



A recent study looking at 607 CPCs in nine states found that the majority did not offer medical services beyond urine pregnancy tests (which pregnant people can purchase at drug stores and self-administer).<sup>4</sup> In addition to these pregnancy tests, CPCs most commonly offered maternity and baby supplies (but usually only if pregnant individuals attend religious-based programming) and peer-to-peer support “counseling” (largely provided by volunteers rather than licensed healthcare providers).<sup>5</sup> While 56% of CPCs offered ultrasounds, those ultrasounds were limited and undiagnostic, meaning the ultrasound only confirmed that a person was pregnant but did not provide any information about the medical condition of the fetus or the pregnant person.<sup>6</sup> The CPC-provided ultrasounds cannot “determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress.”<sup>7</sup> Only 28.1% of the CPCs offered STI testing services, and only 16.6% offered any sort of sexual education.<sup>8</sup> The least-offered services were prenatal care (5.1%), well-person care (4.8%), and contraceptive care (0.2%).<sup>9</sup> Related to their limited scope of healthcare services, CPCs frequently disclaim any obligation to keep patients’ medical information private.<sup>10</sup>

Consistent with their limited services, only a small minority of CPCs have affiliated licensed medical personnel. In a recent survey, only 16% of CPCs responded that they have an affiliated physician, and just over 25% indicated they have an affiliated registered nurse—no CPCs reported whether the affiliated medical provider was on staff or working full-time.<sup>11</sup> Nor is

---

<sup>4</sup> *Designed to Deceive: A Study of the Crisis Pregnancy Ctr. Indus. in Nine States*, The Alliance 5, 13, <https://alliancestateadvocates.org/wp-content/uploads/sites/107/Alliance-CPC-Study-Designed-to-Deceive.pdf>.

<sup>5</sup> *Id.* at 14.

<sup>6</sup> *Id.* at 13, 15; *Crisis Pregnancy Ctrs. Issue Brief*, Am. Coll. Obstetricians & Gynecologists, <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers> (CPCs may “perform[] ultrasounds to emotionally manipulate and shame pregnant people under the guise of informing or diagnosing them”).

<sup>7</sup> *Designed to Deceive: A Study of the Crisis Pregnancy Ctr. Industry in Nine States, An Update*, The Alliance 2 (Fall 2022), <https://tinyurl.com/yjxtau2a> (“It is unclear whether those performing CPC ultrasounds are trained to do so or if they are able to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus but may give pregnant people a false sense of security and contribute to a delay in accessing legitimate prenatal care. Additionally, CPCs have been found to have shared ultrasounds with clients which belonged not to the clients but to other pregnant people.”).

<sup>8</sup> *Designed to Deceive*, *supra* note 4 at 44-60.

<sup>9</sup> *Id.* at 14. These findings are consistent with over a decade of research into CPCs, all of which shows that CPCs rarely offer meaningful healthcare services. *See, e.g., The Availability of HIV & Sexually Transmitted Infection Testing & Treatment Servs. at Crisis Pregnancy Cntrs. in the United States*, Crisis Pregnancy Center Map, <https://crisispregnancycentermap.com/wp-content/uploads/2021/10/CPC-HIV-STI-Study-Fact-Sheet.pdf>; Joanne D. Rosen, *The Public Health Risks of Crisis Pregnancy Ctrs.*, 44 *Perspectives on Sexual & Reprod. Health* 201-05 (Sept. 12, 2012), <https://tinyurl.com/yc48yyem>.

<sup>10</sup> *See* Abigail Abrams, *Exclusive: Elizabeth Warren & Senate Democrats Press Crisis Pregnancy Ctrs. on Abortion Data Gathering*, Time (Sept. 21, 2022), <https://time.com/6214503/elizabeth-warren-crisis-pregnancy-centers-abortion-data/> (CPC “forms and websites often contain fine print that explain they are not bound by federal privacy laws”).

