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# A Defense of New Jersey Pregnancy Centers: Responding to Planned Parenthood Misinformation

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## *Executive Summary*

- In 2023, Planned Parenthood Action Fund of New Jersey (PPAFNJ) released a report riddled with speculative claims, unfounded assertions, incomplete research, and flawed reasoning, intending to smear and discredit pregnancy centers.
- The PPAFNJ report referenced a 2022 “consumer alert” issued by New Jersey Attorney General Platkin which falsely claimed (among other things) that pregnancy centers present “false or misleading information about the safety and legality of abortion care.” A future public records request showed that Platkin closely collaborated with Planned Parenthood in issuing the alert, a clear conflict of interest.
- Pregnancy centers in New Jersey not only serve their communities well but do so in full compliance with New Jersey law, providing millions of dollars in goods and services at no cost to their clients.
- PPAFNJ’s attacks against pregnancy centers are unwarranted and likely stem from ideological disagreements, not actual data or genuine concerns specific to New Jersey.

On December 7, 2023, the Planned Parenthood Action Fund of New Jersey (PPAFNJ), known for its strong bias against pro-life organizations, released a report (hereafter the “Report”) attacking pregnancy centers.<sup>1</sup> The Report is riddled with speculative claims, unfounded assertions, incomplete research, and flawed reasoning. Rather than a credible analysis, it is instead a thinly veiled attempt to discredit pregnancy centers, which are vital institutions that provide valuable support to individuals facing unintended pregnancies. This response aims to address the inaccuracies and biases perpetuated by the Report, offering an accurate and more balanced perspective on the important role of pregnancy centers in our society.

### **A History of Planned Attacks to Drive Clients Away from Pregnancy Centers**

The deceptive tactics employed by PPAFNJ echo a 2002 playbook used by organizations like NARAL Pro-Choice America (now “Reproductive Freedom for All”) for decades. The aim of such organizations is to dismantle and defame reputable pregnancy centers through deceit and other unethical means, ultimately dissuading those in need from accessing the assistance they deserve.

NARAL Pro-Choice America’s playbook, misleadingly titled “Unmasking Fake Clinics,” served as a guide to entrapment, with strategies including the recruitment of volunteers to masquerade as genuine clients, contacting or visiting centers with the explicit goal of trapping them. This playbook even advocated for equipping these volunteers with tape recorders concealed on their person to capture interactions with pregnancy center staff.<sup>2</sup> President Joe Biden’s former traveling digital director at the White House documented her own use of these tactics – such as lying, using body cameras, and bringing urine from a pregnant woman to fake a positive pregnancy test – in a critical report she published for Ms. Magazine.<sup>3</sup> Such underhanded tactics seek to jeopardize the critical support these centers provide to vulnerable individuals by turning misinformation into so-called “reports,” which contain unfounded falsehoods designed to harm the reputation of pregnancy centers.

What is more, states attempting to regulate pregnancy centers have relied on such reports to justify passing laws designed to dissuade clients from seeking help. Despite these attacks, the decades-long efforts to undermine the work of pregnancy centers have by and large failed.

One such unsuccessful effort has been the attempt to needlessly regulate pregnancy centers through legislation based on accusations unsupported by evidence and, as one of the many courts considering such cases noted, nothing more than “intuition and suppositions.” Such legislation has typically targeted pregnancy centers in a way that violates the First Amendment, either through viewpoint discrimination, where similar organizations or speakers that are pro-abortion are not

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<sup>1</sup> Ganesh, Jaanhavi. “Understanding Anti-Abortion Centers: Purpose, Activities, and Implications.” Planned Parenthood Action Fund of New Jersey. Dec. 2023. Available at: [https://cdn.plannedparenthood.org/uploads/filer\\_public/3d/92/3d92bb20-9725-4aac-9b14-c35267431e72/final\\_understanding\\_aacs\\_report.pdf](https://cdn.plannedparenthood.org/uploads/filer_public/3d/92/3d92bb20-9725-4aac-9b14-c35267431e72/final_understanding_aacs_report.pdf) (Accessed 15 May 2024).

