Reproductive Health *and* Freedom Watch

Memo

TO: Interested Parties
DATE: August 24, 2026
RE: Trends in unregulated pregnancy clinic-related legislation: What the 2026 legislative session revealed about UPC power and accountability

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Today, there are an estimated 2,600 unregulated pregnancy clinics (UPCs) operating in the US with a footprint in every state and annual revenue projected at $2.6 billion for 2026. UPCs – aka "crisis pregnancy centers" or "pregnancy resource centers" – promote a range of services including free pregnancy tests, obstetric ultrasounds, STI testing and treatment, "abortion consultation," fatherhood programs, parenting classes, and material support for pregnant women and young families. As part of our ongoing monitoring of the UPC industry and its allies, Reproductive Health and Freedom Watch tracks UPC-related legislation in state legislatures across the country. In 2026, RHFW tracked over 100 such bills in 32 states. See Appendix A for the full list of RHFW-tracked legislation.

In committee hearings and floor debates across the country, state legislators are grappling with the role of UPCs in the broader health care and social service landscape. Over 90% of UPCs offer medical services[1], and in May 2026 the U.S. Department of Health and Human Services released "moms.gov," a pregnancy-care resource that presents UPCs alongside Federally Qualified Health Centers as comparable sources of care.[2] As mounting testimony from UPC patients raises questions about the safety of UPC medical services, lawmakers across the country and across the aisle are confronting a broader question: *If UPCs provide medical care like health care providers, receive public funding like social-service providers, and influence public policy like political organizations, why should they be exempt from the accountability expected of each?*

In 2026, we tracked 114 UPC-related bills considered by state legislatures across the country. The 2026 legislative session marked an important shift in the UPC policy landscape, revealing two competing strategies:

- **Protect the UPC industry.** The UPC industry and its allies sought to expand the industry's reach and resources, and to secure special legal protections, funding programs, and tax benefits OR

[1] Desai KS, Keene H, Dredze M, Smith DM, Ayers JW. Characterizing Services Advertised on Crisis Pregnancy Center Websites. *JAMA Intern Med.* 2025;185(2):238–240. Doi:10.1001/jamainternmed.2024.6440
[2] U.S. Department of Health and Human Services. (n.d.). *Moms.gov: Resources, information, and help for new and expecting mothers*. Retrieved from https://www.moms.gov

- **Protect UPC patients and state taxpayers.** Advocates for UPC patient protection and taxpayer accountability increasingly sought to regulate the UPC practices that most demand patient and taxpayer accountability, and where UPC power depends on exceptional treatment—medical services, patient data, public funding, and misleading representations to consumers.

TAKEAWAYS FROM 2026

1. Lawmakers are beginning to challenge the regulatory exceptionalism that has allowed UPCs to expand. Across the country, 2026 saw a significant increase in legislative proposals to protect UPC patients' health, safety, and privacy. During 2026 sessions, legislators in 19 states considered 58 bills to protect UPC patients. Aside from the significant increase in the number of bills focused on regulating the UPC industry compared to past years, there was a shift in the focus of legislation introduced. Across the country, legislators pivoted from policy focused on deceptive practices - such as misleading advertising and spreading misinformation - to policies focused on accountability for taxpayer funding and protecting the privacy and safety of UPC patients:

- **Financial Transparency.** States that directly appropriate funding to UPCs saw an influx of bills focused on financial transparency and accountability. In Arkansas, the legislature successfully re-passed an amendment requiring financial reporting for UPCs receiving taxpayer dollars. In Oklahoma, where a quarter of the state's Health Department budget goes to the UPC industry, Representative Mickey Dollens introduced taxpayer funding reporting requirements. When the bill failed to receive a hearing, Rep. Dollens requested detailed information about state funds from the Oklahoma Pregnancy Care Network, which administers and regrants those funds, only to receive no response.
    - Examples: AR HB1064, OK HB3908

- **Patient Privacy.** Because the vast majority of UPCs do not bill for services, they are not covered entities under HIPAA—leaving the sensitive health information clients share with them outside HIPAA's privacy protections.[3] Many legislators are working to close this loophole with bills that create privacy protections for UPC patients or consumer health privacy bills that would protect patients visiting all non-profit providers of health services. In Louisiana, Representative Mandie Landry introduced data privacy requirements for UPCs receiving state funding. The bill passed unanimously through the House after receiving support on the floor from a member of the state Freedom Caucus. In Massachusetts, sponsors of a broad data

