

# Anti-Abortion Centers 101: A Primer for State Lawmakers

Anti-abortion centers (AACs), also known as “crisis pregnancy centers” (CPCs) or more misleadingly as “pregnancy resource centers,” pose a serious threat to the reproductive and sexual health of people across the U.S. On the surface, an AAC presents itself as a reproductive health clinic. In reality, it is a tool of the anti-abortion movement that exists primarily to coerce and shame people out of seeking or receiving abortion care.

This document’s purpose is to provide a general overview of some of the many harms caused by anti-abortion centers and offer some suggestions to state lawmakers in addressing those harms.

## What is an anti-abortion center?

An anti-abortion center is a non-profit organization that aims to dissuade, deceive, scare, or pressure people into not seeking or receiving abortion care. They often pose as licensed health care centers that offer sexual and reproductive health care services. They advertise “free” services, like ultrasounds, and promise to help pregnant people with maternity care and parenting, purposefully targeting low-income communities and communities of color. AACs often condition these “free” services; for example, they might require participation in bible study, abstinence seminars, or biased parenting classes. An AAC’s facility name is often similar to that of a clinic that provides abortion care, and they are often located very close to a legitimate reproductive health care clinic. They are typically volunteer-run and often do not have a licensed reproductive health care provider on staff. As a result of AACs’ deceptive tactics to present themselves as comprehensive reproductive and sexual health care providers, pregnant people seeking pregnancy-related counseling and services often find themselves at anti-abortion centers without understanding their true purpose.

Anti-abortion centers are often religiously affiliated and commonly connected to large, [national anti-abortion networks](#) that distribute resources and funding throughout the country to further their anti-abortion agenda.<sup>1</sup> AACs are generally unregulated, and they do not follow [established standards](#) of sexual and reproductive care or patient privacy protections. Instead, they spread lies and disinformation about abortion care, contraceptives, and other aspects of sexual and reproductive health. There is also evidence that they embrace drastic and dangerous tactics, such as wanting to force people to carry non-viable pregnancies or pregnancies that could harm the health of the pregnant person. There are over [2,600 AACs](#) estimated to be operating across the United States, vastly outnumbering the number of abortion clinics.

## Why are they harmful?

Following the U.S. Supreme Court's erroneous decision to overturn *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization*, accessing abortion care has become more difficult in the U.S. due to bans on abortion and increasingly restrictive abortion laws. Anti-abortion lawmakers' efforts to hinder care have led to, among other things: abortion clinics being forced to close their doors; an even more chaotic patchwork of laws across the country that dictate where and when someone is legally permitted to access care; and often because of the additional travel commonly needed to access care, a complex web of logistics an abortion seeker may have to navigate—including, but not limited to, travel, securing child care, and time away from work or school—that often result in added cost.

The existence of anti-abortion centers compounds the already burdensome path a pregnant person must navigate to access abortion care. AACs act as one additional wide-ranging barrier to obtaining comprehensive and evidence-based reproductive care. Below is a non-exhaustive list of some of their harms.

### **Deception, Misinformation, and Disinformation: Manipulating People Out of Care**

AACs deceive pregnant people primarily (i) by posing as legitimate health care facilities and (ii) by pushing misinformation and disinformation about sexual and reproductive health. Intentionally misinforming the public—whether it's about what a facility is or offers, or whether it concerns information about one's health care—removes a person's ability to make the best decision for themselves and meaningfully exercise bodily autonomy.

#### **Posing As Legitimate Health Care Facilities**

As a part of their effort to push their anti-abortion agenda, AACs often deceive people by falsely posing as reproductive health clinics. They pose as legitimate clinics by intentionally choosing names and locations similar to actual abortion clinics, to mislead the public into thinking they actually provide comprehensive reproductive care or to trick pregnant patients to visit the AAC when they actually think they are visiting the clinic. Their websites can also often be misleading, and some AACs even use search engine optimization to appear in search results when a person looks up reproductive health care. In their advertising, they claim to offer free services, including pregnancy tests and ultrasounds, which make it appear that they are legitimate health clinics and lure people to their facilities. But the ultrasounds offered are often "non-diagnostic"<sup>2</sup> and [not medically accurate](#). AACs do not comply with medical standards of care, nor are they obligated to adhere to patient privacy protections. They often do not have oversight or accountability for their actions or their treatment of pregnant people. For example, reporting came out in the summer of 2025 exposing AACs' practice regarding their handling of ectopic pregnancies, showing a disregard of medical standards and documenting that AACs were giving more weight to their potential legal risk rather than a pregnant person's health and safety.

