-day or by appointment.\(^6\) Only one NPCMF volunteer was able to confirm that the sonographer had a medical license. The majority of sonograms were performed or offered by an unverified “nurse” and at one center, sonograms were performed by a “volunteer physician.” Because many instances in which a sonogram was offered required a future meeting when the nurse or sonographer volunteer was available, it was not possible to fully confirm whether the

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\(^3\) Appendix C CPC On-Site Survey Results

\(^4\) Appendix H and I CPC Anti-Abortion Pamphlets Targeting Women and CPC Anti-Abortion Pamphlet Targeting Men

\(^5\) Appendix C CPC On-Site Survey Results

17 NARAL Pro-Choice Maryland Fund 8905 Fairview Road, Suite 401, Silver Spring, MD 20910 www.prochoicemd.org 301-565-4154 www.itslies.org
ultrasounds would be completed by someone with a medical background at those sites. Even when an ultrasound was offered or undertaken, staff members were never confirmed to be certified sonographers, though there were certificates displayed in some sonography rooms. It is important to note Maryland does not require any license or certification for one to purchase or use an ultrasound device. After a volunteer observed one of the training center’s certificates of completion displayed on an office wall, NPCMF became aware of a national entity that “certifies” anti-choice crisis pregnancy center staff to perform and interpret ultrasounds. Volunteers also observed that a common tactic to delay pregnancy decisions was for centers to suggest that the “pregnant” volunteer return after a few weeks to receive an ultrasound. While the intent may have been to have pregnancies progress too far along to terminate, an unintentional consequence may be delaying authentic prenatal care for those who choose to carry to term. Many volunteers reported being told “not to rush” their pregnancy decision-making.

NPCMF volunteers shared their concerns about the use of sonograms and ultrasounds in centers in their post-visit surveys. For example, one center staff member was reported to have identified “a yolk sac” in the uterus of a not pregnant NPCMF volunteer and offered a transvaginal ultrasound to get a more complete picture. (The volunteer was asked if she were “game” for a vaginal ultrasound. The volunteer declined). The center staff then sent copies of the scans to an OB-GYN to “verify” the ultrasound. This same staff member said that facilities like Planned Parenthood refused to show women the ultrasound because the women would get attached and not go through with an abortion.47

IX. Adoption

Adoption was discussed as an option in all but one of the sixteen site visits, with a majority of volunteers reporting that the centers presented adoption as a “good option” or “a great way to avoid getting an abortion.” Six centers gave specific referrals, though typically to religiously-oriented adoption agencies. Multiple centers discussed the differences between closed and open adoption, highlighting that NPCMF volunteers could be as uninvolved or involved in their child’s life as they would like and would have the opportunity to help choose a family for their child. However, adoption was presented as a low-risk, highly positive outcome, and just as there was no discussion on the risks of pregnancy to the mother, there was little to no counseling on the challenges of adoption. This viewpoint was also seen in the materials given out, with no mention of the physical, financial, or emotional risks or burdens associated with first carrying to term and then going through the adoption process.48

Most centers gave referrals through the information session or through materials provided, and Christian adoption groups were frequently recommended. Clearly some CPCs did not view discussions on adoption as pertinent for the initial “counseling” session and therefore did not make it a focus of the discussion.49 However,
the majority of volunteers experienced an explanation of adoption as a positive pregnancy option post-pregnancy testing.

X. Options Counseling Materials

The materials promoted and given out by anti-choice crisis pregnancy centers to NPCMF volunteers emphasized even more potential physical and emotional consequences of abortion, even consequences and risk levels that are not supported by scientific evidence. These materials are presented as a way to learn about the options following a pregnancy (parenting, adoption, or abortion), but abortion is often demonized in relation to adoption or parenting. Similar and identical arguments to those reported by CPC staff are made by promotional materials that abortion is unsafe and will have long-lasting physical consequences.\(^{50}\) One of these materials calls abortion “a painful physical violation of a normal, healthy process.”\(^ {51}\) Another pamphlet designed for potential fathers alleges abortion “tears the baby to pieces,” involves delivering a “dead or dying baby,” or involves delivering a live baby that is “put aside to die.”\(^ {52}\)