[3] "Addressing The HIPAA Blind Spot For Crisis Pregnancy Centers," Health Affairs Forefront, November 15, 2024. DOI: 10.1377/forefront.20241114.44778

privacy bill drafted language to ensure UPCs would be covered, protecting the private health data of patients seeking care.
    - Examples: LA HB897, MA S2619

- **Medical Standards.** Close to 30% of bills to establish UPC patient protections introduced in 2026 focused on medical standards. This includes bills seeking to regulate the provision of obstetric ultrasound, implement health and safety oversight and requirements, and amend codes of professional responsibility to prevent state-licensed medical providers from knowingly participating in deceptive practices. In New York, Senator Michelle Hinchey introduced a bill that would make it a risk to their professional license for doctors to engage with facilities they know are misleading patients about medical services and/or oversight. In Indiana, Representative Maureen Bauer introduced a bill to ensure obstetric ultrasounds are provided by licensed providers, similar to legislation already passed in Washington, California, and Massachusetts.
    - Examples: IN HB1014, NY S8709

In advocating for these patient protections, state legislators demonstrated a growing understanding of UPC industry harms and mastery of new strategies for communicating these to the public. Committee hearings increasingly moved beyond ideological debates and into operational questions that industry leaders were often poorly prepared to answer, such as: *Who performs ultrasounds? Who interprets ultrasound scans? What are the protocols for medical emergencies? How is patient data stored? How are taxpayer dollars spent?*

These questions matter because they shift the debate away from the UPC industry's preferred identity—as charitable organizations helping pregnant women—and to the responsibilities they have as medical service providers.

2. In 2026, UPC allies pursued a coordinated strategy to expand and entrench the industry's power, championing 56 bills that conferred special funding, exemptions, and privileges without corresponding oversight. In line with recent years, this session the UPC industry and its allies advanced legislation to direct funding to UPCs, create special tax programs, and carve out special legal protections. Viewed individually, these proposals can look like unrelated tax, budget, criminal justice, or speech bills. **Viewed together, these efforts reveal something more consequential: a strategy to institutionalize UPCs as a permanent, publicly supported part of the post-*Dobbs* reproductive health landscape while shielding them from standards and safeguards that apply to other health care providers.**

- **Special legal protections.** In five states this session, the UPC industry and its allies advocated for special legal protections beyond what would apply to a similar non-profit. The most prominent example was the CARE Act, a model bill from the conservative legal organization Alliance Defending Freedom, which seeks to pre-emptively prohibit any future censure of UPC speech. Additionally, in Tennessee, the Senate passed a bill to increase the crime of arson against a UPC from a Class C Felony to a Class B Felony. Speaking in support of the bill, sponsor Representative Greg Martin justified increasing the severity of the felony by equating UPCs with places of worship – an example of how the industry's characterization of itself is fluid and opportunistic.
    - Examples: Wyoming HB3, New Hampshire HB1416, Tennessee SB1660/HB2260

- **Special funding programs.** State legislatures directed a combined $207 million to the UPC industry in 2026, the highest yearly total recorded to date. Beyond direct appropriations, several states additionally channeled funding to the industry by funding the advertisement of UPC services through dedicated marketing campaigns, often through state-funded platforms.
    - Examples: Arizona HB2229, Missouri HB2011, South Carolina SB717

- **Special tax benefits.** Ohio enacted a special tax credit for donations to UPCs this session, the seventh state to do so. By reducing the total an individual owes in state taxes based on the amount that person donated to a UPC, states effectively route millions in taxpayer funding to UPCs.
    - Example: Ohio SB9

3. Statements during committee hearings and floor debates only sharpen the central inconsistency: while the UPC industry seeks legal exemptions and privileges for itself, it works to block protections for its patients. The industry's characterization of UPCs is notably fluid. When seeking funding, they are social-service providers. When advertising ultrasounds and pregnancy testing, they are medical clinics. When seeking enhanced criminal protections, they are likened to houses of worship. And when lawmakers propose medical, privacy, or financial oversight, they are private religious charities threatened by government intrusion.