Example: [AACs are told to avoid ultrasounds for suspected ectopic pregnancies](#)

[Reproductive Health and Freedom Watch Memo: The Unregulated Pregnancy Clinic Industry and Ectopic Pregnancy](#)

Example: An [alarming report](#) of the conditions at an anti-abortion center in Kentucky showed dangerous health conditions—including using expired disinfectant to sanitize equipment for ultrasounds—revealing the limited accountability and oversight for these fake health centers that promise care to people seeking their help.

### **Peddling Misinformation and Disinformation**

Everyone deserves access to accurate, evidence-based information, particularly when making their own medical decisions about pregnancy. AACs not only falsely pose as clinics or licensed health care facilities, but they also often use junk science and misinformation to delay or stop people from seeking care and, at the same time, increase stigma and fear related to abortion care. AACs only compound the problem facing abortion seekers, who are commonly forced to sift through misinformation and disinformation about sexual and reproductive health when trying to learn about or access abortion care.

AACs weaponize false information to deceive people out of seeking or obtaining abortion care by, for example, falsely linking negative outcomes to contraception and abortion. A [2022 report investigating 607 AACs across nine states](#) found that “almost 2/3 of [AACs] promoted patently false and/or biased medical claims about pregnancy, abortion, contraception, and reproductive health care providers.” The study also found that AACs challenged pregnant people’s trust in reproductive health care providers by promoting unsupported claims that demonize physicians and abortion providers.

### **Data Privacy: Exploiting Individuals’ Personal Information**

AACs collect data from the millions of people who come across their websites, interact with their online chat functions, call their hotlines, or enter their facilities. They collect information such as names, addresses, emails, marital status, living arrangements, alcohol and drug use, medical history (including sexual and reproductive history), test results, ultrasound photos, and even information about [prior pregnancies](#). At least one network is [known](#) to have created its own software with the goal of streamlining the collection and retention of this personal data.

Because most AACs are not licensed health care facilities, they are not subject to privacy laws and regulations, like HIPAA. As a result, most AACs are not required to keep personal information confidential. Despite not having any HIPAA obligations because AACs are generally not an entity covered by HIPAA, AACs have frequently mentioned the federal privacy law on their websites and/or in office forms to convey a false sense of privacy safeguards to a person seeking health care. Even though at least two national AAC umbrella organizations changed their guidance cautioning their affiliates against citing HIPAA on their websites following the [Department of Health and Human Services’ statement that HIPAA does not apply](#) in addition to advocacy urging AACs to remove this misleading information from their websites, [some AACs](#) still point to the federal health privacy law.

AACs already have a documented history of sharing medical information outside of their facility and without consent. For example, in 2024 [a Louisiana AAC made the full names](#), last menstrual periods, and other personal information of at least 13 people publicly available through their training materials. Additionally, [in Alabama](#), an AAC disclosed someone’s information to law enforcement in furtherance of a prosecution. In fact, AACs can share the vast amount of personal information they collect with any other party, including law enforcement or “abortion bounty hunters.”<sup>3</sup>

### **Hundreds of Millions in Government Funding With Little to No Government Oversight**

Not only do these fake clinics receive support from larger anti-abortion organizations, but AACs also receive millions of dollars in government funding. They also receive state-sanctioned donations through [tax benefit schemes](#), which are laws across the country incentivizing donations to AACs by granting tax benefits to individuals or businesses that donate.

AACs' government funding and government-sanctioned financial support have increased substantially in recent years. According to a [recent report by Reproductive Health and Freedom Watch](#), state legislatures around the country granted AACs over \$513 million in taxpayer funds just between 2021 and 2024. Additionally, between 2017 and 2023, a [report by Health Management](#) found that AACs netted nearly \$430 million in federal funding, which primarily came from Temporary Assistance for Needy Families (TANF) funds.

Despite receiving hundreds of millions of dollars in public funding, anti-abortion centers operate with little to no government oversight or accountability on how those public funds are used. In fact, as reproductive rights and health policy advocates, at NWLC we know the AAC industry continuously rejects and fights against efforts that would push for any type of government accountability (see PA example below). Without any government oversight, AACs function as they wish and can push their anti-abortion agenda forward without any guardrails or government protection from the harm they cause.