<sup>11</sup> *Designed to Deceive*, *supra* note 4 at 26.

it clear that when CPCs have affiliated medical providers, those professionals are seeing patients or have expertise in reproductive healthcare; “[a]necdotal reports also indicate some physicians working with CPCs are licensed in fields unrelated to reproductive health, including as optometrists and chiropractors.”<sup>12</sup>

CPCs also generally will not even refer for abortion services.<sup>13</sup> Referrals are “often used in medical care to ensure patients have access to specialty care as needed.”<sup>14</sup> Providing referrals for necessary healthcare when the provider will not, or is not able to, provide that care is a crucial part of the standard of care.<sup>15</sup>

In short, the vast majority of CPCs do not provide anything close to the full spectrum of reproductive healthcare and will not refer patients for care that they do not offer.

## II. CPCS OFTEN USE DECEPTIVE TACTICS TO LURE IN PATIENTS SEEKING ACTUAL REPRODUCTIVE HEALTHCARE

Studies, news reports, investigations, and other evidence suggest that CPCs frequently use deceptive and unethical methods to lure pregnant people who are seeking comprehensive reproductive healthcare—including abortion—into their centers.<sup>16</sup> And when those people visit, CPCs often provide inaccurate and deceptive information about reproductive health. In 2015, Reproductive Freedom For All, formerly known as NARAL Pro-Choice America, conducted a study of CPCs and made the following findings:

- CPCs employ online strategies to target women, ensuring that when someone types “abortion clinic” into a search engine (e.g. Google), they “get[] results for CPCs, which

---

<sup>12</sup> *Id.* Even the Lozier Institute—an anti-abortion organization—admits that medical staff comprise only about a quarter of paid CPC staff. *Pregnancy Ctrs. Stand the Test of Time*, Lozier Inst. 26 (2020), [https://lozierinstitute.org/wp-content/uploads/2020/10/Pregnancy-Center-Report-2020\\_FINAL.pdf](https://lozierinstitute.org/wp-content/uploads/2020/10/Pregnancy-Center-Report-2020_FINAL.pdf). A larger number of licensed medical providers (6,424) volunteered with CPCs, but it is unclear whether those volunteers are interacting with patients, as opposed to serving on boards and as medical directors, or whether those volunteers are qualified to provide reproductive healthcare. *Id.*

<sup>13</sup> Bryant & Swartz, *supra* note 2.

<sup>14</sup> *Failure to Refer*, Standards of Care, <https://www.standardsofcare.org/medical-malpractice/types/failure-to-refer/>.

<sup>15</sup> *Id.*

<sup>16</sup> See, e.g., *Designed to Deceive*, *supra* note 4; *Crisis Pregnancy Ctrs. Lie: The Insidious Threat to Reprod. Freedom*, NARAL Pro-Choice America (2017), <https://www.prochoiceamerica.org/wp-content/uploads/2017/04/cpc-report-2015.pdf>; Unlicensed Activity Investigation Report, Fla. Dep’t of Health, [https://www.documentcloud.org/documents/23439929-201805741\\_invfile\\_redacted-1-3](https://www.documentcloud.org/documents/23439929-201805741_invfile_redacted-1-3) (complaint to the Florida Department of Health that CPC staff was practicing medicine without a license); Stephanie Mencimer, *The Trump Admin. Is Giving Family Planning Funds to a Network of Anti-Abortion Clinics*, Mother Jones (Jan./Feb. 2020), <https://www.motherjones.com/politics/2019/11/the-trump-administration-is-giving-family-planning-funds-to-a-network-of-anti-abortion-clinics-obria/> (woman misled into visiting CPC because she thought it was a full-service clinic); Compl., *People v. Heartbeat Int’l, Inc.*, No. 23CV044940 (Alameda Cnty. Super. Ct., Sept. 21, 2023) (Heartbeat International uses misleading statements about “abortion pill reversal”).

use false advertising tactics to lure women to their facilities instead of actual health clinics”;<sup>17</sup>

