

Memo

Date: September 18, 2024

Re: Leading Medical Associations on the Unregulated Pregnancy Clinic Industry

Leading medical associations agree unregulated pregnancy clinics (also known as “crisis pregnancy centers/CPCs”):

1. Do not but should have regulatory oversight (AMA, APHA, SAHM)
2. Are not required to abide by federal health information privacy laws (AMA, ACOG)
3. Engage in deceptive practices (AMA, APHA, ACOG)
4. Should not receive public funding (AMA, APHA, ACOG, SAHM)

AMERICAN MEDICAL ASSOCIATION (AMA)

UPCs do not but should have regulatory oversight

- “[AMA] urges the development of effective oversight for entities offering pregnancy-related health services and counseling”
(<https://policysearch.ama-assn.org/policyfinder/detail/truth?uri=%2FAMADoc%2FHOD.xml-0-3697.xml>)

UPCs are not required to abide by federal health information privacy laws

- “[AMA] advocates that any entity licensed to provide medical or health services to pregnant women (a) ensure that care is provided by appropriately qualified, licensed personnel; and (b) abide by federal health information privacy laws”
(<https://policysearch.ama-assn.org/policyfinder/detail/truth?uri=%2FAMADoc%2FHOD.xml-0-3697.xml>)
- “Health care information is one of the most personal types of information an individual can possess and generate—regardless of whether it is legally defined as “sensitive” or protected health information under HIPAA—and individuals accessing, processing, selling, and using it without the individual’s best interest at heart can cause irreparable harm.”
<https://www.ama-assn.org/system/files/2020-05/privacy-principles.pdf>

UPCs engage in deceptive practices

- “[AMA] advocates that any entity offering crisis pregnancy services (a) truthfully describe the services they offer or for which they refer...and (b) be transparent with respect to their funding and sponsorship relationships.”
(<https://policysearch.ama-assn.org/policyfinder/detail/truth?uri=%2FAMADoc%2FHOD.xml-0-3697.xml>)

- “AMA discourages the use of marketing, counseling, or coercion (by physical, emotional, or financial means) by any agency offering crisis pregnancy services that aim to discourage or interfere with a pregnant woman’s pursuit of any medical services for the care of her unplanned pregnancy”
(<https://www.ama-assn.org/system/files/a22-handbook-combined.pdf>.)

UPCs should not receive public funding

- “[AMA] urges that public funding only support programs that provide complete, non-directive, medically accurate health information to support patients’ informed, voluntary decisions”
(<https://policysearch.ama-assn.org/policyfinder/detail/truth?uri=%2FAMADoc%2FHOD.xml-0-3697.xml>)
- “But the increase in state funding has alarmed abortion rights supporters, who accuse the centers of misleading pregnant women and point to warnings by medical groups including the American Medical Association, which has called for a halt to public funding and has asked the organizations to ‘truthfully describe the services they offer.’ ”
<https://www.washingtonpost.com/politics/2023/09/14/gop-lawmakers-crisis-pregnancy-centers-state-funding/>

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

UPCs do not but should have regulatory oversight

- “APHA encourages state and local governments to require CPCs to disclose that (1) the center is not a medical facility or medical clinic, (2) the center does not perform or provide referrals for abortion, and (3) the center does not prescribe or provide referrals for Food and Drug Administration (FDA)-approved contraception”
(<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/08/33/regulating-disclosure-of-services-and-shipment-of-crisis-pregnancy-centers>)
- “APHA calls on regulatory bodies to deny relevant medical licenses to clinics that offer family planning services but do not provide comprehensive, nondirective reproductive health counseling. Clinics eligible for funding must offer pregnancy counseling that incorporates all options, including abortion, and offer referrals for abortion and other reproductive health services not offered on-site. Pregnancy counseling will be based on standard medical practice and available scientific evidence. An example of a federal regulatory body would be the DHHS Office of Population Affairs, which would deny Title X grants to clinics that do not provide comprehensive pregnancy counseling and refer for abortions under this policy recommendation. States could make crisis pregnancy centers ineligible for state Medicaid reimbursement.”