Case Study: [Texas Funnels Millions to Anti-Abortion Groups With Little Oversight — ProPublica](#)

Example: [Anti-Choice Organization Sues PA Auditor General for Auditing Them | Women's Law Project](#)

Report: [HMA paper examines federal funding streams supporting crisis pregnancy centers](#). June 2024 report by Health Management found that, from 2017-2023, more than 650 AACs in 49 states and Washington, D.C. received more than \$400 million in federal funding

Report: [October 2024 report from Reproductive Health and Freedom Watch \(RHFV\)](#). "Between 2021 and 2024, RHFV found state legislatures appropriated over \$513 million directly to the [AAC] industry, largely in states with maternal and infant mortality rates above the national average that have banned or severely restricted abortion."

### **Delays and Denials of Care**

The ability for everyone to access abortion care when they want or need it, regardless of their identity or circumstance, is essential to a just society. AACs pose a threat to pregnant people because they delay or altogether prevent access to care. In a time where anti-abortion state lawmakers are placing intensified restrictions on abortion care, any delay caused by AACs' intentionally inaccurate and biased medical information could add costs and additional barriers to care. The [June 2025 reporting](#) that alarmingly revealed that AACs are advised to avoid detecting ectopic pregnancies in order to avoid legal liability shows the potentially deadly consequences for the pregnant person of unwittingly seeking care at AACs.

People who go to AACs to confirm whether they are pregnant are harmed by AACs— regardless of whether they desire to continue a pregnancy. This harm causes a detrimental impact on maternal health overall. Anti-abortion centers have been known to delay pregnant people's access to qualified medical professionals, knowing that pregnancy prevention services and pregnancy-related care are time-sensitive. For example, AACs may cause people to experience a delay in diagnosing a pregnancy complication or accessing prenatal care. A report looking into 607 AACs across nine states found that only 40% provided referrals for prenatal care and a mere 5% directly offered prenatal care. Additionally, oftentimes the free ultrasounds AACs offer turn out to be medically inaccurate; legitimate health care providers report not being able to rely on AACs' ultrasounds for a patient's care and having to redo testing and screening, furthering delay.

AACs also refuse to provide referrals to legitimate abortion providers, even if a person requests it. By refusing to provide evidence-based information or referrals for abortion care, AACs can delay access to care. Additionally, [AAC staff have been known](#) to cite high rates of miscarriage to convince people they don't need to seek abortion care. Health care providers also report that AACs often provide misleading information about gestational age, often telling pregnant people that they are earlier in their pregnancy than they really are or their pregnancy is [too far along](#) to legally obtain an abortion. With a patchwork of abortion bans based on gestational limits around the country and the potential for a more involved procedure at a later gestational age, AACs' intentional delay of care could result in a person not being able to obtain an abortion at all.

Example: [Crisis pregnancy center failed to spot ectopic pregnancy, lawsuit alleges](#)

Issue Brief: [The American College of Obstetricians and Gynecologists, "Crisis Pregnancy Centers"](#)

### **Stigma: Shaming People out of Care**

AACs' purpose is to deceive and scare people out of accessing abortion care. By distributing false and biased information about abortion care, such as falsely linking negative outcomes to abortion care, AACs perpetuate abortion stigma. Stigma is harmful because it fosters discomfort around abortion care, creating barriers to care and hindering people's ability to exercise bodily autonomy. It can also cause shame for those who have already had an abortion or for those who provide or facilitate care. At the heart of perpetuating this stigma is a deep distrust in people and a desire to control our lives. Underneath the coercive, stigmatizing information about abortion care that AACs push is a paternalistic vision of how people should live their lives. AACs do not trust individuals to make the best decision for themselves, their families, and their communities.

Study: [Pregnant Women's Experiences of Crisis Pregnancy Centers: When Abortion Stigmatization Succeeds and Fails](#)

### **Targeting Communities of Color and Low-Income Communities**

AACs often purposefully target communities of color and low-income communities. For example, AACs use marketing techniques and promote programs specifically [targeting](#) Black women. Their promises of "no-cost" resources, testing, and support is deliberate targeting of individuals in low-income communities. Rather than actually helping these communities, AACs instead are potentially causing communities delay and added financial expense. AACs are not focused on addressing the underlying systemic problems that communities of color and low-income communities face. Rather, they are actively creating more barriers to care and arguably furthering already-existing inequities.

