UCLA School of Law
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Anti-Abortion Centers in California in 2023: Number, State Licensure, Location, and False Medical Claims Online

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INTRODUCTION

Post-*Dobbs*, California has declared itself a safe haven for abortion and passed dozens of laws to protect and expand access to abortion care. However, anti-abortion centers (AACs) —often referred to as crisis pregnancy centers (CPCs)—currently outnumber legitimate clinics that offer abortion by a ratio of 5:4 in California.[1] AACs seek to reach people facing unintended pregnancies to prevent them from accessing abortion and contraception,[2] disrupting pregnant people's access to prenatal services and abortion care.[3]

AACs in California can be, and are, licensed by the California Department of Public Health (CA DPH) as either free or community clinics, which are kinds of primary care clinics. State law requires such clinics to employ a licensed physician and a registered nurse and creates obligations for them regarding the quality of services provided, including to direct and assure the quality of medical services provided in the clinic.[4]

Yet, previous studies have found that AACs rarely provide comprehensive or even basic medical services. For example, a recent study of AACs in California found that 90% offer no prenatal care.[5] Instead, these facilities have a well-documented practice of deceiving pregnant people about the services they provide, and often provide false information about abortion and other sexual and reproductive health topics.[6]

Recognizing these practices, in June 2022, California Attorney General (CA AG) Rob Bonta issued a consumer alert warning Californians seeking reproductive health care services about the misleading nature of the services provided by AACs and inviting residents to file a complaint with the AG's office if they believe they have been the victim or target of "deceptive, misleading, unfair, or unlawful conduct."[7] In September 2023, the CA AG's office filed a lawsuit against one of the world's largest

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[1] The Alliance: State Advocates for Women's Rights and Gender Equality, Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States: An Update (2022), https://www.cwlc.org/download/cwlc-report-designed-to-deceive-a-study-of-the-crisis-pregnancy-center-industry-in-nine-states-2021/?wpdmdl=9854&refresh=6504a1628d1b91694802274&-ind=1666832971487&filename=CA-Alliance_CPC_Report_California-Oct-2022.pdf ("Designed to Deceive: An Update") ("In California, CPCs . . . outnumber abortion care clinics by 5:4").

[2] *See* The Alliance: State Advocates for Women's Rights and Gender Equality, Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States (2021), https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance-CPC-Study-Designed-to-Deceive.pdf ("Designed to Deceive").

[3] *See* Andrea Swartzendruber et al., *Crisis Pregnancy Centers in the United States: Lack of Adherence to Medical and Ethical Practice Standards; A Joint Position Statement of the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology*, 32 J. Ped. Adolescent Gynecol. 563 (2019).

[4] Cal. Code Regs. tit. 22, § 75027(a); Cal. Code Regs. tit. 22, § 75028(a).

[5] Designed to Deceive: An Update, *supra* n. 1, at 2 (90% of CPCs offer no prenatal care and 66.1% make false or biased medical claims, especially about pregnancy and abortion).

[6] *Id. See also* Amy G. Bryant & Jonas J. Swartz, *Why Crisis Pregnancy Centers Are Legal but Unethical*, 20 AMA J. of Ethics 269 (2018); Am. College of Obstetricians and Gynecologists, *Issue Brief: Crisis Pregnancy Centers* (Oct. 2022), https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers.

[7] Press Release: Attorney General Bonta Issues Consumer Alert Warning Californians That Crisis Pregnancy Centers Do Not Offer

anti-abortion center networks, Heartbeat International, as well as five of their facilities in Northern California for using fraudulent and misleading claims to advertise abortion pill reversal, calling the procedure "unproven and largely experimental."[8]

In this study, we sought to understand more about AACs in California and to provide advocates, researchers, government officials, and interested members of the public with updated information to understand their current operations and practices as of September 1, 2023. Below are a series of fact sheets explaining our findings and analysis, including:

- how many of the AACs in California are licensed by the state;
- the prevalence of false medical claims made on AAC websites and social media pages;
- where AACs are located; and
- the demographics of those living in close proximity to AACs, who research shows are more likely to visit these facilities.[9]

KEY FINDINGS

- There were 161 anti-abortion centers (AACs)—also known as crisis pregnancy centers or pregnancy resource centers—operating in California in 2023, outnumbering legitimate clinics that offer abortion by a ratio of 5:4.[10]
- More than half (57%) of AACs in California possessed a community or free clinic license from the California Department of Public Health.
- On their websites and social media pages, 49% of AACs in California made demonstrably false medical claims about abortion, contraception, or other sexual and reproductive health care topics. Licensed AACs were actually more likely to make false claims (58%) than unlicensed AACs (24.8%).
    - Almost 40% of AACs in California advertised that they referred patients for so-called "abortion pill reversal" (APR), while 6% of AACs advertised that they offered the practice. Licensed AACs were more likely to both refer for (42%) and offer APR (10%) than unlicensed AACs (35% refer, 1% offer).