- CPCs provide “misleading information” connecting abortions to, *inter alia*, infertility, breast cancer, and mental illness, claiming “that abortion directly results in a fictitious condition called either ‘post-abortion syndrome’ or ‘post-abortion stress’” as well as “grief and regret”;<sup>18</sup>
- CPCs often provide misleading information regarding contraception, including falsely claiming that birth control is an “abortifacient” and that condoms are ineffective, and they fail to discuss the risk of STIs;<sup>19</sup> and
- CPCs purposely locate their centers “near comprehensive health clinics or in medical buildings that give the impression that medically accurate services are available. By locating near clinics that provide comprehensive information and services, CPCs purposefully try to confuse patients into mistakenly entering their deceitful clinics.”<sup>20</sup>

Other public reports support these findings. For example, according to a 2018 NPR article, CPCs often choose similar sounding names to nearby reproductive health clinics or engage in other tactics to cause confusion between their centers and real reproductive health facilities that are located in the vicinity, like having non-medical personnel wear white coats and asking pregnant patients to fill out medical history forms when they arrive.<sup>21</sup> Many CPCs appear to intend to make it difficult for patients to differentiate between CPCs and nearby reproductive health clinics so that patients seeking abortion instead wind up in their centers.<sup>22</sup>

CPCs notably often target vulnerable populations and communities facing barriers to reproductive healthcare access with their deception and misinformation, such as young people, people of color, and those for whom English is not their primary language.<sup>23</sup> CPCs purposely

---

<sup>17</sup> *Crisis Pregnancy Ctrs. Lie: The Insidious Threat to Reprod. Freedom*, *supra* note 16 at 4.

<sup>18</sup> *Id.* at 9.

<sup>19</sup> *Id.* at 11.

<sup>20</sup> *Id.* at 5-6.

<sup>21</sup> Nina Totenberg & Sarah McCammon, *Supreme Court Sides with Cal. Anti-Abortion Pregnancy Ctrs.*, NPR (June 26, 2018), <https://www.npr.org/2018/06/26/606427673/supreme-court-sides-with-california-anti-abortion-pregnancy-centers>.

<sup>22</sup> See Jennifer Lincoln, *How to Spot Anti-Abortion ‘Crisis Pregnancy’ Ctrs.*, Medpage Today (May 2, 2023), <https://www.medpagetoday.com/opinion/second-opinions/104305>; see also *Crisis Pregnancy Ctrs. Lie: The Insidious Threat to Reprod. Freedom*, *supra* note 16 at 5-6.

<sup>23</sup> Nicole Acevedo, *Latinas Are the Targets of Abortion Misinformation. Providers & Advocates Are Pushing Back.*, NBC News (Aug. 5, 2022), <https://www.nbcnews.com/news/latino/latinis-abortion-misinformation-online-spanish-hispanic-rcna40590>; Montoya et al., *supra* note 1 (describing, for example, that “Care Net has an ‘Urban Initiative’ which focuses on bringing Black and Latina women to centers by advertising on the Black Entertainment Network (BET) and drawing comparisons between abortion and slavery”).

advertise with billboards near high schools, colleges, and low-income neighborhoods to reach a target audience of low-income and vulnerable pregnant people.<sup>24</sup>

CPCs also commonly promote and administer an unproven and potentially risky medical protocol, “abortion pill reversal” (APR), claiming that it can “reverse” the effects of the first drug of the two-drug medication abortion regimen. They further claim—falsely—that through APR “thousands of lives” have been “saved.”<sup>25</sup> There is no credible science or evidence supporting either of these claims.<sup>26</sup> The only scientifically rigorous study had to be halted almost immediately due to serious “safety concerns” after 3 of the 12 study participants had to be transported by ambulance to the hospital after “severe vaginal bleeding” occurred.<sup>27</sup> Many CPCs nevertheless promote and partner with anti-abortion licensed healthcare providers to administer APR.

People seeking reproductive healthcare need timely, accurate information, not misinformation.