Article: [Why Crisis Pregnancy Centers are Legal but Unethical](#)

## **What can state lawmakers do?**

State lawmakers can take action to combat the harm that AACs cause. Below are just a few examples (and by no means an exhaustive list)<sup>4</sup>:

### **Ensure No Public Funding Goes to AACs**

Over [\\$510 million in taxpayer funds](#) went to AACs between 2021-2024, with little to no government oversight or accountability. The funding sources may look different from state to state. For example, some states provide direct funding, divert TANF funds, or funnel proceeds from "choose life" license plate programs to AACs. Additionally, some states provide tax benefits to individuals and/or businesses that donate to AACs. Investigating whether (and through what funding streams) your state grants funds to AACs is a crucial place to start so that you can put an end to taxpayer funding of these misleading and harmful centers.

Example: Even though Pennsylvania was the first state to grant state funding to AACs in the 1990s, Governor Josh Shapiro [announced](#) that the Commonwealth would end its contract with Real Alternatives in 2023, effectively ending the state's funding to AACs.

### **Launch an Investigation Into Public Funding Use by AACs and Increase Oversight**

Due to the lack of financial accountability or oversight of AACs, there is little clarity on how the public funding they receive is being used or whether the funds are creating any meaningful impact. If additional information is needed before blocking public funding or if ending public funding is not feasible, lawmakers could assess how AACs are using the funding and ensure there is some oversight. Investigations and oversight are needed to better understand how these taxpayer funds are being used. Stronger reporting and auditing requirements for entities that receive public funding would also increase oversight.

Example: [TX Overhauls Wasteful Anti-Abortion Program That Has Had Little Oversight — ProPublica](#)

### **Invest in Meaningful Community Support and Resources**

AACs broadly claim they “meet the needs of families in the *Dobbs* era,” but a [recent analysis](#) confirmed that they continue to provide “medical-adjacent services” that further their anti-abortion mission, often with no treatment or referral options. AACs also commonly provide diapers, wipes, and baby clothes, claiming they are “free,” however, they come at another cost: AACs condition the exchange of these items for participation in bible study, abstinence seminars, or biased parenting classes. Redirecting state funds from AACs to instead invest in resources and legitimate access to health care will provide more meaningful support to pregnant people.

Story of Arkansas’ YOU Center: [Anti-Abortion Playbook, Flipped: Arkansas Abortion Fund Opens Its Own “Crisis Pregnancy Center” – Mother Jones](#). The YOU Center is a space where pregnant people can explore a full range of their options: parenting, adoption, or abortion.

[Models that Could Improve Maternal Health Outcomes and Equity: Community-Based Models Improve Maternal Outcomes and Equity](#) | Commonwealth Fund

### **Raise Awareness Among the Public About Deceptive Practices of AACs**

AACs deceive people into thinking they are medical facilities. They pose as licensed clinics and distribute misleading and/or false information about sexual and reproductive health. One way to ensure communities are not falling into their traps is to raise awareness by sharing information with the public about how to identify them, steps on how to report them or alert others, and distributing information from legitimate licensed reproductive care facilities. Lawmakers could appropriate funds and/or direct state agencies to create an education campaign that centers evidence-based information and legitimate reproductive health care facilities. For examples from state government agencies, refer to the Appendix.

Example: [Healey-Driscoll Administration Launches First-in-the-Nation Public Education Campaign on the Dangers of Anti-Abortion Centers](#) | Mass.gov

Note: In August 2024, an AAC in MA [sued](#) the state in response to this public education campaign. The lawsuit was [dismissed](#) on February 17, 2026.

### ***Investigate AAC Privacy Practices and Push for Broad Privacy Protections***

Most AACs are not subject to any health information privacy law, including HIPAA, and are therefore not legally required to keep any personal health information confidential. Many questions remain regarding the collection, use, and storage of the information AACs collect. The only way to ensure AACs cannot and do not share the sensitive information they collect is through bolstering privacy protections. Without meaningful privacy protections, AACs are under no obligation to keep anyone's information confidential. This is particularly concerning given increased pregnancy criminalization following the Dobbs decision. Lawmakers can understand what information AACs collect in their state by engaging their state's Attorney General (or other agency) to investigate AACs' privacy practices. Additionally, constituents' private information can be safeguarded by improving privacy protections. For examples from state government agencies, refer to the Appendix.

*Example: [New protection against the unauthorized and harmful use of personal health data - ACLU of Washington](#). Washington's robust privacy protections include protections for people's health information that AACs collect.*

### **Why Act Now?**

AACs not only pose a threat to pregnant people, but to health care access more broadly. They weaponize misinformation and disinformation to scare or pressure people into giving birth, undermining pregnant people's autonomy and ability to obtain the evidence-based information and health care they need. AACs' documented practices, including intentionally refusing to detect ectopic pregnancies, intentionally telling a pregnant person they are earlier in their pregnancy than they actually are, and spreading lies about abortion care and contraception are just a few examples of the harm AACs cause.