Abortion or Comprehensive Reproductive Care, OAG (June 1, 2022), https://oag.ca.gov/news/press-releases/attorney-general-bonta-issues-consumer-alert-warning-californians-crisis.

[8] Press Release: Attorney General Bonta Sues Anti-Abortion Group, Five California Crisis Pregnancy Centers for Misleading Patients, OAG (Sept. 21, 2023), https://oag.ca.gov/news/press-releases/attorney-general-bonta-sues-anti-abortion-group-five-california-crisis-pregnancy.

[9] Cartwright et al., *Pregnancy Outcomes After Exposure to Crisis Pregnancy Centers Among an Abortion-Seeking Sample Recruited Online*, 16 PLOSOne e0255152 (2021).

[10] The Alliance: State Advocates for Women's Rights and Gender Equality, Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States: An Update (2022), https://www.cwlc.org/download/cwlc-report-designed-to-deceive-a-study-of-the-crisis-pregnancy-center-industry-in-nine-states-2021/?wpdmdl=9854&refresh=6504a1628d1b91694802274&-ind=1666832971487&filename=CA-Alliance_CPC_Report_California-Oct-2022.pdf ("Designed to Deceive: An Update") ("In California, CPCs . . . outnumber abortion care clinics by 5:4").

- Geospatial analysis showed that 97.5% of AACs in California are located in urban census tracts, with the highest numbers in Los Angeles, San Diego, San Bernardino, Riverside, and Orange counties. Less than 15% were in medically underserved areas.
- AACs tended to be located in census tracts with demographics relatively similar to those of California generally. However, census tracts with AACs had slightly higher numbers of non-Hispanic white people, English speakers, US-born residents, people with a high school diploma or less education, people living below the poverty line, and people relying on Medicaid for insurance coverage.

NUMBER OF AACS LICENSED IN CALIFORNIA

BACKGROUND: FREE AND COMMUNITY CLINIC LICENSURE REQUIREMENTS

Free and community clinics are two kinds of primary care clinics licensed by the California Department of Public Health (CA DPH). Both community and free clinics must be operated by a nonprofit organization, but while free clinics may not charge for their services, community clinics are able to charge for their services on a sliding scale based on the individual's ability to pay.[11] The law also requires clinics to provide an annual report stating the number of individuals seen, demographic information, number of patients by type of service, total operating costs, and gross charges by payer category (i.e., Medi-Cal, private insurance, etc.).[12]

Regulations implementing the California Health and Safety Code outline the basic services requirements for all primary care clinics in the state, including free and community clinics. Services provided by clinics—including "advice" and "diagnosis"—shall only be provided by persons authorized by law to provide such services.[13] Clinics are directed to employ "health personnel" who are qualified according to legal and professional standards, and licensed or otherwise credentialed where required to provide services to patients accepted for care by the clinic.[14] At least one person on the clinic's staff must have admitting privileges to a hospital and a physician, physician's assistant, or registered nurse must be present whenever medical services are provided.[15] Any employees of the clinic who provide direct patient care need to be under the supervision of a registered nurse or physician.[16]

In addition, the regulations require two specific positions to be filled for all clinics. First is a licensed physician to be designated as the clinic's professional director, who is responsible for "assuring the quality of medical ... services provided to all patients treated by the clinic."[17] The physician is also responsible for the clinic's medical policies, standards, and protocols,[18] as well as for implementing a system of peer review.[19] The physician must also ensure that health personnel, including other physicians, employed by the clinic are legally authorized and adequately trained and experienced to provide the services they are assigned.[20] Second, all clinics must employ a registered nurse responsible for nursing services, and a licensed nurse must be present whenever nursing services are provided.[21]

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[11] Cal. Code Regs. tit. 22, § 75027(a); Cal. Code Regs. tit. 22, § 75028(a).

[12] Cal. Health & Safety Code § 1216(a).

[13] Cal. Code Regs. tit. 22, § 75026.

[14] Cal. Code Regs. tit. 22, § 75029(a).

[15] Cal. Code Regs. tit. 22, § 75027(d).

[16] Cal. Code Regs. tit. 22, § 75028(d).

[17] Cal. Code Regs. tit. 22, § 75027(b)(2).

[18] Cal. Code Regs. tit. 22, §§ 75027(b)(1), (b)(3).