### III. CPC CONDUCT HARMS PATIENTS

Unnecessary delays in accessing reproductive healthcare can harm patients and can even put a person’s life at risk. CPCs delay pregnant people from accessing critical reproductive healthcare—by dissuading pregnant people from seeking abortion care and by frequently holding themselves out as full spectrum healthcare providers when most of them are anything but.<sup>28</sup>

---

<sup>24</sup> *Crisis Pregnancy Ctrs. Lie: The Insidious Threat to Reprod. Freedom*, *supra* note 16 at 4.

<sup>25</sup> Heartbeat International, *Abortion Pill Rescue Network*, <https://www.heartbeatinternational.org/our-work/apr> (as of Aug. 21, 2023); *Abortion Pill Reversal Overview*, Abortion Pill Reversal/Abortion Pill Rescue Network, <https://reverseabortionpill.com/abortion-pill-reversal/overview> (last visited Jan. 31, 2022, 2:26 PM).

<sup>26</sup> Some physicians claim that “abortion reversal” is “safe and effective,” but these claims have been debunked by leading scientists. Compare George Delgado et al., *A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone* (2019), [https://www.heartbeatservices.org/images/pdf/Delgado\\_et\\_al\\_Revisions\\_-\\_FINAL\\_0919.pdf\\_with](https://www.heartbeatservices.org/images/pdf/Delgado_et_al_Revisions_-_FINAL_0919.pdf_with) Daniel Grossman & Kari White, *Abortion “Reversal” — Legislating without Evid.*, 379 N. Eng. J. Med. 1491-93 (Oct. 18, 2018), and Mitchell D. Creinin & Melissa J. Chen, *Mifepristone Antagonization Requires Real Studies to Evaluate Safety & Efficacy*, 100 *Contraception* 427-29 (Nov. 14, 2019), [https://www.contraceptionjournal.org/article/S0010-7824\(19\)30450-0/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(19)30450-0/fulltext).

<sup>27</sup> Jessica Washington, *Study of “Abortion Reversal” Pill Halted Because It’s Too Dangerous*, *Mother Jones* (Dec. 6, 2019), <https://www.motherjones.com/politics/2019/12/study-of-abortion-reversal-pill-halted-because-its-too-dangerous/>; Kayla Epstein, *Some Lawmakers Push ‘Abortion Reversal’ Treatments. A Study Shows How Dangerous They Are*, *Wash. Post* (Dec. 24, 2019), <https://www.washingtonpost.com/health/2019/12/24/some-lawmakers-push-abortion-reversal-treatments-new-study-shows-how-dangerous-they-are/>.

<sup>28</sup> *Designed to Deceive: A Study of the Crisis Pregnancy Ctr. Indus. in Nine States, An Update*, *supra* note 7 at 1-2; *Crisis Pregnancy Ctrs. Lie: The Insidious Threat to Reprod. Freedom*, *supra* note 16 at 12-13.

This conduct has real consequences. For example, according to a recent lawsuit, a Massachusetts woman ended up with a ruptured fallopian tube and emergency surgery after staff at a CPC missed that her pregnancy was ectopic.<sup>29</sup> She reportedly visited the CPC for an ultrasound after searching online for a nearby place to confirm her pregnancy and was told by the CPC that she had a viable, intrauterine pregnancy.<sup>30</sup> Similarly, a patient in New Mexico reported that, after being counseled not to get an abortion, a CPC refused to provide an ultrasound for at least two weeks, which was highly risky given the patient’s history of ectopic pregnancy.<sup>31</sup> The patient visited the CPC because it advertised that it would provide information about all of her options, including medication abortion, and she needed that information given her medical history.<sup>32</sup> In another instance, a CPC told a patient “she was not pregnant and just had a stomach virus,” which was not true.<sup>33</sup>

Nor is physical harm the only risk. A Minnesota patient reported that a CPC lied to her and suggested she commit suicide.<sup>34</sup> That patient reflected that “[g]oing to a CPC endangered my health, my life, and fundamentally affected the way I look at myself – and prevented me from seeking care from other providers.”<sup>35</sup>

Other patient accounts detail pregnant women being told by CPCs that they are not pregnant when in fact they are, or being told by CPC staff that they are further along in their

---

<sup>29</sup> Julianne McShane, *Crisis Pregnancy Ctr. Failed to Spot an Ectopic Pregnancy, Threatening Patient's Life, Lawsuit Alleges*, NBC News (June 28, 2023), <https://www.nbcnews.com/health/womens-health/crisis-pregnancy-center-ectopic-pregnancy-lawsuit-rcna91660>.

