Will the Deception Ever End?
An Investigative Report of Anti-Choice Crisis Pregnancy Centers in Maryland
NARAL Pro-Choice Maryland Fund
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What are crisis pregnancy centers?

- Anti-choice crisis pregnancy centers 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, but operate with the purpose of discouraging abortion as a pregnancy outcome option, and often provide false information about certain forms of contraception.

- There is currently a national call to reframe this issue by no longer referring to these centers as “crisis pregnancy centers”, but as “fake women’s health centers” or “fake health centers”.

What are CPCs?
There are approximately 50 crisis pregnancy centers (anti-abortion fake "clinics") in Maryland. The purpose of these centers is to stop people from obtaining abortion care. They do this through false advertising deception, scare tactics, and (in some cases) physically detaining people. Below are examples of their signage:
The 2008 report

• In 2007, NARAL Pro-Choice Maryland Fund (NPCMF) conducted an undercover investigation of a sample of Maryland anti-choice crisis pregnancy centers (centers) to assess whether they were intentionally providing biased services to individuals seeking pregnancy-related information and care.

• 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 visitors to these centers of the limitations in services provided.
The 2018 report: click here to view

• In 2017, NPCMF undertook another round of onsite investigations to update its existing data on the current scope of services and staffing of these centers.

• Three approaches to gathering information

• The study results reveal that ten years later, there is a continuation and escalation of the tactics identified in the initial report.
The Results of the 2018 Reports Show Several Clear Trends:

• The majority of anti-choice centers were willing to conduct “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 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, as well as about potential risks of pregnancy and side effects of contraception.
Map of Crisis Pregnancy Centers and Title X Family Planning Clinics - Eastern Maryland Focus
Goal of Report

Volunteers at NARAL Pro-Choice Maryland Fund collected data and performed an analysis of all forty-six crisis pregnancy centers open in the State of Maryland in 2017. 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.
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• NPCMF volunteers attempted to contact each center across the state by telephone to learn how center staff 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.

• The other third of the responses did not confirm nor deny that anti-abortion information would be provided onsite, but that the role of the center staff was to encourage the caller to visit the center.
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- A website analysis reveals that all forty-six crisis pregnancy centers (CPCs) in Maryland are anti-choice, anti-abortion centers, often masking as medical clinics, presenting biased language and aiming to dissuade or entirely prevent women from considering abortion as a pregnancy outcome option.

- Phrases used throughout the sites included the following:
  - “It is the right of every child to be born”
  - “We do not provide or promote abortion or contraception”
  - “Our mission is to affirm the value of life”
  - “We do not offer, recommend or refer for abortions or abortifacients”
  - ”Enable all women to continue their pregnancies”
Quotes From Center Staff

- “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.”

- “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.”

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

- Visitor observation reveals that CPCs 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.

- Many of the CPCs visited during the study presented themselves as licensed 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 advisement.
STI & Pregnancy Testing

• All visited centers offered free pregnancy tests. The variation among them came only from how the test was administered and read. Three centers required a NPCMF volunteer to sign a document acknowledging that the pregnancy be formally verified by an OB-GYN.

• While STI testing was commonly listed as an offered service at the centers, over half of the volunteers reported that they were not offered the testing and the majority of centers did not discuss or share information regarding STIs.
Experiences with Center Staff

• Initial interactions with staff members were generally reported to be friendly, sympathetic and kind.
• Multiple staff members shared their personal phone numbers and followed up with volunteers, often for several weeks.
• However, once there was a positive pregnancy test, many of the interactions in the visits were reported as more judgmental and confrontational.
• One volunteer’s pregnancy was referred to as a “mistake” after her positive pregnancy test, and another was called a “train wreck” after crying in the office.
Birth Control “Counseling”

- Over 90% of NPCMF volunteers reported that information sessions did not discuss birth control options. If contraception became a topic of conversation, abstinence was emphasized and birth control pills were criticized.

- 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.
Abortion “Counseling”

- Centers that discussed abortion tended to heavily emphasize the potential risks of the procedure. Medication abortion procedures were described as risky and center staff alleged that abortion providers did not follow FDA guidelines.

- 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. Other serious complications listed included sepsis, blood poisoning, puncturing of the uterus, and/or fetal tissue decay.
Sonograms/Ultrasounds

• All centers encouraged NPCMF volunteers to accept sonograms upon testing positive for pregnancy, most volunteers were unable to confirm whether the ultrasounds were being performed by someone with a medical background

• NPCMF volunteers shared their concerns about the use of sonograms and ultrasounds in centers in their post-visit surveys. 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 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.