[19] Cal. Code Regs. tit. 22, § 75027(b)(4).

[20] Cal. Code Regs. tit. 22, §§ 75027(b)(5); 75029(b).

[21] Cal. Code Regs. tit. 22, § 75028(a). In limited circumstances, a licensed vocational nurse may be substituted for a registered nurse subject to the approval of the CA DPH. Cal. Code Regs. tit. 22, § 75208(e).

METHODS

To determine the number of AACs in California we started from the list of AACs described by the 2021 *Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States* conducted by the Alliance State Advocates for Women's Rights & Gender Equality and the California Women's Law Center, which the study authors provided to CRHLP. Project staff reviewed and verified this list of AACs through 1) Google searches to verify operation status and 2) reviewing AACs websites to confirm status as an AAC. Centers were excluded from analysis if they were no longer open or provided services for pregnant people such as housing that distinguished them from the kind of AAC we sought to study. From this process, we determined there were 161 AACs operating in California at the time of our analysis.

To determine how many of those AACs were licensed, project staff reviewed the California Department of Public Health's online Cal Health Find Database[22] to confirm whether or not an AAC held a free or community license from CA DPH. As AACs will often open, close, rebrand, merge, and relocate, some of the information provided in this fact sheet may have changed. All practitioner and clinic licenses were checked on August 31 or September 1, 2023.

FINDINGS

92 AACs in California (57% of total AACs in the state) hold a free or community clinic license from CA DPH. Of these, 69.6% of licenses were community clinic licenses and 30.4% were free clinic licenses. In our review of AACs websites, we noted that AACs licensed by CA DPH often included that information and/or displayed a CA DPH badge on their website, thus using the license to lend legitimacy to their facility.

[22] Cal. Dep't of Pub. Health, *Cal Health Find Database*, https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/SearchResult.aspx.

FALSE MEDICAL CLAIMS ON AAC WEBSITES AND SOCIAL MEDIA PAGES

METHODS

Our review of AAC websites and social media pages began with the list of 161 AACs generated from our review of the list provided to us that was used in the 2021 *Designed to Deceive* report. From January to June 2023 CRHLP staff and fellows collected data from the websites and social media pages of these AACs to collect publicly available information on AACs' practices. Websites and social media pages (Instagram, Twitter, Facebook) of AACs were reviewed to gather data on whether they provided or referred abortion pill reversal or presented false claims about abortion or emergency contraception and other sexual and reproductive health topics. In our process, a false claim was "any medical claims that are untrue or unsubstantiated, or that misstate or selectively and incompletely cite factual information," the same definition used in the *Designed to Deceive* Report. Examples of false claims provided by AACs include: 1) "abortion has been associated with preterm birth, and emotional and psychological trauma" including post-abortion stress syndrome (which is not a recognized condition); 2) equating emergency contraception and mifepristone/misoprostol; 3) abortion being associated with ectopic pregnancies. When a AAC stated on their website or social media that they provide so-called "abortion pill reversal" (APR) services at their location, we categorized that AAC as "provides" APR. When an AAC's website or social media had information referring people to resources on APR, we categorized that AAC as "refers" for APR. Again, as AACs will often open, close, rebrand, merge, and relocate some of the information provided in this fact sheet will likely have changed. Information provided reflects data verified as of 9/1/2023.

FINDINGS

On nearly half (48.4%) websites and social media pages for California AACs, we found false medical claims about abortion, birth control, or other sexual and reproductive health topics. A higher percentage of *licensed* AACs (58.7%) had false claims on their websites or social media pages than unlicensed AACs (34.8%). Common false medical claims included stating that abortion leads to post-abortion stress syndrome, future ectopic pregnancies, breast cancer and infertility, all claims that have been proven false by trusted medical professionals and researchers.

In addition, our review found that 6.2% of AACs in California (9.8% of licensed and 1% of unlicensed AACs) advertised offering and 40% advertised referring patients to resources and services for so-called "abortion pill reversal." Licensed AACs were more likely to both refer for (42%) and offer so-called "abortion pill reversal" (APR) (10%) than unlicensed AACs (35% refer, 1% offer).