<sup>30</sup> *Id.*

<sup>31</sup> *Designed to Deceive*, *supra* note 4 at 27.

<sup>32</sup> *Id.*

<sup>33</sup> Laura Morel, *How Anti-Abortion Pregnancy Ctrs. Can Claim to Be Medical Clinics & Get Away With It*, Reveal News (Dec. 15, 2022), <https://revealnews.org/article/how-anti-abortion-pregnancy-centers-can-claim-to-be-medical-clinics/> (the provider at the CPC claimed to be a “cancer doctor,” but was not actually licensed as a medical professional). And reports of CPC misinformation are not limited to abortion. Patients are also often provided with false and misleading information about contraception and other sexual health issues. *See, e.g.*, Casey Tolan et al., *The Crisis Pregnancy Center Next Door: How Taxpayer Money Intended for Poor Families Is Funding a Growing Anti-Abortion Movement*, CNN (Oct. 25, 2022), <https://www.cnn.com/2022/10/25/us/crisis-pregnancy-centers-taxpayer-money-invs/index.html> (discussing Ohio patient’s report that during a visit to a CPC “an employee claimed that condoms were only 50% effective, the spread of STDs could only be prevented if people followed ‘God’s plan’ of avoiding sex before marriage, and that if a woman who has an STD gets an abortion, ‘your STDs travel up your cervix into your organs and could kill you.’”); *Crisis Pregnancy Ctrs. Lie: The Insidious Threat to Reprod. Freedom*, *supra* note 16 at 13 (describing CPC in Missouri telling an investigator that “condoms sometimes have holes and that buying a condom is like buying a bag of balloons and expecting that not one will have a hole in it.”).

<sup>34</sup> *Designed to Deceive*, *supra* note 4 at 27.

<sup>35</sup> *Id.*; *see also* Diana G. Foster, *The Turnaway Study: Ten Years, a Thousand Women, & the Consequences of Having—or Being Denied—an Abortion* (2021); Zara Abrams, *The Facts About Abortion & Mental Health*, *Am. Psych. Ass’n* (June 23, 2022), <https://www.apa.org/monitor/2022/09/news-facts-abortion-mental-health>.

pregnancies than a CPC ultrasound operator had reported.<sup>36</sup> Delays in receiving reproductive healthcare can have significant impacts on patient health, future fertility, and even mortality.<sup>37</sup> Delayed or inadequate prenatal care increases risks for both the mother and the child.<sup>38</sup> In many states with laws setting gestational limits on abortion care, delays may prevent those who wish to terminate their pregnancies from obtaining abortions altogether.<sup>39</sup> Denials of abortion are in turn associated with worse outcomes for both the parents and children, including poor birthing and infant health outcomes, higher rates of poverty, and lower educational attainment for both parents and children.<sup>40</sup> Delays can also force patients who would have otherwise chosen medication abortion to undergo procedural abortions—which, although safe, are unnecessarily invasive procedures for those for whom medication abortion would have been recommended, and are generally more costly to provide and to obtain.<sup>41</sup> And the research is clear that these harms are generally felt most acutely by racial and ethnic minorities, immigrants, and low-income people, who already experience disparities in healthcare access and outcomes.<sup>42</sup>

---

<sup>36</sup> Kate Vlach, *What's Old Is New Again: How State Att'ys Gen. Can Reinvigorate UDAP Enforcement to Combat Crisis Pregnancy Ctr. Deception*, 39 *Columbia J. Gender & L.* 140-94, 148 (May 13, 2020), <https://journals.library.columbia.edu/index.php/cjgl/article/view/6071>.