Additionally, the emotional toll of an abortion and the argument that abortion is morally wrong are both heavily used within the centers’ promotional materials. Much of the material is designed to instill guilt with phrases like “you now have a little life inside you, and now you have to decide what is the right thing to do” and “[a]ll that abortion ends is the new life growing inside you. Could you live with that for the rest of your life?” These materials also emphasize the effects on future fertility and parenting with statements like “if you choose abortion, it will be much harder to be a good parent to future or existing children.”\(^ {53}\)

Stopping the Deception

Through analysis of in-person visits, web sites, and pamphlets distributed by anti-choice crisis pregnancy centers, the NARAL Pro-Choice Maryland Fund’s 2008 study revealed that 100% were providing misinformation about birth control and abortion. Results of the study informed NPCMF’s It’s Lies public awareness campaign. Content on our website, www.itslies.org, was designed to inform the public of the true intent of these centers and the scope of the services they offer. Tabling at community events as well as speaking engagements featuring screenings of the film 12th & Delaware have been conducted over the years to encourage information sharing to learn more about the public’s knowledge of CPCs. To raise awareness of where the centers are located and how they can be identified, we became the first organization in the nation to create bus ads and billboards to drive more traffic to our itslies.org website, strategically placing the ads along routes where the centers were located. The hope was that by building a long standing public awareness campaign, Maryland advocates could work towards passing successful legislation to counter the centers’ misleading advertising strategies. Ideally, it would be a law that would balance the free speech rights of the CPCs with the state’s desire for consumers to be aware of the scope and intent of the anti-choice centers’ services.

The findings of the 2008 report, “The Truth Revealed”\(^ {54}\) spurred the earliest legislation mandating these centers to disclose the types of services they do not offer, instead of portraying themselves as healthcare providers, resulting in significant delays for patients who were seeking authentic medical care – both prenatal and abortion care. In fact, Maryland was the first state to introduce such measures in the nation. Statewide legislation was introduced during the 2009 Maryland General Assembly requiring that all CPCs communicate

\(^{50}\) Appendix H and I CPC Anti-Abortion Pamphlets Targeting Women

\(^{51}\) Appendix H CPC Anti-Abortion Pamphlets Targeting Women

\(^{52}\) Appendix I CPC Anti-Abortion Pamphlet Targeting Men

\(^{53}\) Appendix H CPC Anti-Abortion Pamphlets Targeting Women


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in writing and orally to visitors that they do not provide or refer to abortion or contraceptive services, nor intend to offer medical advice or establish a doctor/patient relationship. While the measures failed to advance out of committee, similar Maryland local ordinances were introduced in Montgomery County and Baltimore City; however, both were crippled through legal challenges. After four years, the Montgomery County measure lost in the U.S. Court of Appeal for the Fourth Circuit in 2014. The Baltimore City ordinance was appealed twice to the same court over nine years. After the last judgement issued in favor of the CPC in January, 2018, Greater Baltimore Center for Pregnancy Concerns Inc. et al. v. Mayor and City Council of Baltimore et al., has now been appealed to the U.S. Supreme Court.

Montgomery County Regulation Requiring a Disclaimer for Certain Pregnancy Resource Centers 55

In February of 2010, the Montgomery County Council, adopted Resolution No. 16–1252, designed to address the issue that some CPCs provide their clients with misinformation about their pregnancy options which can negatively affect an individual’s decision-making regarding pregnancy and health. The resolution requires that all limited service pregnancy resource centers, defined as those (1) having “a primary purpose to provide pregnancy-related services”; (2) not having “a licensed medical professional on staff”; and (3) providing “information about pregnancy-related services, for a fee or as a free service,” conspicuously display a sign, stating that “the Center does not have a licensed medical professional on staff” and “the Montgomery County Health Officer encourages women who are or may be pregnant to consult with a licensed health care provider.” A violation of the Resolution is punishable as a Class A civil violation.

