Ensuring accurate information for pregnant people considering abortion in Illinois

Crisis pregnancy centers and deceptive misinformation

“Crisis pregnancy centers” (CPCs) are organizations that claim to support pregnant people but also seek to intercept abortion seekers and people with unplanned pregnancies, offering prenatal services from an anti-abortion perspective. Despite representing themselves as healthcare facilities by offering services like STI testing and limited ultrasonography, the vast majority do not have medical staff such as doctors or nurses present. (1-3) Instead, they are run by volunteers who may wear white lab coats and—despite “all-options” counseling—refuse to provide patients with abortion clinic referrals or information on abortion and contraceptive use. (1) Many of these centers are affiliated with both national anti-abortion organizations and evangelical Christian networks, marked in their provision of free Bible workshops and abstinence-only sexual education. (4,5) As reproductive rights are restricted across the Midwest and the United States, it remains essential to remove barriers to abortion access.

Duplicitous practices used both in the centers’ acquisition of patients and in their treatment are well documented in literature at city, state, and national levels. Often located near legitimate reproductive health clinics, CPCs utilize co-location to confuse and deceive abortion seekers. (6) Recent data finds that 71% of CPCs use deceptive means including misinformation to attract and mislead patients. (7) In fact, one study of CPCs listed in state resource directories for pregnant people found that over 80% had published at least one false or misleading piece of information regarding abortion’s link to mental health risks, preterm birth, breast cancer, and future infertility. (8) In the post-Dobbs landscape, preserving the safety, security, and agency of abortion seekers is a priority.

Crisis pregnancy center misinformation is a public health issue.

The lack of regulation surrounding CPCs can have harmful consequences for the physical and emotional health of abortion seekers across the United States. (3, 5, 9-11) Staff have been known to deceptively inform abortion seekers that they have “plenty of time” to explore the procedure and misreport gestational age. (3) This practice of falsely reporting an earlier gestational age may result in some abortion seekers unknowingly surpassing the gestational limit in their home state, possibly resulting in additional financial and transportation barriers in accessing abortion care. (3) Additionally, CPCs may deliberately fail to inform patients about prenatal conditions such as ectopic pregnancies for which immediate diagnosis and treatment are critical. (5,12,13) This capacity for physical harm is coupled with the emotional harm that vulnerable people suffer from as they are guilted, misled, manipulated, and shown misleading videos of abortion procedures. (3,10,13) CPCs often most acutely impact vulnerable populations such as people of color, people living in poverty, rural communities, and young people as their services are often free of cost. (2,5) Across the country, CPCs outnumber abortion clinics; in the post-Dobbs landscape, that disparity is projected to increase substantially. (16) Policymakers can and should take steps to protect marginalized communities and pregnant people against the coercive practices of CPCs. (3,10)

As of August 2023, three states—Connecticut, Colorado and Vermont—have enacted policy expressly prohibiting CPCs from deception or fraud. In twelve other states—including Ohio, Missouri, and Minnesota—CPCs are not only unchecked, but receive millions in tax dollars annually. (14) Additionally, CPCs are often registered non-profits (501(c)(3)) which grants them tax-exempt status; this furthers their ability to operate successfully without concerns of tax-related constraints. (15)
Illinois law prohibits CPC misinformation strengthens patient protections

In May 2023, the Deceptive Practices of Limited Services Pregnancy Centers Act (SB1909) passed both houses in the Illinois legislature and was sent to the governor in July. This new law holds CPCs to the same consumer fraud standards as other service-based businesses like car dealerships and retailers. The law establishes a $50,000 fine should a center be found to engage in unfair methods of deception in order to conceal or suppress matters of material fact relating to abortion or emergency contraception. (17) It also allows patients to sue a CPC for compensation should they be deceived or provided misinformation on medical material at any point during treatment. In response to CPCs involvement in digital misinformation via search engines and targeted ads, the law prohibits unfair acts and practices in advertising, soliciting, or otherwise offering services to patients. Additionally, the Illinois Attorney General can now consider a written complaint or conduct investigations into the practices within a CPC under the new law.

From the moment SB1909 was brought to the Senate floor in February 2023, it was met with staunch opposition by anti-abortion groups citing freedom of speech violations. These groups argue the threat of litigation infringes on their right to operate their facilities as they see fit, with many further arguing religious discrimination and refusing to follow the bill as it passes into law. (18) Citing this dissension, a federal judge granted a preliminary injunction against the law two weeks after its signing by the governor, pausing implementation while litigation unfolds. (19) In 2015 California tried to pass a similar law but it was eventually struck down on similar claims of violating freedom of speech. (20) However, California has had success in issuing a consumer alert against CPCs, which may be an avenue for Illinois to pursue if SB1909 remains in legal jeopardy. (21)

By requiring that CPCs give out medically accurate information and restrict false advertising, the state of Illinois is taking important action to protect the well-being of pregnant people.

References


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