<https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Improving-Health-Department-Role-in-Activities-Related-to-Abortion>)

UPCs engage in deceptive practices

- “CPCs engage in practices to manipulate and deceive pregnant people seeking abortion care. Research has documented a number of these practices, including naming facilities to sound like legitimate family planning clinics, locating facilities nearby legitimate abortion or family planning clinics, advertising services under “abortion” or “medical” categories online and in the Yellow Pages, and misleading clients by offering free services such as pregnancy testing, ultrasounds, and biased counseling to deter abortion.”

<https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Improving-Health-Department-Role-in-Activities-Related-to-Abortion>)

- “APHA encourages federal, state, and local governments to enforce existing consumer protections and other laws when those laws prohibit the kind of deceptive practices engaged in by many CPCs”

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/08/33/regulating-disclosure-of-services-and-sponsorship-of-crisis-pregnancy-centers>)

UPCs should not receive public funding

- “APHA urges federal, state, and local governments to support only programs that provide medically accurate and unbiased information to women facing unintended pregnancies”

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/08/33/regulating-disclosure-of-services-and-sponsorship-of-crisis-pregnancy-centers>)

- “APHA calls on elected officials to discontinue state and federal funding of crisis pregnancy centers that interpret religious beliefs to deny abortions to individuals seeking comprehensive reproductive health counseling, including abortion referrals.”

<https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Improving-Health-Department-Role-in-Activities-Related-to-Abortion>)

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG)

UPCs are not required to abide by federal health information privacy laws

- “Lacking Privacy, Security, and Accountability CPCs—particularly those that are not staffed by medical professionals—are not bound by federal privacy laws, such as HIPAA, and therefore are not legally bound to protect their patients’

information or confidentiality. They also lack the regulatory oversight that governs legitimate medical clinics.”

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

UPCs engage in deceptive practices

- The American College of Obstetricians and Gynecologists note that CPCs pose a threat to public health by intentionally delaying access to legitimate health care, spreading misinformation about “abortion reversal”, operating without appropriate privacy measures or accountability, and targeting marginalized and vulnerable populations.

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

- The American College of Obstetricians and Gynecologists has issued warnings about the “dangers” of the centers, including spreading false claims that abortion increases the risk of cancer, suicide and infertility. The organization also said staff at centers often use “misinformation and manipulation to delay people in finding abortion care until their pregnancies have progressed past the legal limit for abortion.” The group has also criticized centers for promoting an “abortion pill reversal” procedure, which it says is “unproven,” “unethical” and “dangerous.” Most medication abortions involve a two-step process. The centers encouraged pregnant people to not take the second pill — misoprostol — and instead take doses of progesterone, a hormone typically used to promote the growth of a fetus.

<https://www.washingtonpost.com/politics/2023/09/14/gop-lawmakers-crisis-pregnancy-centers-state-funding/>)

UPCs should not receive public funding

- Both ACOG and AMA call upon advocates and elected officials to ensure that state and federal funding supports legitimate healthcare organizations that provide “comprehensive, medically accurate, and nondirective counseling and referrals”.

<https://www.washingtonpost.com/politics/2023/09/14/gop-lawmakers-crisis-pregnancy-centers-state-funding/>

SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE (SAHM)

UPCs do not but should have regulatory oversight

- “SAHM urges all governmental, regulatory (e.g., medical and nursing boards), and accrediting bodies with responsibility for enforcing medical and ethical practice standards to ensure that health care professionals providing services at

CPCs and services delivered at UPCs adhere to established standards of care.”
(<https://doi.org/10.1016/j.jadohealth.2019.08.008>)

UPCs should not receive public funding

- “In 2019, the Society for Adolescent Health and Medicine (SAHM) and the North American Society for Pediatric and Adolescent Gynecology (NASPAG) published a joint position statement opposing CPCs. The statement encourages government entities ‘to only support programs that provide medically accurate, unbiased, and complete health ‘care information,’ including information about FDA-approved contraceptives and ‘the full range of pregnancy options.’ ” (<https://doi.org/10.1016/j.jadohealth.2019.08.008>)