<sup>2</sup> “Choice Action Kit: A step-by-step Guide. Unmasking Fake Clinics. Third in a Series.” NARAL Foundation. 2002. (NARAL has removed the publication from its website and website archives; however, author Jeanneane Maxon has retained a physical copy of the publication.)

<sup>3</sup> Raisner, O. “Going Undercover at a Crisis Pregnancy Center.” 15 Dec. 2022. Ms. Magazine. Available at: <https://msmagazine.com/2022/12/15/crisis-pregnancy-center-undercover/> (Accessed 30 Sept. 2024).

required to abide by the regulations imposed by the legislation, or through compelling the speech of pro-life centers or staff.<sup>4</sup>

In Maryland in 2010, Montgomery County violated the First Amendment and relied on biased and purely “intuitive” claims from a report to support a bill which would have required pregnancy centers to say that they do not use licensed medical staff, even when they were not legally required to use licensed staff.<sup>5</sup> Fortunately, in this case, *Centro Tepeyac v. Montgomery County*, pregnancy centers prevailed, with the District Court noting that the centers would suffer harm and that “the critical flaw for the County is the *lack of any evidence that the practices of [the pregnancy care centers] are causing pregnant women to be misinformed* which is negatively affecting their health,” adding that “when core First Amendment interests are implicated, mere intuition [of a problem] is not sufficient. Yet that is all the County has brought forth: intuition and suppositions.”<sup>6</sup>

Other legislation with this purpose has been rejected by legislatures in at least 10 states between 2007 and 2021, most failing to advance through a committee, including:

- Connecticut: HB 7070 (2019)<sup>7</sup> and SB 144 (2020)<sup>8</sup>
- Illinois: HB4221,<sup>9</sup> which was marked as “Session *Sine Die*” in the IL House on January 10, 2023.
- Maryland: SB 690/HB 1146 (2008)<sup>10</sup>
- Michigan: HB 5158 (2009)<sup>11</sup>
- New York: A03638 (2009)<sup>12</sup> and A06591 (2007)<sup>13</sup>

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<sup>4</sup> For an extensive legal analysis of this kind of anti-pregnancy center legislation along these lines, see Mark L. Rienze, “The History and Constitutionality of Maryland’s Pregnancy Speech Regulations,” *Journal of Contemporary Health Law & Policy* 26, no. 2 (2010): 223–52, <https://scholarship.law.edu/cgi/viewcontent.cgi?article=1064&context=jchlp>.

<sup>5</sup> Culp-Ressler, T. “Crisis Pregnancy Centers In Maryland Fight For Their Right To Mislead Women.” THINKPROGRESS. 7 Dec. 2012. Available at: <https://archive.thinkprogress.org/crisis-pregnancy-centers-in-maryland-fight-for-their-right-to-mislead-women-b9d0b6e68c50/> (Accessed 1 Oct. 2024); See generally the U.S. District Court for the District of Maryland’s Memorandum Opinion in *Centro Tepeyac v. Montgomery County*, et. al. Civ. Act. No. DKC 10-12-59 (D. Md. 2014) at. 50. Available at: <https://adfflegal.org/wp-content/uploads/2022/06/Centro-Tepeyac-v-Montgomery-County-Maryland-2014-03-07-District-Court-Summary-Judgment-Opinion.pdf> (Accessed 18 Nov. 2024).

<sup>6</sup> *Ibid.*

<sup>7</sup> CT HB7070 (2019). Available at: <https://trackbill.com/bill/connecticut-house-bill-7070-an-act-concerning-deceptive-advertising-practices-of-limited-services-pregnancy-centers/1672161/> (Accessed 16 May 2024); See also Stacy, Nicole M. “Testimony in Opposition to H.B. 7070.” Feb. 10, 2019. Available at <https://www.cga.ct.gov/2019/PHdata/Tmy/2019HB-07070-R000211-Stacy,%20Nicole-TMY.PDF>.

<sup>8</sup> CT SB144 (2020). Available at: <https://legiscan.com/CT/bill/SB00144/2020> (Accessed 16 May 2024).