On May 19, 2010, Centro Tepeyac, a center that would be covered by the regulation, initiated action against the County claiming that the resolution was unconstitutional under the First and Fourteenth Amendments. Centro Tepeyac also alleged that the resolution discriminatorily aimed at pro-life or anti-choice pregnancy resource centers.

Centro Tepeyac asked the court to issue a temporary injunction while the parties prepare for a trial. Judge Deborah K. Chasanow issued a temporary injunction for the second part of the resolution. She held that there is a compelling state interest to require a CPC to conspicuously display a sign that “the Center does not have a licensed medical professional on staff.” However the county had no compelling interest to force the CPC to say more. Therefore Chasanow held that until the case goes to trial, the CPC would not be required to post a sign stating, “the Montgomery County Health Officer encourages women who are or may be pregnant to consult with a licensed health care provider.” 56

Centro Tepeyac, joined by Montgomery County, appealed the District Court’s decision. A three-judge panel of the U.S. Court of Appeal for the Fourth Circuit issued a temporary injunction against the entire regulation. The County requested an en banc hearing, which the Fourth Circuit granted. On rehearing, a 14-judge en banc panel issued an opinion affirming the district court’s temporary injunction decision to enjoin only the second part of the resolution to notify visitors of the absence of licensed medical providers to provide medical care or oversight. 57

However, no temporary injunction would be needed because the county stipulated to not implement the regulation while the parties prepared for the trial on whether the regulation was constitutionally endorsable.

On March 7, 2014, the District Court issued an opinion that the regulation violates the CPC’s First Amendment freedom of speech. This resulted in the court striking down the entire ordinance. The court stated that The


County has not demonstrated how the practices of the CPCs are causing harm. The court stated that before a government can compel speech it must “present more than anecdote and supposition.” Judge Chasanow held that the county had provided only “conjecture” and not evidence. Based upon that finding, the court granted Centro Tepeyac’s motion for summary judgment and permanently enjoined the county from enforcing the resolution. The litigation ended when the district court rejected a county motion for reconsideration.

The Baltimore CPC Truth-in-Advertising Ordinance

Baltimore, Maryland was the first city to pass an anti-choice crisis pregnancy center (CPC) ordinance. In December of 2009, the City enacted Ordinance 09-252. Under the ordinance, “[a] limited-service pregnancy center must provide its clients and potential clients with a disclaimer substantially to the effect that the center does not provide or make referral for abortion or birth-control services.” The disclaimer was to be made through one or more easily readable signs conspicuously posted in the center’s waiting room and written in English and Spanish. Failure to comply with the terms of the ordinance was to be punishable by a citation with a maximum penalty of $150.

Following its enactment, a crisis pregnancy center challenged the ordinance arguing that it violates the First Amendment right to freedom of speech. The U.S. District Court for the District of Maryland applied strict scrutiny analysis and determined that the ordinance was too restrictive and unconstitutionally broad at the summary judgment stage. In striking down the ordinance, the Court stated that the city did not utilize the least restrictive means to fulfill the governmental interest. The Court suggested that a better means of regulating CPCs would be to use or modify existing regulations to combat deceptive advertising practices. The City of Baltimore appealed the District Court’s decision to the Court of Appeals for the Fourth Circuit, which reviewed the case en banc and held that district court erred by entering a permanent injunction without allowing city defendants discovery or adhering to the applicable summary judgment standard.

The case was then sent back to the district court and later appealed again to the Fourth Circuit. On January 5, 2018, the Fourth Circuit ruled that Baltimore City’s CPC ordinance unconstitutional as it violated the First Amendment’s freedom of speech clause. The court noted that while the city has considerable latitude in regulating public health and deceptive advertising, Baltimore’s chosen means are “too loose a fit with those ends.” Without proving the inefficacy of less restrictive alternatives, providing concrete evidence of deception, or more precisely targeting its regulation, the City was not able to prevail. A crucial take-away from the decision was the court’s position on the importance of the City addressing allegedly deceptive advertising and preventing health risks that can accompany delays in seeking to end a pregnancy. The court also said that states must have ample room to regulate deceptions and health risks.