Proponents of APR believe that a person who has only taken mifepristone can "reverse" its effects by taking progesterone. But these claims have been debunked, and many researchers have criticized the studies "proving" APR's efficacy for their lack of ethical oversight and scientific validity.[23] A 2015 systematic literature review found a lack of evidence to support APR,[24] and a 2020 study intended to investigate the efficacy and safety of the APR procedure was discontinued due to safety concerns among participants, including risk of "significant hemorrhage."[25]

Further, the practice has been condemned by professional medical organizations. The American College of Obstetrics and Gynecologists (ACOG) considers APR to be an unethical practice,[26] and the American Medical Association has argued that state laws that require physicians to tell abortion patients about APR for them to violate the AMA Code of Ethics.[27]

In its recent lawsuit, the CA AG's office relied on studies into the lack of efficacy of APR and concluded that the use of the terms "reverse" and "reversal" in the context of medication abortion "is false and misleading because there is no credible scientific evidence showing that APR 'reverses' medication abortion."[28] Our results indicate that around half of licensed AACs and over a third of unlicensed AACs are using this same potentially false and misleading language.[29] Further research is needed to determine whether physicians serving as directors for AACs may be failing to meet the regulatory obligations licensed clinic directors have to maintain medical standards and ensure the quality of medical services.

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[23] Am. College of Obstetricians and Gynecologists, *Facts Are Important: Medication Abortion "Reversal" is Not Supported by Science*, https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science.

[24] Daniel Grossman et al., *Continuing Pregnancy after Mifepristone and "Reversal" of First-Trimester Medical Abortion: A Systematic Review*, 92 Contraception 206 (2015), https://pubmed.ncbi.nlm.nih.gov/26057457/.

[25] Mitchell D. Creinin et al., *Mifepristone Antagonization With Progesterone to Prevent Medical Abortion*, 135 Obstetrics & Gynecology 158 (2020), https://journals.lww.com/greenjournal/abstract/2020/01000/mifepristone_antagonization_with_progesterone_to.21.aspx.

[26] Am. College of Obstetricians and Gynecologists, *supra* note 23.

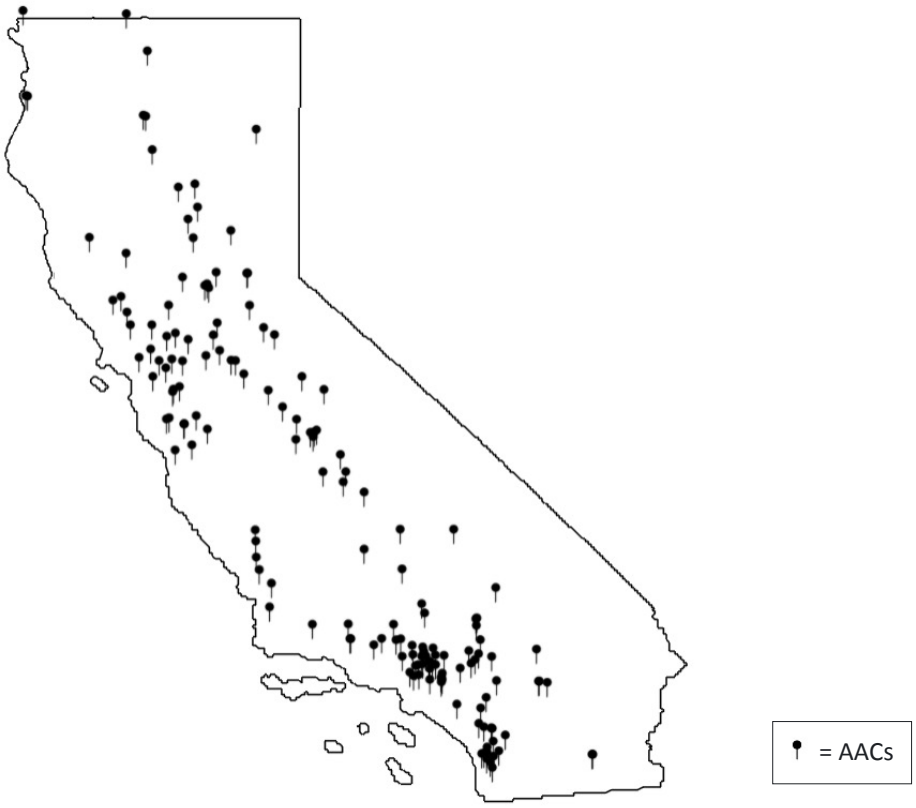
[27] Kevin B. O'Reilly, *Doctors Battle State Law that Forces them to Mislead Patients*, AMA (June 29, 2019), https://www.ama-assn.org/delivering-care/physician-patient-relationship/doctors-battle-state-law-forces-them-mislead.

[28] *The People of the State of California v. Heartbeat International, Inc.,* (Compl. at 17), https://oag.ca.gov/system/files/attachments/press-docs/FINAL%20-%20Complaint%20-%20Ppl%20v%20Heartbeat%20Intl%2C%20et%20al%20%28APR%29.pdf.

[29] Cal. Bus. & Prof. Code § 17500 et seq.