<sup>9</sup> IL HB4221 (2021). Available at: <https://www.ilga.gov/legislation/BillStatus.asp?DocTypeID=HB&DocNum=4221&GAID=16&SessionID=110&LegID=137197> (Accessed 16 May 2024); See also Jeanneane Maxon, “Continued Attempts to Regulate Pro-Life Pregnancy Help Centers Amount to ‘Lipstick on a Pig,’” Charlotte Lozier Institute, January 14, 2023, <https://lozierinstitute.org/continued-attempts-to-regulate-pro-life-pregnancy-help-centers-amount-to-lipstick-on-a-pig/>.

<sup>10</sup> MD SB690/HB1146 (2008). Available at: <https://mgaleg.maryland.gov/2008rs/billfile/SB0690.htm> (Accessed 16 May 2024); see also Mark L. Rienze, “The History and Constitutionality of Maryland’s Pregnancy Speech Regulations,” *Journal of Contemporary Health Law & Policy* 26, no. 2 (2010): 223–52, <https://scholarship.law.edu/cgi/viewcontent.cgi?article=1064&context=jchlp>.

<sup>11</sup> MI HB5158 (2009). Available at: <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2009-HB-5158> (Accessed 16 May 2024).

<sup>12</sup> NY A03639 (2009). Available at: <https://assembly.state.ny.us/leg/?bn=A03638&term=2009> (Accessed 16 May 2024).

<sup>13</sup> NY A06591 (2007). Available at: <https://assembly.state.ny.us/leg/?bn=A06591&term=2007> (Accessed 16 May 2024).

- Oregon: SB 776 (2007)<sup>14</sup>
- Texas: HB 2592 (2009)<sup>15</sup>
- Virginia: HB 452<sup>16</sup> and SB 188 (2010)<sup>17</sup>
- Washington: SB 6452 and HB 2837 (2010)<sup>18</sup>
- West Virginia: HB 2373 (2009)<sup>19</sup>

As these efforts met with repeated failure at the state level, the pro-abortion movement shifted its focus to city and local municipalities in the mid-2000s through 2010s. However, this new strategy proved equally ineffective, resulting not only in failure but also in significant financial repercussions for the municipalities involved, with millions of dollars expended on legal judgments and attorney's fees.

Whenever a state or local government has imprudently enacted anti-pregnancy center legislation, it has invariably faced legal challenges. With rare exceptions (notably, one case in San Francisco), courts across the board, including the Supreme Court of the United States, have consistently struck down such measures as unconstitutional. This pattern has led to the wasteful expenditure of taxpayer resources as states and localities defend indefensible laws. Finding the actions of these local municipalities particularly egregious, courts have further mandated that they cover the legal expenses of the pregnancy centers they targeted:

- In *NIFLA v. Becerra*, California was ordered to pay \$399,000 to compensate for pregnancy centers' legal fees.<sup>20</sup>
- In *Centro Tepeyac v. Montgomery County*, Montgomery County, Maryland paid \$375,000 in attorneys' fees and nominal damages.<sup>21</sup>

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<sup>14</sup> OR SB 776 (2007). Available at: <https://olis.oregonlegislature.gov/liz/2007R1/Measures/Overview/SB776> (Accessed 16 May 2024).

<sup>15</sup> TX HB 2592 (2009). Available at: <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=81R&Bill=HB2592> (Accessed 16 May 2024).

<sup>16</sup> VA HB 452 (2010). Available at: <https://lis.virginia.gov/cgi-bin/legp604.exe?101+sum+HB452> (Accessed 16 May 2024).

<sup>17</sup> VA SB 188 (2010). Available at: <https://lis.virginia.gov/cgi-bin/legp604.exe?101+sum+SB188> (Accessed 16 May 2024).

<sup>18</sup> SB 6452/HB 2837 (2010). Available at: <https://apps.leg.wa.gov/billssummary/?BillNumber=6452&Year=2009&Initiative=false> (Accessed 16 May 2024).

<sup>19</sup> WV HB 2373 (2009). Available at: [https://www.wvlegislature.gov/bill\\_status/bills\\_text.cfm?billdoc=hb2373%20intr.htm&yr=2009&sesstype=RS&i=2373](https://www.wvlegislature.gov/bill_status/bills_text.cfm?billdoc=hb2373%20intr.htm&yr=2009&sesstype=RS&i=2373). (Accessed 16 May 2024).