• Center staff also frequently encouraged “pregnant” volunteers to schedule follow up appointments for ultrasounds in order to stall pregnancy decisions and delay prenatal care

Why is it important?

• First case before SCOTUS attempting to counter the deceptive practices of anti-choice information centers, also known as crisis pregnancy centers (CPCs)
• The Court reversed and remanded the 9th Circuit’s ruling that it should be upheld

Background

• The National Institute of Family and Life Advocates and two other religiously-affiliated pro-life entities engaged in providing pregnancy-related services sought to enjoin the enforcement of the California Reproductive Freedom, Accountability, Comprehensive Care, and Transparency Act (the “Act”)
• The law’s stated purpose is to ensure access to reproductive health services for all California women, regardless of income
• NIFLA argued that the Act’s requirements that (1) licensed clinics provide information to patients about free and low-cost publicly funded family planning services, including contraception and abortion, and that (2) unlicensed clinics inform patients of their unlicensed status violated their free speech and free exercise rights under the First Amendment.
The findings of the NPCMF 2008 report, “The Truth Revealed” 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.

Maryland was the first state in the nation to introduce such measures. A bill was introduced during the 2009 Maryland General Assembly requiring that all CPCs advertise 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, the city appealed to the U.S. Supreme Court, and lost.

Enactment of local and statewide measures in California, New York, Washington, and Hawaii have all cited Baltimore City and Montgomery County’s CPC regulation efforts.
Maryland attempts to counter CPCs: Montgomery County

• *Centro Tepeyac v. Montgomery County*

• In February, 2010, the Montgomery County Council, adopted the Resolution No. 16–1252.

• The Resolution required each such center to “post at least 1 sign in the Center” disclosing, that “the Center does not have a licensed medical professional on staff,” and that “the Montgomery County Health Officer encourages women who are or may be pregnant to consult with a licensed health care provider.” The sign was to be “written in English and Spanish,” “easily readable,” and “conspicuously posted in the Center's waiting room or other area where individuals await service.”

• The U.S. District Court for the District of Maryland issued a preliminary junction decision enjoining enforcement of the resolution’s disclosure that “the Montgomery County Health Officer encourages women who are or may be pregnant to consult with a licensed health care provider” while leaving in place the resolutions requirement to disclose that “the center does not have a licensed medical professional on staff”.

• In 2014, the U.S. Fourth Circuit Court of Appeals ruled that the County failed to establish that the practices of limited service pregnancy resource centers are causing pregnant women to be misinformed which is negatively affecting their health. Therefore, the court granted the motion for summary judgment permanently enjoining the county from enforcing the resolution.
Baltimore City ordinance

- **Greater Baltimore Center for Pregnancy Concerns, Inc. v. Mayor & City Council of Baltimore**

- In December of 2009, the City enacted Ordinance 09–252.79 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.

- Following its enactment, a CPC 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.

- After several years in appeals, the Fourth Circuit issued an opinion in January, 2018, finding Baltimore City’s CPC ordinance unconstitutional as it violated the First Amendment’s freedom of speech clause. The court noted that while a city has considerable latitude in regulating public health and deceptive advertising, Baltimore’s chosen means are “too loose a fit with those ends.” 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.

- Eventually, Baltimore City appealed to SCOTUS in January 2018. The appeal failed shortly after the release of the **NIFLA v. Beccera** decision in June 2018.
Effects of NIFLA ruling

• The *NIFLA v. Becerra* ruling will have an impact on the strategies of both pro-choice and anti-choice advocates.

• It is important to note that no other statute will be automatically struck down, even though the Supreme Court sided with *NIFLA*

• At this point, advocates must 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.
Next steps

• More policy research after analysis of NIFLA ruling
• Public forums about the influence of these centers across the state
• Story sharing of those who have visited CPCs
• Surveying medical care providers about the influence of CPCs in their communities to assess public health and safety factors
• Determine continuation and expansion of current public awareness strategies
Get involved!

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• Donate to support our work: www.prochoicemd.org/donate
• Join our email list, our legislative rapid response list, and our volunteer list to learn more about our work and how to get more involved: http://bit.ly/choiceactionnetwork
• Want to help with organize a public forum in your area? Email me: diana@prochoicemd.org