GEOSPATIAL ANALYSIS OF AAC LOCATIONS

Figure 1: Map of California's AACs



METHODS: GEOSPATIAL ANALYSIS

Geospatial analysis for this report was conducted using ArcGIS Online, ESRI's web-based mapping software. Project staff found the addresses of AACs, abortion facilities, and Planned Parenthood locations via Google, California Abortion Access website,[30] Planned Parenthood websites. All addresses were confirmed using Google Maps and then geocoded to latitudinal and longitudinal coordinates. Coordinates were then imported into ArcGIS Online. To find the distance between AACs and abortion clinics and Planned Parenthoods we used the "Find Closest" tool on ArcGIS and identified the AACs that are within 1 mile driving distance of an abortion clinic or Planned Parenthood.

To understand the geographic distribution of AACs in medically underserved areas or areas with low access to health care we used three different measures: Medically Underserved Areas, a multidimensional measure for maternity deserts, and a 30-minute drive time measure. Medically Underserved Area (MUA) shapefiles were sourced from the California State Geoportal. The California State Geoportal contains authoritative geospatial data and applications provided by various California

[30] CA.gov, California Abortion Access, https://abortion.ca.gov/index.html.

state entities. The MUA Shapefile is provided by the California Health and Human Services Agency. Medically Underserved Areas are geographic areas that lack primary care services and are designated by the Health Resources and Services Administration. Project staff used the MUA shapefile to identify MUAs that contain AACs.

The multidimensional measure for maternity deserts was informed by the measure used by Buchman et al. in their study of Maternity Ward Deserts in Wisconsin in 2011 and 2017.[31] A census tract is a maternity desert if there is at least a 20% poverty rate, the census tract is .5 miles away walking distance from a hospital with a maternity ward, and at least 100 households in the tract do not own a vehicle. 236 hospitals[32] with maternity wards were identified and compiled in August 2023 using a list of hospitals who are members of the California Maternal Quality Care Collaborative (CMQCC) and a list of hospitals that were recognized in the California Health and Human Services Agency Maternity Honor Roll.

The project team compiled the information and identified census tracts that met the definition of a maternity desert. The team then identified the amount of maternity desert census tracts that contained an AAC.

The team also created 30-minute drive times areas around the hospitals with maternity wards to identify areas with and without timely access to hospital care. We chose to use 30 minutes as this is one of the criteria by the Health Resources and Services Administration for defining Maternity Care Health Professional Target Areas.[33] A 30-minute drive time is also in line with California's Network Adequacy Standards for hospitals.[34] AACs outside the 30-minute drive time areas were labeled as being in communities without timely access to hospital care.

FINDINGS: LOCATIONS OF AACs

Project staff used geospatial analysis to understand the geographic distribution of AACs in California. We found that 97.5% of AACs in California are in urban census tracts while there are only four AACs in rural census tracts. The counties with the most AACs are Los Angeles, San Diego, San Bernadino, Riverside, and Orange. (See Figure 2) Out of the 58 counties in California there are only 11 counties where we did not find any AACs.

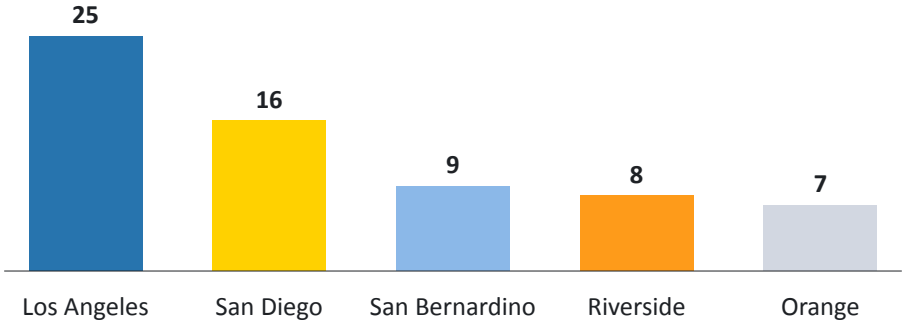
[31] Tracy Buchman et al., *Maternity Ward Deserts in Wisconsin, 2011 and 2017*, 51 J. of Reg'l Analysis & Pol'y 38 (2021).

[32] This list may not reflect the current number of hospitals with maternity wards due to closures of maternity wards across California since August 2023.

[33] *See* Criteria for Determining Maternity Care Health Professional Target Areas, 87 Fed Reg. 30501 (May 19, 2022).

[34] Cal. Dep't of Health Care Servs., Medicaid Managed Care Final Rule: Network Adequacy Standards (July 19, 2017), https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAFinalProposal.pdf.