<sup>20</sup> Nielsen, A. "California to Pay Damages to Pregnancy Centers." Care Net. 25 Feb. 2019. Available at: <https://www.care-net.org/center-insights-blog/california-to-pay-damages-to-pregnancy-centers> (Accessed 16 May 2024).

<sup>21</sup> "Md. county pays \$375,000 for anti-pregnancy care law." Alliance Defending Freedom. 18 June 2014. Available at: <http://www.adfmedia.org/News/PRDetail/4673#:~:text=Md.,-county%20pays%20%24375%2C000&text=In%20March%2C%20a%20ofederal%20court,nationwide%20battle%20against%20such%20ordinances>. (Accessed 16 May 2024).

- In *Greater Baltimore Center for Pregnancy Concerns, Inc. v. Mayor and City Council of Baltimore*, Baltimore paid a pregnancy service center \$1.1 million to cover legal fees.<sup>22</sup>

In 2018, the U.S. Supreme Court provided significant clarification in the case *NIFLA v. Becerra*<sup>23</sup> regarding the unconstitutional nature of efforts to regulate the speech of pregnancy centers by forcing centers to post conspicuous disclaimers and compel other forms of speech. Central to the issue in this case, pregnancy centers were required to explicitly tell clients that California offers free or low-cost abortions and provide a phone number where the client could get more information. The Supreme Court found that such a requirement amounted to unconstitutional compelled speech, viewpoint discrimination, and a violation of the consciences of pregnancy center staff. As Justice Kennedy wrote in his concurring opinion,

It does appear that viewpoint discrimination is inherent in the design and structure of this Act. This law is a paradigmatic example of the serious threat presented when government seeks to impose its own message in the place of individual speech, thought, and expression. For here the State requires primarily pro-life pregnancy centers to promote the State's own preferred message advertising abortions. This compels individuals to contradict their most deeply held beliefs, beliefs grounded in basic philosophical, ethical, or religious precepts, or all of these. And the history of the Act's passage and its underinclusive application suggest a real possibility that these individuals were targeted because of their beliefs.<sup>24</sup>

### The Consumer Alert and a Conflict of Interest

The first issue with the Report is that, in supporting its argument against NJ pregnancy centers, it cites a dubious "consumer alert" issued by New Jersey Attorney General Matthew Platkin.<sup>25</sup> This alert lacks credibility and contains no citations or references to substantiate its accusations. Examples include unsubstantiated statements such as that pregnancy centers may "[p]ostpone or reschedule appointments to delay individuals' access to abortion care," and "[p]ressure individuals to delay an abortion or continue a pregnancy, including by providing false or misleading information about the safety and legality of abortion care."

Immediately after the consumer alert was issued in December 2022, a coalition of New Jersey pregnancy centers sought to obtain any complaints, investigations, or other documents upon which the State relied in making statements in the alert that were imprecise, incorrect, or misleading. After initially denying access to records but admitting no complaints against pregnancy centers existed, litigation ensued, and the State was found to have violated the NJ Open Public Records Act. A court

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<sup>22</sup> Franklin, K. "Baltimore to Pay \$1.1 Million to Pregnancy Center after Losing First Amendment Case." National Right to Life. 14 Sept. 2018. Available at: <https://nrlc.org/nrlnewstoday/2018/09/baltimore-to-pay-1-1-million-to-pregnancy-center-after-losing-first-amendment-case/>.

<sup>23</sup> *National Institute of Family and Life Advocates v. Becerra*, available at: [https://www.supremecourt.gov/opinions/17pdf/16-1140\\_5368.pdf](https://www.supremecourt.gov/opinions/17pdf/16-1140_5368.pdf).

<sup>24</sup> *Ibid.*, p. 1-2 of Kennedy, J., concurring.

<sup>25</sup> NJ Consumer Affairs. (2022). CONSUMER ALERT Crisis Pregnancy Centers consumer alert. Available at: [https://www.nj.gov/oag/newsreleases22/2022-1207\\_crisis-pregnancy-centers.pdf](https://www.nj.gov/oag/newsreleases22/2022-1207_crisis-pregnancy-centers.pdf).

ordered the State to search for and produce records.<sup>26</sup> The resultant disclosure by the Attorney General's office on August 31, 2023, is telling. The State revealed that PPAFNJ was directly involved in writing the consumer alert, reviewing it in advance of publication and making edits and changes to its language.<sup>27</sup> PPAFNJ thus knowingly cited the very consumer alert it helped to develop in support of its own purportedly "independent" report.