The Fourth Circuit’s decision may seem like a defeat, but it is important to note that Baltimore was the first city in the country to enact an ordinance to regulate anti-choice crisis pregnancy centers. Enactment of local and statewide measures in California, New York, Washington, and Hawaii have all cited Baltimore City

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61 Greater Baltimore Ctr. for Pregnancy Concerns, Inc. v. Mayor & City Council of Baltimore, 721 F.3d 264 (4th Cir. 2013), https://scholar.google.com/scholar_case?case=737175697103167610&eq=683+F.3d+539&hl=en&as_sdt=20000003
63 California Reproductive FACT (Freedom, Accountability, Comprehensive Care, and Transparency), https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB775
64 New York Pregnancy Services Centers Disclosures, http://rules.cityofnewyork.us/content/pregnancy-services-centers-disclosures
65 NARAL Pro-Choice Maryland Fund 8905 Fairview Road, Suite 401, Silver Spring, MD 20910 www.prochoicemd.org 301-565-4154 www.itslies.org
and Montgomery County's regulation efforts. Opponents to the Maryland-inspired laws have challenged the California law. Currently the case has been appealed to the U.S. Supreme Court in National Institute of Family and Life Advocates (NIFLA) v. Becerra. The decision is expected to be handed down in June 2018. Below is a summary of these recently enacted laws:

**California "Reproductive Fact Act"**
- In 2015, California Assembly Bill AB 775 enacted the Reproductive FACT (Freedom, Accountability, Comprehensive Care, and Transparency) Act
- Unlicensed CPCs that advertise and provide pregnancy testing and care must advise clients, at the time they are seeking or obtaining care, that these facilities are not licensed to provide medical care.

**New York Local Law 17**
- In March of 2011, the New York City Council enacted Local Law 17 after finding that pregnancy service centers in New York City engaged in deceptive practices
- As of May 27, 2016, every pregnancy service center in New York City must make a disclosure stating, “This facility does not have a licensed medical provider on site to provide or supervise all services.”

**Hawaii SB501**
- In July of 2017, Hawaii’s Governor David Ige signed SB501 into law.
- SB501 requires limited service pregnancy centers to abide by state and federal privacy laws and provide information about state programs offering free and low-cost family planning services.
- The law also requires limited service pregnancy centers to disclose to patients that “only ultrasounds performed by qualified healthcare professionals and read by licensed clinician should be considered medically accurate.”
- Centers found to be in violation of the law face faces of $500 for a first offense and $1,000 thereafter. The Hawaii measure also provides pregnant women the right to sue limited service pregnancy centers for up to $1,000 in damages.

**Washington State - King County Board of Health R&R No. BOH 17-04**
- On July 20, 2017, the King County Board of Health adopted BOH17-4 A Rule and Regulation
- BOH17-04 requires CPCs to post on-site and in any print and digital advertising materials including websites, a notice in English, Spanish, Vietnamese, Russian, Somali, Chinese, Korean, Ukrainian, Amharic and Punjabi, “This facility is not a healthcare facility.”