Figure 2. Counties with the highest number of anti-abortion centers in California



Our researchers investigated the geographic distribution of AACs in areas with low access to health care by using three different measures: 1) Medically Underserved Areas (MUAs), 2) a multidimensional maternity ward desert measure, and 3) 30-minute driving distance. There are 27 AACs in 24 MUAs. Of these, 9 are licensed. Using our multidimensional maternity ward desert measure, we identified 14 AACs (8.7% of all AACs in California) located in maternity ward health deserts. We also found 8 AACs (4.9%) in areas outside of the 30 minute-driving distance from hospitals.

Our team was also interested in how close or how far AACs locate to abortion providers. We found 38 AACs (23.6%) within one mile walking distance of abortion providers and 14 (8.7%) of these are less than a five-minute walking distance. Almost a quarter (22.6%) of AACs are within one mile walking distance of a Planned Parenthood and one as close as 150 feet away (Figure 3).

Figure 3. Anti-abortion center located next door to a Planned Parenthood location

Source: Google Maps

DEMOGRAPHICS OF CENSUS TRACTS WITH AACS

METHODS: DEMOGRAPHIC ANALYSIS

This study analyzed 2017-2021 American Community Survey (ACS) data. The ACS is an ongoing national survey conducted by the U.S. Census Bureau. Every year the ACS gathers data from over 3.5 million housing units via the internet, mail, telephone, and in person. 250,000 housing units are sampled every month from every county in the United States, the District of Colombia and Puerto Rico to produce annual estimates. ACS demographic data were obtained using the ESRI 2017-2021 ACS shapefiles for census tracts, county and state level data on race-ethnicity, language spoken at home, citizenship status, educational attainment, poverty, vehicle access, and health insurance type of residents. This study used the five-year estimates, as they provide increased statistical reliability for census tracts.

The team identified census tracts and counties where AACs are located to understand the demographic makeup of areas surrounding AACs. To calculate the demographic characteristics of census tracts containing AACs we used Chapter 8 "Calculating Measures of Error for Derived Estimates" in the Census Bureau's 2020 Handbook "Understanding and Using American Community Survey Data: What All Data Users Need to Know" to derive their corresponding estimates. We compared the demographics of people living in these census tracts to the rest of California using the U.S. Census Bureau's Statistical Testing Tool to see if there were significant differences between the two populations. Developed by the Census Bureau, the Statistical Testing Tool is an Excel spreadsheet that determines statistical significance at the 90 percent confidence interval.[35]

To understand the geographic distribution of AACs in California we analyzed different census tract characteristics. The study used the Census Bureau's 2020 Census Demographic and Housing Characteristics data for the rural and urban distribution of AACs. Census data were obtained using ESRI's USA 2020 Census Population Characteristics census tract shapefiles. These shapefiles categorized census tract as rural or urban based on the Census Bureau's newest classification for rural and urban areas. For the 2020 Census a geographic area is considered urban if it has at least 2,000 housing units and/or has at least 5,000 people living in the area. The team also used the Census Bureau's 2020 Census Demographic and Housing Characteristics data provided by ESRI's USA 2020 Census Race and Ethnicity Characteristics – Tribal Geographies shapefile to analyze the presence of AACs on or within one mile of tribal land.

[35] *See* U.S. Census Bureau, *Using the U.S. Census Bureau's Statistical Significance Tool*, https://www.census.gov/content/dam/Census/programs-surveys/acs/guidance/Statistical_Testing_Tool_Tutorial.pdf.

FINDINGS: DEMOGRAPHICS OF CENSUS TRACKS WHERE AACS ARE LOCATED

Overall, the demographic characteristics of census tracts containing anti-abortion centers are similar to the general demographic characteristics of the state of California. The characteristics of people living in areas with AACs and the population of California are presented in Table 1.

There are slight differences in race, citizenship status, educational attainment, poverty level, and language spoken at home between the census tracts with AACs and California as a whole. There are slightly more non-Hispanic White people living in census tracts with AACs (40.40%) compared to California as a whole (35.76%). Notably, there are fewer non-Hispanic Asian people living in census tracts with AACs (9.66%) compared to California as a whole (14.71%). As language and race are often correlated it is no surprise that there are more people who speak English at home in census tracts with AACs (60.58%) compared to the state (56.15). In census tracts with AACs, there are also more people who are US-born citizens (77.58%) compared to the rest of California (73.50%).