A subpoena issued by Attorney General Platkin after publication of the Consumer Alert was recently challenged for its numerous Constitutional and ethical violations.<sup>28</sup> An article in the Wall Street Journal confirmed what the coalition of New Jersey pregnancy centers discovered—that the Attorney General closely collaborated with Planned Parenthood in issuing the Consumer Alert, noting:

Emails obtained through a public-records request show that the attorney general's office asked Planned Parenthood, the nation's largest abortion provider, to preview and edit the draft consumer alert before it was issued—a clear conflict of interest. In addition to slamming pregnancy centers, the consumer alert urged women seeking abortions to check out Planned Parenthood's website. The attorney general's office and Planned Parenthood declined to comment on their collaboration.<sup>29</sup>

Years earlier, former New York Attorney General Elliot Spitzer likewise attempted to abuse his powers to target pregnancy centers. In 2002, Spitzer subpoenaed 24 pregnancy centers, alleging they were engaged in deceptive advertising and the illegal practice of medicine. This resulted in pregnancy centers filing suit against Spitzer and the AG's subpoenas were subsequently withdrawn.<sup>30</sup>

Similarly, in 2022, Washington State Attorney General Bob Ferguson attempted to conduct an unconstitutional investigation into a network of pregnancy centers. This effort resulted in a lawsuit against him. Ultimately, Ferguson abandoned the investigation in May of 2024.<sup>31</sup>

### Misleading Accusations

The PPAFNJ report contains numerous misleading accusations. One such example is the assertion that "[pregnancy centers] have a *history* of providing incorrect ultrasound dating, leading a client to

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<sup>26</sup> See *New Jersey Consortium of Pregnancy Centers v. State of New Jersey, Office of the Attorney General, et al.*, Superior Ct. of New Jersey, Law Division, MER-L-394-23. July 3, 2023. Original document available at <https://newjerseymonitor.com/wp-content/uploads/2023/07/CPC-ruling.pdf>.

<sup>27</sup> Documents personally obtained by the author, including: Office of the Attorney General document production dated August 31, 2023; October 17, 2022 email to Kaitlyn Wojtowicz (VP of Public Affairs PPAFNJ) attaching draft Consumer Alert; October 26, 2023 email from Wojtowicz to OAG providing feedback on Consumer Alert and attachments editing the draft Alert. [Appellate Division appendix at Pa30, 38 and 41].

<sup>28</sup> Den Bleyker v. Platkin, Docket No. MER-L-000394-23.

<sup>29</sup> McClain, Sierra Dawn. "New Jersey Harasses Pregnancy Resource Centers." Wall Street Journal. 2 Aug 2024. Available at: <https://www.wsj.com/articles/new-jerseys-attorney-general-harasses-pregnancy-resource-centers-abortion-pro-life-28a0e25a>.

<sup>30</sup> Henderson Blunt, Sheryl. "N.Y. Prolifers See Partial Victory: New York attorney general withdraws subpoenas targeting crisis pregnancy centers." *Christianity Today*. February 1, 2002. Available at: <https://www.christianitytoday.com/ct/2002/februaryweb-only/2-25-53.0.html> (Accessed 16 May 2024).

<sup>31</sup> Gryboski, M., "Washington state ends investigation of pro-life pregnancy centers; no charges filed." *The Christian Post*. 29 May 2024. Available at: <https://www.christianpost.com/news/washington-ag-drops-investigation-of-pro-life-pregnancy-centers.html> (Accessed 10 June 2024).

believe they are earlier or later in their pregnancies than they actually are” [emphasis added].<sup>32</sup> The report supports this assertion with only one citation, referencing a single article from *The New York Times*.<sup>33</sup> However, this *New York Times* article focuses on a specific pregnancy center organization located in Texas, which has no presence whatsoever in New Jersey. Additionally, the article focused on only a small number of problematic cases that do not represent the full scope of the services rendered by or overall quality of the organization. Furthermore, the organization in question was established in 2009,<sup>34</sup> representing only a fraction of the 56-year history of pregnancy centers. The *New York Times* article cannot, therefore, be considered a reliable source for the historical practices of pregnancy centers. Additionally, this organization profiled in the *New York Times* article has limited operations, with only eight physical locations across six states,<sup>35</sup> none of which are near New Jersey, with the closest one being approximately 300 miles away from central New Jersey in Pittsburgh, Pennsylvania.