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65 King County - Washington State Board of Health BOH17-4 (Relating to disclosure of information by limited service pregnancy centers.) Title 4A of the Code of the King County Board of Health https://kingcounty.gov/depts/health/board-of-health/-/media/depts/health/board-of-health/documents/code/BOH-Code-Title-4A.ashx
66 Hawaii SB501 Limited Service Pregnancy Centers; Disclosures; Privacy; Remedy https://www.capitol.hawaii.gov/Archives/measure_indiv_Archives.aspx?billtype=SB&billnumber=501&year=2017
The most recent ordinance aimed at regulating CPC false advertising practice was enacted in Hartford, Connecticut in December of 2017. The drafters balanced the constitutionally protected right of a woman to choose to terminate her pregnancy, the right of individuals to express their religious beliefs about abortion, and the harm to women affected by delays caused by false advertising for pregnancy and/or abortion services. Based upon the debate, the City of Hartford determined that there exists a need to regulate false and misleading advertising by pregnancy service centers through mandatory disclosures. As such, at the time that clients are seeking or obtaining care in Hartford, CPCs that advertise and provide pregnancy testing and care must disclose whether the facility has licensed medical professionals on staff who provide or directly supervise that care.

Conclusion

Anti-choice crisis pregnancy centers engage in a variety of behaviors that pose a real risk to pregnant individuals, especially those in a vulnerable position seeking comprehensive information about pregnancy-related care, options, and services. Since these centers are not necessarily staffed by licensed medical professionals guaranteed to have received training on conducting and analyzing sonogram results, none of the information provided can be trusted completely. However, many of the sites visited during the study presented themselves as “medical” facilities, having women fill out long and complex medical intake forms and sign illegitimate “HIPAA” forms, conducting ultrasounds and/or transvaginal sonograms, and providing pregnancy outcome option “counseling” and “medical” advisement. This false depiction of medical legitimacy lures individuals into trusting all the information provided, much of which is either misleading or blatantly false. CPC staff also heavily encouraged parenting or adoption regardless of a client’s circumstances, seldom addressing the dangers and repercussions of these options and overemphasizing the risks and impact of abortion. Misinformation about pregnancy outcome options may lead a pregnant individual to delay seeking authentic medical care to verify a pregnancy, comprehensively discuss options, assess overall health, and/or obtain an abortion in an earlier stage of pregnancy. It can also delay receipt of medically sound prenatal care necessary for a woman and her baby’s physical safety and wellbeing.

The state has the power to regulate entities for health and safety of its citizens, which includes the authority to require the disclosure of limited amounts of accurate information. In Maryland, limited service pregnancy resource centers are not required to be licensed; there is no medical or professional board that certifies center employees; and although licensed physicians may serve as volunteer “medical directors” at centers, they are very rarely on site and do not meet directly with clients. Despite these limitations, CPCs often present themselves as offering services similar to family planning clinics such as pregnancy testing and ultrasounds in order to attract individuals looking for pregnancy-related services. It is vital that pregnant individuals in Maryland know whether they are getting medical care from licensed professionals. With the recent enactment

68 Hartford, Connecticut, Municipal Code Art. VI-Pregnancy Information and Disclosure and Protection
https://library.municode.com/ct/hartford/codes/code_of_ordinances?nodeId=PTIIMUCO_CH17HESA_ARTVIPRINDIPR
69 Greater Baltimore Ctr. for Pregnancy Concerns, Inc. v. Mayor & City Council of Baltimore, 721 F.3d 264, 297 (4th Cir. 2013).
of state laws seeking to stop the deception, we are hopeful that Maryland will soon be able to pass a statewide measure that will pass constitutional muster.

Like many organizations that work to ensure reproductive health, rights, and justice for everyone across our country, we anticipate that the *NIFLA v. Becerra* ruling will have an impact on the strategies of pro-choice advocates. It is important to note that no other statute will be automatically struck down even if the U.S. Supreme Court rules entirely against the California law. If the Court does not uphold the statute, advocates will begin to consider new and creative approaches to addressing the harms of anti-choice crisis pregnancy centers. These may include seeking alternative options towards regulation and public education, eliminating state public funding of fake health centers, and addressing unethical behavior of licensed healthcare professionals who work in them.

Whether ultimately having an abortion or carrying to term, it is critical that pregnant individuals receive accurate, evidence-based information and proper pregnancy-related medical care to ensure the safety and best possible pregnancy outcome for themselves and their families. As such, it is necessary to limit how and in what ways anti-choice crisis pregnancy centers engage with the public.
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