In the same session, sometimes only days apart, the UPC industry advocated for its own special protections while rejecting any protections, including basic privacy protections and funding transparency, for the vulnerable women and families it serves. In Louisiana and Oklahoma, the comparison was especially stark:

- **Louisiana:** In opposition to HB 611, which would have brought UPCs under an existing medical clinic licensing program, UPC industry leaders and allies testified repeatedly that the UPC industry both "self-regulates" and is already under sufficient existing regulation:
    - "*We are an industry that regulates ourselves. I really can't think of any pregnancy center in Louisiana that is doing anything less than what we're doing*" - Dorothy Wallis (founding board member of national UPC industry leader and legal service provider, NIFLA), testifying against HB 611
    - "*Any healthcare services like ultrasounds or pregnancy tests are provided under the licensure of a medical director*" - Erica Inzina (policy director, Louisiana Right to Life), testifying against HB 611
    - "*[UPCs] are already being regulated because they're being regulated as doctors, nurses, and other healthcare professionals*" - Angela Thomas (senior counsel, Alliance Defending Freedom), testifying against HB 611

  These arguments expose an obvious contradiction: if the industry is genuinely self-regulating and operating lawfully, legislation establishing basic patient protections should pose little threat. Yet, the industry and allies rejected a measure during the same legislative session to ensure HIPAA privacy protections for UPC patients' sensitive personal health information. If UPCs already meet rigorous self-imposed confidentiality standards, extending enforceable privacy protections to their patients should impose little practical burden. Yet UPC industry representatives and allies opposed precisely such a requirement on ideological grounds, never disputing the need for privacy protections or engaging with the substance of the policy itself.
    - "*They're just putting another layer of monitoring on these centers regarding confidentiality that just isn't needed.*" - William Hall (director, Office of Public Policy, Louisiana Baptist Convention), testifying against HB897
    - "*When I'm reading this, it seems logical that there should be privacy protection, well of course they should maintain confidentiality...But I have to stop here. I have to stop and say what is exactly behind all of this? Is there a motive? Is there an agenda behind all of this?*" - Senator Heather Cloud, questioning HB897

- **Oklahoma:** In their efforts to extend eligibility for the state's UPC funding program to grantees located outside the state, specifically Human Coalition, Oklahoma legislators removed an amendment that would have required (1) UPC health care providers be licensed in Oklahoma and (2) that UPC client data be stored securely. In a hearing for the policy, the sponsor clearly stated this change was *directed* by Human Coalition and had no response to concerns about privacy protection:

- *"When the group that's benefiting from the large appropriation we just made comes in and says 'Hey, this amendment causes a problem for us, we'd like it out'...All the thing said is that they need to be located in Oklahoma and licensed in Oklahoma...If one of those requirements is a problem for our existing centers, then I think a lot of the arguments here maybe don't apply as well.*" - Representative Mark Lepak, testifying in favor of SB1503
- "[Human Coalition, a Texas-based UPC network] *helped write the amendment so that it would meet the request.*" - Representative Mark Lepak, testifying in favor of SB1503
- [Responding to a question about data storage and privacy protection measures at UPCs] "*I honestly can't answer that. I just never asked that question.*" - Representative Mark Lepak, testifying in favor of SB1503

If the UPC industry is providing such exemplary services that it warrants not only expanded funding but funding beyond state lines, an opportunity to share impact reporting should be welcome. Yet, UPC leaders and their allies mobilized quickly against basic financial transparency requirements, contacting the chair of the Public Health committee ahead of the bill's scheduled hearing to have it removed from the agenda.

WHAT WE'RE WATCHING FOR IN 2027

Looking ahead to 2027 sessions, RHFW is monitoring:

1. **Federalization of the UPC model.** Does the federal government increasingly direct funding, referrals, or legitimacy toward UPCs, particularly following the launch of Moms.gov?
2. **Expansion into new states.** Does public funding remain concentrated in established states, or does the industry successfully establish funding programs in states that have not historically subsidized UPCs?
3. **Legal insulation.** Does the CARE Act spread to additional states, suggesting a coordinated attempt to preempt emerging state oversight?
4. **Medical legitimacy.** Do UPCs seek deeper integration into maternal-health policy while continuing to resist medical licensing and clinical standards?
5. **Accountability as a national legislative model.** Privacy, ultrasound standards, truthful advertising, licensing, financial transparency, and outcomes reporting will be particularly meaningful models, if versions begin appearing across multiple states.