Secondly, the Report lists 59 organizations it claims are pregnancy centers. However, the Report inappropriately inflates the number of pregnancy centers by including pregnancy center locations no longer open, adoption agencies, maternity homes that are not pregnancy centers, prayer ministries, and general social service agencies. Merely taking a pro-life stance on abortion does not make a charity a “pregnancy center.” Upon examining the actual services provided by each organization listed in the report, only 47 pregnancy centers could be verified as currently open. Of these 47, almost all are affiliated with a reputable national organization, and approximately 83% (35 centers) are affiliated with either the National Institute of Family and Life Advocates (NIFLA), Care Net, or Heartbeat International. As part of their affiliation with these organizations, pregnancy centers agree to adhere to the “Commitment of Care and Competence,”<sup>36</sup> which mandates, among other things, that:

- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- All advertising and communications are truthful, honest, and accurately describe the services offered.
- Medical services are provided in accordance with all applicable laws and pertinent medical standards, under the supervision and direction of a licensed physician.

The full Commitment of Care and Competence can be found in Appendix B.

Additionally, the Report expresses concern over the disproportionate number of pregnancy centers compared to Planned Parenthood facilities in the state. However, this overlooks the fact that Planned

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<sup>32</sup> Ganesh, Jaanhavi. “Understanding Anti-Abortion Centers: Purpose, Activities, and Implications.” *Planned Parenthood Action Fund of New Jersey*, pg. 2. 7 Dec. 2023. Available at: [https://cdn.plannedparenthood.org/uploads/filer\\_public/3d/92/3d92bb20-9725-4aac-9b14-c35267431e72/final\\_understanding\\_aacs\\_report.pdf](https://cdn.plannedparenthood.org/uploads/filer_public/3d/92/3d92bb20-9725-4aac-9b14-c35267431e72/final_understanding_aacs_report.pdf) (Accessed 15 May 2024).

<sup>33</sup> Emma Cott et al., “They Searched Online for Abortion Clinics. They Found Anti-Abortion Centers.” *The New York Times*, June 23, 2022, sec. U.S., <https://www.nytimes.com/interactive/2022/us/texas-abortion-human-coalition.html>.

<sup>34</sup> Human Coalition, “Human Coalition Responds to Planned Parenthood Annual Report, About Human Coalition.” April 17, 2024. Available at: <https://www.humancoalition.org/news/> (Accessed 15 May 2024).

<sup>35</sup> See Health for Her. “Find a safe space.” Available at: <https://healthforher.org/locations/> (Accessed 15 May 2024).

<sup>36</sup> “Our Commitment of Care and Competence.” Leadership Alliance of Pregnancy Care Organizations. Adopted 9 July 2019. Available at: <https://www.heartbeatinternational.org/about-us/commitment-of-care> (Accessed 6 June 2024).

Parenthood NJ is organized into two entities serving multiple county-wide regions (Planned Parenthood of Northern, Central and Southern New Jersey; and Planned Parenthood of Metropolitan New Jersey), while pregnancy centers historically have been formed by local citizens at a municipal or county-wide level in order to best serve their local communities. It's not surprising, then, that there may often be more pregnancy centers than Planned Parenthood facilities. Further, the Report ignores the reasons behind the popularity of pregnancy centers in New Jersey. Individuals gravitate towards organizations that effectively fulfill their needs and desires. Pregnancy centers excel in providing tangible assistance and essential services to those navigating unintended pregnancies. While Planned Parenthood has not published its client satisfaction rate,<sup>37</sup> pregnancy centers nationwide boast an impressive 97.4% client satisfaction rate, surpassing that of other reputable entities.<sup>38, 39</sup> Furthermore, in stark contrast to the Planned Parenthood facilities in New Jersey, which amassed a collective profit of \$17,642,176 through client charges for their services,<sup>40</sup> New Jersey pregnancy centers offer all their services completely free of charge, in 2022 totaling an estimated \$3.7 million in services and materials,<sup>41</sup> making New Jersey pregnancy centers more desirable.