In census tracts with AACs, there are more people whose highest educational attainment is a high school equivalency or less (39.81%) or associate degree or some college (31.71%) compared to the rest of California (36.25% and 28.48% respectively). More people living in areas with AACs are living at <100% Federal Poverty Level (FPL) (15.57%) and between 100-199% FPL (18.42%) compared to the rest of California (12.25% and 16.28% respectively). There are more people living in census tracts with AACs who are covered by Medi-Cal (22.93%) compared to the rest of California (19.81%).

The most notable prior work on the locations of AACs is the creation of the "CPC Map," located at crisispregnancycentermap.com.[36] AACs are located in every state and are particularly prevalent in the South and Midwest, with locations associated with state funding and anti-abortion state laws and policies.[37] However, another study found that states that do not have supportive policies towards AACs actually have a higher number of AACs per women of reproductive age than in states with AAC-supportive policies.[38] This is certainly true in California, where AACs outnumber abortion clinics and provide one of the only options for anti-choice activists who seek to block access to abortion in a strongly abortion-supporting state.

AACs networks have long been strategic about the locations of their facilities and the communities served. AACs have historically been clustered in majority-white suburban areas (and less frequently, rural areas) with relatively few existing in urban or majority-minority areas.[39] However, in the early

[36] Swartzendruber & Lambert D, *A Web-Based Geolocated Directory of Crisis Pregnancy Centers (CPCs) in the United States: Description of CPC Map Methods and Design Features and Analysis of Baseline Data*, 6 JMIR Pub. Health Surveill. e16726 (2020).

[37] *Id.*

[38] Vinekar et al., *Crisis Pregnancy Centers and Abortion Facilities in the US: A Spatial Policy Analysis*, 102 Contraception 280 (2020).

[39] Kelly & Gochanour, *Racial Reconciliation or Spiritual Smoke Screens?: Blackwashing the Crisis Pregnancy Movement*, 41 Qualitative Sociology 423 (2018).

2000s, Care Net and Heartbeat International, two of the three major AAC networks, launched "urban initiatives," to establish new urban locations, representing a movement-wide shift to focus on Black women, and to a lesser extent, Hispanic women.[40]

Our research demonstrates that the so-called "urban initiatives" of AAC movements were unsuccessful in California, at least to the extent that they sought to increase the number of their facilities located in majority-minority and predominantly Black neighborhoods. While we did find that nearly all AACs in California are located in urban census tracts, this result largely stems from the fact that nearly all census tracts in California are classified as "urban" by the U.S. Census Bureau.[41] However, our analysis found that the demographics of census tracts with AACs are largely similar to those of the state as a whole, with AAC census tracts actually having slightly higher numbers of non-Hispanic White people than the general state population. Similarly, our research indicates that few AACs in California are located in medically underserved areas, belying movement leaders' claims that they are serving those most in need.

Prior research indicates that the most-commonly sought service at an AAC is pregnancy confirmation through free testing available sooner than other prenatal care appointments.[42] Additional services frequently sought by AAC visitors were free diapers, baby clothes, and parenting resources.[43] In California, there remains a need for increased access to free and low-cost services including timely pregnancy testing, parenting support, and baby supplies, including for people living in medically underserved areas. This need is not being met by AACs because they are not located in these areas, nor should it, given their false claims, including among those with licenses. Rather, more investment should be made into comprehensive and nonjudgmental prenatal and parenting services in California's health care deserts.

[40] *Id.*

[41] *See* U.S. Census Bureau, Geography Division, *Census Bureau's Urban and Rural Classification and Overview of 2020 Urban Area Criteria* 9 (Oct. 19, 2022), https://dof.ca.gov/wp-content/uploads/sites/352/Forecasting/Demographics/Documents/Urban-Rural_Classification_and_2020_Urban_Area_Criteria_CA_SDC.pdf (noting that in 2020, 94.8% of the population of California lives in urban areas.)

[42] Katrina Kimport, *Pregnant Women's Reasons for and Experiences of Visiting Antiabortion Pregnancy Resource Centers*, 52 PERSPECTIVES SEX & REPRO HEALTH 49 (2020).

[43] Kimport et al., What Women Seek from a Pregnancy Resource Center, 94 CONTRACEPTION 168 (2016).

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APPENDICES

MUAS, MULTIDIMENSIONAL MEASURE AND 30-MINUTE DRIVING DISTANCE

Table 1. Sociodemographic derived estimates of population living in census tracts with anti-abortion centers in California and sociodemographic characteristics of California.