<sup>37</sup> Celeste Krewson, *Recent Increase in Barriers to Reprod. Care Observed*, *Contemporary OBGYN* (Apr. 17, 2023), <https://www.contemporaryobgyn.net/view/recent-increase-in-barriers-to-reproductive-care-observed> (“For women of reproductive age, reproductive health care is one of the most common health care necessities, with increased risk of morbidity and sexually transmitted infections when reproductive care is delayed or forgone.”); Aliza Adler et al., *Changes in the Frequency & Type of Barriers to Reprod. Health Care Between 2017 & 2021*, 6 *JAMA Network Open*. e237461 (2023), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2803644>; Gabriela Weigel et al., *Potential Impacts of Delaying “Non-Essential” Reprod. Health Care*, *KFF* (June 24, 2020), <https://www.kff.org/womens-health-policy/issue-brief/potential-impacts-of-delaying-non-essential-reproductive-health-care/> (delayed care increases the risks of unintended pregnancies; untreated STIs, which in turn can lead to infertility, pelvic inflammatory disease, and ectopic pregnancies; undetected gynecologic cancers; untreated conditions like endometriosis and fibroids).

<sup>38</sup> Gabriela Weigel et al., *supra* note 37.

<sup>39</sup> Mabel Felix & Laurie Sobel, *A Year After Dobbs: Policies Restricting Access to Abortion in States Even Where It's Not Banned*, *KFF* (June 22, 2023), <https://www.kff.org/policy-watch/year-after-dobbs-policies-restricting-access-to-abortion/> (describing, for example, that “in states where telemedicine for abortion is banned and there are waiting periods in place, a pregnant patient may no longer meet the gestational limit by the time they are able to get an appointment to get their abortion.”).

<sup>40</sup> See Foster, *supra* note 35; Diana G. Foster et al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, 205 *Pediatrics* 183, 186-87 (2019), [https://www.jpeds.com/article/S0022-3476\(18\)31297-6/pdf](https://www.jpeds.com/article/S0022-3476(18)31297-6/pdf); Heidi D. Nelson et al., *Ass'ns of Unintended Pregnancy with Maternal & Infant Health Outcomes: A Systematic Review & Meta-Analysis*, 328 *JAMA* 1714, 1714-29 (2022).

<sup>41</sup> See, e.g., Christina Rørbye et al., *Med. Versus Surgical Abortion Efficacy, Complications & Leave of Absence Compared in a Partly Randomized Study*, 70 *Contraception* 393-99 (2004), <https://pubmed.ncbi.nlm.nih.gov/15504379/>; *Br. for State of New York et al. as Amici Curiae at 22-27, Alliance for Hippocratic Med. v. FDA*, No. 23-10362 (5th Cir. May 4, 2023) (estimating procedural abortion costs five times as much as a medication abortion to provide).

<sup>42</sup> See Commonwealth Fund, *The U.S. Maternal Health Divide: The Limited Maternal Health Services & Worse Outcomes of States Proposing New Abortion Restrictions*, <https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide->

In other words, when CPCs spread misinformation and use delay tactics to steer patients from full-scope reproductive healthcare to their centers, they endanger the health and lives of those patients.

The Attorneys General of California, Connecticut, Delaware, Hawai'i, Maine, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Vermont, Washington, and the District of Columbia oppose efforts by CPCs to mislead consumers and delay or impede access to the full spectrum of reproductive healthcare, including abortion. That is why our states continue to take numerous actions aiming to mitigate the harmful effects of CPC misinformation and delays.<sup>43</sup> We applaud efforts to ensure the public is aware of what services are and are not offered at CPCs so that patients can get prompt access to reproductive healthcare and reproductive health information from a provider that offers the services they seek. Actions like Yelp's warnings to consumers help inform patients and prevent these harms, protecting the public health.

