



Memo

TO: Interested Parties
DATE: June 25, 2026
RE: Is there a Doctor in the House? A National Analysis of Medical Service Oversight at Unregulated Pregnancy Clinics

On Mother's Day, May 10, the U.S. Department of Health and Human Services launched Moms.gov, a federal website designed to connect pregnant women and families with pregnancy-related resources and services. The platform promotes unregulated pregnancy clinics (UPCs) alongside federally qualified health centers (FQHCs) as resources for pregnant patients.

The launch of Moms.gov raised a straightforward and important question: for UPCs increasingly marketing their services as healthcare, what is the clinical capacity and oversight for this care?

A 2024 study published in JAMA Internal Medicine found that more than 90% of UPC websites in the U.S. advertise medical services, including pregnancy tests, sexually transmitted infection tests, and obstetric ultrasound. Many UPC websites state that these services are provided under the supervision of a licensed "medical director."

UPC leaders describe "medical directors" as central to clinic operations. During testimony before the Louisiana House Committee on Health and Welfare in April 2026, UPC industry representatives described "medical directors" as responsible for establishing standing orders, approving clinical protocols, reviewing policies, and supervising clinic staff. They testified that UPC medical services are "*provided under the license of a medical director,*" even when these people may not provide direct patient care or interact with patients.

To better understand the UPC industry’s medical oversight structure, RHFw analyzed 1,938 UPC websites and conducted supplemental research using public records, licensing databases, organizational filings, media reports, and other publicly available sources to identify physicians serving as UPC medical directors.

RHFw found:

1. Most UPC websites do not identify a verifiable “medical director”;
2. Fewer than half of identified UPC “medical directors” are OBGYNs;
3. Most identified UPC “medical directors” appear to be employed elsewhere; and
4. Most identified UPC “medical directors” do not publicly disclose their UPC affiliation.

A. KEY FINDINGS

1. Most UPC Websites Do Not Identify a Verifiable Medical Director.

Despite widespread claims of physician oversight, RHFw found that most UPC websites do not identify the physician responsible for supervising medical services, suggesting that the overwhelming majority of patients visiting UPC websites – as well as state and federal lawmakers and regulators - cannot determine who is responsible for overseeing advertised medical services.

Of the 1,938 websites RHFw reviewed, only 153 publicly disclosed a verifiable medical director. Even after extensive supplemental research (see Appendix A, Methodology), RHFw was able to identify only 239 UPC medical directors, who were associated with 349 of approximately 2,633 known UPC locations nationwide.

Table 1. Transparency of Identified UPC Medical Oversight on UPC Websites

Measure	Finding
UPC websites reviewed	1,938
Websites identifying a medical director	153
Websites without identifiable medical director	Approximately 92%

2. Fewer Than Half of Identified UPC Medical Directors Are OBGYNs.

RHFw found that fewer than half of identified medical directors specialize in obstetrics and gynecology. The identified medical directors included specialists in psychiatry, anesthesiology, ophthalmology, and other disciplines.

Table 2. Specialty of Identified UPC Medical Directors

Specialty	Number	Percent
OBGYN	114	47.7%
Other specialties	125	52.3%

3. Most Identified UPC Medical Directors Appear to be Employed Elsewhere.

Among identified UPC medical directors, 77 percent appear to maintain primary employment outside the UPCs they oversee. Many maintain hospital appointments, private practices, academic affiliations, or other clinical responsibilities that appear unrelated to the UPC.

Table 3. Employment Status of Identified UPC Medical Directors

Status	Percent
Employed elsewhere	77.0%
Retired	7.1%
Other/Unknown	15.9%

This finding does not necessarily indicate inadequate oversight. However, it raises legitimate questions regarding the amount of time and attention UPC medical directors have available for supervision of UPC operations and patient care, particularly given that pregnancy complications can emerge rapidly and, in some obstetric emergencies, minutes can meaningfully affect clinical outcomes.

4. Most Do Not Publicly Disclose Their UPC Affiliation.

Only 15.1 percent of identified medical directors publicly acknowledge their affiliation with a UPC in professional biographies, institutional profiles, or social media accounts.

Table 4. Identified UPC Medical Director Public Disclosure of UPC Affiliation

Measure	Finding
Medical directors identified	239
Publicly disclose UPC affiliation	36
Percent publicly disclosing affiliation	15.1%

This level of non-disclosure is unusual given that physicians frequently disclose volunteer, academic, board, and advisory affiliations elsewhere.

B. MEDICAL OVERSIGHT AND INFORMED PATIENT DECISION-MAKING

This brief does not consider whether UPCs should be permitted to provide medical services. It is about transparency. As federal agencies direct pregnant patients to organizations that advertise physician-supervised care, patients, policymakers, and regulators should be able to identify the physicians responsible for that oversight and understand how the oversight model functions in practice. Patients seeking pregnancy-related services through government-backed websites like Moms.gov - or based on the content on UPC websites, themselves - may reasonably expect to know:

- Who oversees the medical services they receive;
- Whether that individual holds a current license to practice in their state;
- Whether that individual specializes in reproductive healthcare;
- Whether that individual is actively involved in clinic operations; and
- Whether that individual can be held accountable for clinical decisions.