	Census tracts		State of California	
Demographic Characteristic	%	90% CI	%	90% CI
Race-Ethnicity	(n= 716,612)		(N= 39,455,353)	
White, non-Hispanic	40.4	(39.8, 41.0)	35.8	(35.7, 35.8)
Black, non-Hispanic	3.9	(3.6, 4.2)	5.4	(5.37, 5.41)
Asian, non-Hispanic	9.7	(9.2, 10.7)	14.7	(14.68, 14.73)
Hispanic or Latino	41.7	(40.9, 42.6)	39.5	*****
Any Race alone, or more than one race	4.3	(4.0, 4.6)	4.6	(4.6, 4.7)
Race-ethnicity (two group)	(n= 716,612)		(N = 39,455,353)	
White, non-Hispanic	40.4	(39.8, 41.0)	35.8	(35.7, 35.8)
All other racial-ethnic groups	59.6	(58.7, 60.5)	64.2	(64.2, 64.3)
Language Spoken at Home*	(n= 673,703)		N =37,105,018	
English	60.6	(60.0, 61.1)	56.1	(56.0, 56.2)
Spanish	28.4	(27.8, 29.1)	28.3	(28.3, 28.4)
Asian languages	6.5	(6.2, 6.8)	9.9	(9.8, 9.9)
Other languages	4.5	(4.2, 4.8)	5.6	(5.6, 5.7)
Citizenship Status	(n= 716,612)		(N = 39,455,353)	
US Born	77.7	(76.3, 78.9)	73.5	(73.4, 73.6)
Naturalized	11.4	(10.9, 11.6)	14.2	(14.1, 14.2)
Non-Citizen	10.7	(10.1, 11.6)	12.3	(12.2, 12.4)
Education	(n=485,476)		n = 26,797,070	
High school or less	39.8	(39.2, 40.4)	36.2	(36.1, 36.4)
Associate's or some college	31.7	(31.2, 32.3)	28.5	(28.4, 28.6)
Bachelor's or more	28.5	(27.9, 29.1)	35.3	(35.2, 35.4)
Poverty	N = 703,983		N = 38,701,352	
<100% federal poverty level (FPL)	15.6	(14.9, 16.2)	12.2	(12.1, 12.3)
100%-199% FPL	18.4	(17.6, 19.2)	16.28	(16.17, 16.38)
≥200% FPL	66.0	(65.3, 66.7)	71.5	(71.32, 71.63)
Vehicle Access	N = 254,149		13,217,586	
Households with no vehicles	8.0	(7.6, 8.4)	6.9	(6.8, 7.0)

	Census tracts		State of California	
Demographic Characteristic	%	90% CI	%	90% CI
Households with ≥1 vehicles	92.0	(91.0, 93.0)	93.1	(93.1, 93.1)
Health Insurance Type *	N= 706,856		38,946,377	
Uninsured	7.4	(7.1, 7.8)	7.2	(7.1, 7.2)
Medicaid (Medi-Cal)	22.9	(22.5, 23.3)	19.8	(19.7, 19.9)
Employer-based	42.4	(41.9, 42.9)	45.3	(45.2, 45.3)
Other	27.2	(26.8, 27.6)	27.7	(27.7, 27.8)

* Percentages may not add up to 100 due to rounding

***** "A margin of error is not appropriate because the corresponding estimate is controlled to an independent population or housing estimate. Effectively, the corresponding estimate has no sampling error"

Table 2. Characteristics of licensed and unlicensed anti-abortion centers in California

Characteristics	Licensed n=92	Unlicensed n=69	Total n=161
	N (%)	N (%)	N (%)
Licensed clinic			
Yes	92 (100.0)	0 (0.0)	92 (57.1)
No	0 (0.0)	69 (100.0)	69 (42.9)
Type of license (n=92)			
Community clinic license	64 (69.6)	0 (0.0)	64 (69.6)
Free clinic license	28 (30.4)	0 (0.0)	28 (30.4)
False Claim**			
Yes	54 (58.7)	24 (34.8)	78 (48.4)
No	38 (41.3)	45 (65.2)	83 (51.6)
Abortion Pill Reversal*,***			
Yes	9 (9.8)	1 (1.4)	10 (6.2)
No	44 (47.8)	44 (63.8)	90 (55.9)
Refer	39 (42.4)	24 (34.8)	63 (39.1)

*Percentages may not add up to 100 due to rounding

** We used the definition of used in the Designed to Deceive Report, where they defined false claims as "any medical claims that are untrue or unsubstantiated, or that misstate or selectively and incompletely cite factual information." Examples of false claims provided by AACs include: 1) "abortion has been associated with preterm birth, and emotional and psychological trauma" including post-abortion stress syndrome (which is not a recognized condition); 2) equating emergency contraception and mifepristone/misoprostol; 3) abortion being associated with ectopic pregnancies.

*** AACs that stated they provide APR services at their location fell under the provides category. AACs that refer people to resources on APR fell under the refers category.