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APPENDIX A: BILLS RHFW TRACKED DURING THE 2026 LEGISLATIVE SESSION

Bills to protect the UPC industry

State	Bill
Alabama	House bill 235
Arizona	House bill 2229
Arizona	House bill 2017
Arkansas	House bill 1064
Arkansas	House bill 1089
Florida	House bill 5001
Hawaii	House bill 2396
Illinois	House bill 2606
Iowa	House bill 2782
Kansas	House bill 2513
Kansas	House bill 2635
Kansas	House bill 2193
Louisiana	House bill 1
Louisiana	House bill 312
Massachusetts	House bill 2493
Minnesota	Senate bill 5189
Minnesota	House bill 5034
Minnesota	House bill 25
Minnesota	Senate bill 2084
Minnesota	Senate bill 1650
Mississippi	Senate bill 3124
Missouri	House bill 2011
Missouri	House bill 1816
Missouri	House bill 3101
Missouri	Senate bill 1760
Missouri	House bill 1785
Missouri	Senate bill 1547
New Hampshire	House bill 1416
New Jersey	Senate bill 30
New York	House bill 5161
North Carolina	Senate bill 257
Ohio	Senate bill 9
Ohio	Senate bill 261
Ohio	Senate bill 40
Oklahoma	Senate bill 1503

Oklahoma	Senate bill 1290
Oklahoma	Senate bill 1177
Oklahoma	House bill 3194
Oklahoma	House bill 4490
Oklahoma	House bill 2787
Oklahoma	House bill 1201
Pennsylvania	House bill 1962
Pennsylvania	House bill 1841
South Carolina	House bill 5126
South Carolina	Senate bill 32
South Carolina	Senate bill 717
South Carolina	House bill 3012
South Carolina	House bill 3504
Tennessee	Senate bill 2690
Tennessee	House bill 2260
Tennessee	Senate bill 1660
Utah	House bill 2
Virginia	House bill 1428
West Virginia	Senate bill 250
West Virginia	House bill 4188
Wyoming	House bill 3

Bills to protect UPC patients and state taxpayers

State	**Bill**
California	House bill 1500
Georgia	House bill 488
Georgia	House bill 489
Georgia	House simple resolution (H.Res.) 274
Georgia	Senate simple resolution (S.Res.) 207
Georgia	Senate bill 197
Georgia	Senate bill 196
Hawaii	House simple resolution (H.Res.) 138
Hawaii	House concurrent resolution (H.Con.Res.) 144
Indiana	House bill 1014
Iowa	Senate bill 2381
Kentucky	House bill 549
Louisiana	House bill 897
Louisiana	House bill 611
Louisiana	House bill 931

Maryland	House bill 615
Maryland	Senate bill 563
Massachusetts	Senate bill 1244
Massachusetts	Senate bill 2619
Massachusetts	House bill 5472
Massachusetts	House bill 5235
Massachusetts	Senate bill 250
Massachusetts	House bill 1815
Massachusetts	Senate bill 2516
Massachusetts	House bill 461
Massachusetts	Senate bill 29
Massachusetts	Senate bill 45
Massachusetts	House bill 104
Missouri	House bill 2489
New Jersey	House bill 1679
New Jersey	Senate bill 3319
New Jersey	Senate bill 2214
New Jersey	House bill 3753
New York	Senate bill 10124
New York	Senate bill 9634
New York	House bill 10512
New York	House bill 10249
New York	House bill 1547
New York	House bill 4338
New York	Senate bill 8007
New York	House bill 8641
New York	Senate bill 8705
New York	Senate bill 8709
New York	Senate bill 2692
New York	Senate bill 2432
North Carolina	House bill 1120
North Carolina	House bill 861
North Carolina	House bill 522
North Carolina	Senate bill 544
North Carolina	Senate bill 247
Ohio	House bill 245
Oklahoma	House bill 3908
Oklahoma	House bill 3910
Pennsylvania	House bill 2173

Pennsylvania	House bill 461
Virginia	Senate bill 193
Wisconsin	Senate bill 1119
Wisconsin	House bill 1155

Note: RHFW seeks to identify and track all state legislation that directly affects UPCs. However, because bills may not explicitly reference UPCs or may be amended during the legislative process, some relevant legislation may not have been identified. Accordingly, the figures in this memo reflect legislation tracked by RHFW and should not be considered an exhaustive accounting of all UPC-related legislation introduced or considered in 2026.