Our findings suggest that, in most cases, UPC patients may not be able to readily answer those questions.

C. RECOMMENDATIONS

To improve transparency and strengthen patient confidence, policymakers should consider enacting policy to:

1. **Require Disclosure of UPC Medical Directors.** Facilities advertising medical services should also identify the physician responsible for clinical oversight.
2. **Require Disclosure of UPC Medical Director Credentials.** Patients should have access to information regarding specialty, licensure, and qualifications.
3. **Require Transparency as a Condition of Government Referral.** Organizations listed on federal and state referral platforms such as Moms.gov should meet minimum transparency standards regarding medical leadership.

Appendix A: Methodology

The findings in this memo come from research RHFV conducted between February and August 2025. To examine the presence and professional credentials of medical directors at unregulated pregnancy clinics, we began by referencing CPC Map’s reported total of 2,638 UPC locations nationwide in 2024. Based on this population size, we calculated a target sample of 336 UPC locations to achieve a 95% confidence level and a 5% margin of error—sufficient for generalizing findings across the full UPC industry.

Using ChoiceWatch.org to search webpages catalogued by the platform in Fall 2024, we searched 1,938 UPC websites (many of which account for multiple UPC locations) to identify occurrences of the term “medical director.” This search yielded 326 instances. Each instance was individually verified, resulting in the confirmed names of 153 unique medical directors—representing approximately 8% of UPC websites cataloged on the platform. RHFV found that, largely, instances of the term “medical director” where an individual was not named corresponded to text promoting services “overseen by a medical director” without naming that person.

To reach the target of 336 UPC locations, increase the geographic and institutional diversity of the data sample, and ensure representation from as many states as possible, we conducted supplemental desk research of publicly available sources to identify named medical directors that did not come up in the ChoiceWatch search of website data. This included reviewing news articles, IRS Forms 990, state databases, archived web pages, and public social media posts. Through this process, we identified an additional 86 UPC medical directors. In total, our data sample included 239 medical directors affiliated with 349 UPC locations.

Figure 1. Confirmed UPC medical director data sets

Data Set #1	Data Set #2
153 UPC medical directors identified using a ChoiceWatch search for the term “medical director”	86 UPC medical directors identified through additional desk research
Total sample of 239 medical directors	

At least one UPC medical director was identified in all states except Delaware, Maine, and South Dakota. RHFV sent FOIA requests to the state departments of

health in each of these states requesting records on known licensed medical personnel at each UPC location that promote medical services “under the supervision of a medical director”. If there is no such record, the FOIA request asks for confirmation of the absence of this information.

For each identified medical director, we established non-UPC employment status through online searches, verified through official organizational websites and, when necessary, confirmed by direct phone inquiry. See Figure 2.

Figure 2. Analysis of confirmed UPC medical directors

	Data Set #1	Data Set #2	Total (Combined)
Total UPC locations	2,663		
Total # Medical Directors Identified	153	86	239
Total # UPC Locations with Medical Directors Identified	243	106	349
Total % UPC Locations with Medical Director Identified	13.11%		
# of Medical Directors OBGYN	75	39	114
% Medical Directors OBGYN	49.0%	45.3%	47.7%
# Medical Directors Retired	10	7	17
# Medical Directors Employed Elsewhere (excluding retired)	122	62	184
% Medical Directors Employed Elsewhere (excluding retired)	79.7%	72.1%	77.0%
# Public Disclosures of Affiliation by UPC Medical Directors	18	18	36
% Medical Directors Identifying with UPC Publicly	11.8%	20.9%	15.1%

We relied on state medical licensing board databases for licensing and disciplinary history, supplemented with searches of the Federation of State Medical Boards’ DocInfo tool, as well as county and state court records, to identify any relevant malpractice history.

Appendix B: Number of Medical Directors Identified, by State

State	Number of Known UPCs ¹	Number of Verified Medical Directors
Alabama	56	6
Alaska	9	2
Arizona	45	3
Arkansas	43	2
California	146	30
Colorado	49	9
Connecticut	23	1
Delaware	5	0
Florida	161	13
Georgia	95	6
Hawaii	7	1
Idaho	23	2
Illinois	104	4
Indiana	96	8
Iowa	53	4
Kansas	44	4
Kentucky	53	5
Louisiana	36	6
Maine	12	0
Maryland	39	5
Massachusetts	28	2
Michigan	99	7
Minnesota	73	4
Mississippi	29	3
Missouri	91	6
Montana	15	5
Nebraska	23	1
Nevada	9	3
New Hampshire	15	2

¹ Based on data found on Crisis Pregnancy Center Map, <https://crisispregnancycentermap.com/>, last accessed on March 30, 2026

New Jersey	41	3
New Mexico	27	2
New York	92	3
North Carolina	99	9
North Dakota	10	3
Ohio	124	9
Oklahoma	51	5
Oregon	41	8
Pennsylvania	154	6
Rhode Island	3	1
South Carolina	34	4
South Dakota	10	0
Tennessee	61	5
Texas	204	12
Utah	8	3
Vermont	7	1
Virginia	57	7
Washington	44	3
West Virginia	17	3
Wisconsin	53	5
Wyoming	11	3

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