For the past several years, AACs have rapidly gained increased funding and power without any accountability. This is in part because anti-abortion lawmakers recognize that banning abortion is widely unpopular throughout the U.S., so they use AACs as their way to falsely demonstrate support for pregnant and parenting individuals while, in reality, furthering the anti-abortion movement's agenda by restricting access to comprehensive sexual and reproductive health care. If state lawmakers do not intervene, AACs will continue to rely on state funding to expand their reach, harming pregnant people across the country without any accountability or government oversight. Despite their skyrocketing reach and public funding, AACs fail to adhere to established standards of medical care, putting pregnant people at risk of potentially dangerous and even deadly consequences.

**If you are interested in pursuing one of these strategies, reach out to the National Women's Law Center.**

## APPENDIX: EXECUTIVE BRANCH EXAMPLES

State lawmakers can work with the state’s executive branch to combat the harm caused by anti-abortion centers. Below is a non-exhaustive list of actions state Attorneys General offices and other state agencies have taken to protect their state’s residents from AAC-caused harm.

**Attorney General Office:** Attorneys General have an important role to play in highlighting and combatting the harm caused by AACs.

**Consumer Advisory** (non-exhaustive list): Attorneys General across the country have issued consumer advisories focused on anti-abortion centers, warning state residents of the risks associated with visiting an AAC.

California (June 2022): [Attorney General Bonta Issues Consumer Alert Warning Californians That Crisis Pregnancy Centers Do Not Offer Abortion or Comprehensive Reproductive Care | State of California - Department of Justice](#) - Office of the Attorney General

Massachusetts (July 2022): [AG Healey Warns Patients About Crisis Pregnancy Centers](#) | Mass.gov

Minnesota (August 2022): [August 23, 2022 Press Release](#) (state.mn.us)

New Jersey (December 2022): [2022-1207\\_crisis-pregnancy-centers.pdf](#) (nj.gov)

Arizona (March 2024): [Attorney General Mayes Warns Patients About Crisis Pregnancy Centers | Arizona Attorney General](#) (azag.gov)

But note: other legislators responded, asking the AG to retract the consumer warning. [Republicans call on Attorney General Kris Mayes to retract warning about anti-abortion pregnancy centers](#) | KJZZ

### Attorney General Statement

[Pennsylvania](#)

**AAC specific complaint form:** The California Attorney General’s office created a consumer complaint form specific to AACs, where California residents can submit information (submission of personal information is voluntary) detailing a particular issue or deceptively advertised service to the AG’s office.

California: [Crisis Pregnancy Center Complaint](#) | State of California - Department of Justice - Office of the Attorney General

### Attorney General Investigation into Privacy Practices

[Watchdog group asks 5 attorneys general to investigate crisis pregnancy center privacy practices](#)

In response, Idaho AG provided an AAC’s intake form. [Crisis pregnancy center’s forms give rare insight into anti-abortion practices](#)

[EFF to State AGs: Time to Investigate Crisis Pregnancy Centers](#) | Electronic Frontier Foundation

**Department of Health:** Departments of Health can also play a role in raising the public’s awareness and promoting education about what anti-abortion centers are and the harm they cause, in addition to providing resources and information about where to access legitimate and comprehensive sexual and reproductive health care.

Washington

[Avoid Anti-Abortion Facilities](#) | Washington State Department of Health

Massachusetts

[About anti-abortion centers](#) | Mass.gov

## ENDNOTES

1. By the “anti-abortion agenda,” we refer to efforts to make accessing abortion care impossible, as well as restricting comprehensive sexuality education and access to contraception.
2. A “non-diagnostic” ultrasound is an ultrasound that is not medically necessary or intended for medical evaluation. It “cannot measure the placenta or amniotic fluid, nor be used to detect fetal abnormality or fetal distress.” [Crisis pregnancy centers’ ultrasounds are free. But are they accurate?](#) (19thnews.org)
3. E.g., Texas’ SB 8 encourages vigilantism by allowing civilians to file a civil complaint against someone who provides abortion care or helps a pregnant person access abortion care. SB 8 encourages so-called “abortion bounty hunters” by granting a minimum of \$10,000 to those who succeed in such lawsuits.
4. For examples from around the country on what action from an executive branch could look like, please see the Appendix.