---

[limited-services-worse-outcomes](#); Priya Pandey, *A Year After Dobbs: People with Low Incomes & Communities of Color Disproportionately Harmed*, Ctr. L. & Soc. Policy, <https://www.clasp.org/blog/a-year-after-dobbs-people-with-low-incomes-and-communities-of-color-disproportionately-harmed/> (June 23, 2023); Samantha Artiga et al., *What are the Implications of the Overturning of Roe v. Wade for Racial Disparities?*, KFF (Jul. 5, 2022), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/what-are-the-implications-of-the-overturning-of-roe-v-wade-for-racial-disparities/>; Sarahn Wheeler & Allison Bryant, *Racial & Ethnic Disparities in Health & Health Care*, 44 *Obstet Gynecol Clin. N. Am.* 1-11 (Mar. 2017); Aliza Adler et al., *supra* note 37.

<sup>43</sup> *Consumer Alert, Know the Difference: Crisis Pregnancy Ctrs. v. Reprod. Healthcare Facilities*, Cal. Dep't of Justice, Office of the Att'y Gen., <https://tinyurl.com/mr2kxfvb>; *AG Healey Warns Patients About Crisis Pregnancy Ctrs.*, Mass. Office of Att'y Gen. Maura Healey (July 6, 2022), <https://tinyurl.com/muyvwk3a>; *Know Your Rights: Reprod. Health Care*, Wash. State Att'y Gen.'s Office, <https://tinyurl.com/mr2kxfvb>; *Consumer Alert Crisis Pregnancy Ctrs.*, N.J. Div. of Consumer Affairs, <https://tinyurl.com/5yaeiej>; *Attorney General Ellison Issues Consumer Alert about Crisis Pregnancy Ctrs.*, Minn. Att'y Gen. Keith Ellison (Aug. 22, 2022), <https://tinyurl.com/3hp9eehb>; *see also Attorney General Tong Announces New Actions to Protect Abortion in Connecticut*, Conn. Office of the Att'y Gen. (October 11, 2022), <https://tinyurl.com/yzcva6kp>; *Reprod. Rights: Abortion Is Legal in Delaware*, Del. Dep't of Justice, Attorney General Kathy Jennings, <https://tinyurl.com/ysdbkm5n>; *Consumer Alert: Questions & Answers on Abortion Care & Freedom of Expression in the District of Columbia*, Office of the Att'y Gen. for the District of Columbia (Jan. 13, 2023), <https://oag.dc.gov/release/consumer-alert-questions-and-answers-abortion-care>; *Know Your Rights: Abortion in Maine*, Office of the Maine Att'y Gen., <https://tinyurl.com/mrx6akvn>; *Reprod. Rights*, Office of the N.Y. State Att'y Gen., <https://tinyurl.com/58uwzhrj>; *Spotlight: Reprod. Rights*, Ore. Dep't of Justice, Attorney General Ellen F. Rosenblum, <https://tinyurl.com/bddjmfuz>; *Resource: Know Your Reprod. Rights*, Office of the Vermont Att'y Gen. (June 30, 2022), <https://tinyurl.com/mrwcudae>.



Sincerely,



ROB BONTA  
Attorney General of California



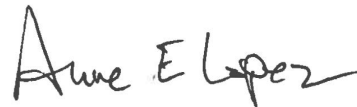
WILLIAM TONG  
Attorney General of Connecticut



KATHLEEN JENNINGS  
Attorney General of Delaware



BRIAN L. SCHWALB  
Attorney General of the District of Columbia



ANNE E. LOPEZ  
Attorney General of Hawai'i



AARON M. FREY  
Attorney General of Maine



ANDREA CAMPBELL  
Attorney General of Massachusetts




DANA NESSEL  
Attorney General of Michigan



KEITH ELLISON  
Attorney General of Minnesota



MATTHEW J. PLATKIN  
Attorney General of New Jersey



RAÚL TORREZ  
Attorney General of New Mexico



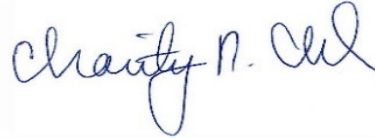
LETICIA JAMES  
Attorney General of New York



AARON D. FORD  
Attorney General of Nevada



ELLEN F. ROSENBLUM  
Attorney General of Oregon



CHARITY R. CLARK  
Attorney General of Vermont



BOB FERGUSON  
Attorney General of Washington