The Report also notes (in its characteristically biased language) its concern that "[t]wo-thirds of New Jersey's 21 Planned Parenthood health centers have an anti-abortion center operating within three miles of their location; half have an AAC within one mile."<sup>42</sup> The Report fails to consider that pregnancy centers in New Jersey may have occupied their location first and Planned Parenthood facilities opened near the already existing pregnancy centers.

### Legal Requirements for Health Services in New Jersey

The Report further fails to cite any specific state or federal law or regulation that pregnancy centers have allegedly violated. Despite this lack of evidence, it falsely insinuates that pregnancy centers are operating deceptively without regulation by hiring medical professionals, providing limited medical services, and not reporting positive Sexually Transmitted Infection (STI) results, while depicting themselves as medical facilities.<sup>43</sup> However, it omits the fact that pregnancy centers in New Jersey are exempt from most regulations governing clinical laboratories. This is because the federal Clinical

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<sup>37</sup> Based on a search of its recent annual reports and a general search online for "client satisfaction rate for Planned Parenthood."

<sup>38</sup> Gaul, Moira. "Pregnancy Centers: Higher Customer Satisfaction than Chick-fil-A." July 8, 2022. Available at: <https://www2.cbn.com/news/us/pregnancy-centers-higher-customer-satisfaction-chick-fil> (Accessed 15 May 2024).

<sup>39</sup> "Companies Archive," The American Customer Satisfaction Index, accessed August 28, 2024, <https://theacsi.org/companies/>.

<sup>40</sup> See Planned Parenthood of Metropolitan New Jersey. 2022 990. Section I line 9. Available at:

[https://pdf.guidestar.org/PDF/Images/2022/221/539/2022-221539559-202343149349303619-9.pdf?\\_gl=1\\*1b7m454\\*\\_gcl\\_au\\*MTO1MzYwMzIxMi4xNzE1Nzc4MzE4\\*\\_ga\\*NzE3NDgzMzkyLjE3MTU3NzgzMtK.\\*\\_ga\\_5W8PXYGBX\\*MTcxNTc3ODMxOC4xLjEuMTcxNTc4Mjg4MS4zNS4wLjA](https://pdf.guidestar.org/PDF/Images/2022/221/539/2022-221539559-202343149349303619-9.pdf?_gl=1*1b7m454*_gcl_au*MTO1MzYwMzIxMi4xNzE1Nzc4MzE4*_ga*NzE3NDgzMzkyLjE3MTU3NzgzMtK.*_ga_5W8PXYGBX*MTcxNTc3ODMxOC4xLjEuMTcxNTc4Mjg4MS4zNS4wLjA). (Accessed 15 May 2024), and Planned Parenthood of Northern Central and Southern New Jersey Inc. FY2021-2022 990. Section I line 9. Available at: [https://pdf.guidestar.org/PDF/Images/2022/221/643/2022-221643997-202302269349302905-9.pdf?\\_gl=1\\*1ou7cw\\*\\_gcl\\_au\\*MTO1MzYwMzIxMi4xNzE1Nzc4MzE4\\*\\_ga\\*NzE3NDgzMzkyLjE3MTU3NzgzMtK.\\*\\_ga\\_5W8PXYGBX\\*MTcxNTc3ODMxOC4xLjEuMTcxNTc4MzAxMS41Ny4wLjA](https://pdf.guidestar.org/PDF/Images/2022/221/643/2022-221643997-202302269349302905-9.pdf?_gl=1*1ou7cw*_gcl_au*MTO1MzYwMzIxMi4xNzE1Nzc4MzE4*_ga*NzE3NDgzMzkyLjE3MTU3NzgzMtK.*_ga_5W8PXYGBX*MTcxNTc3ODMxOC4xLjEuMTcxNTc4MzAxMS41Ny4wLjA). (Accessed 15 May 2024).

<sup>41</sup> Charlotte Lozier Institute, "New Jersey Pregnancy Center State Impact Report - 2022 Data." Available at:

<https://lozierinstitute.org/wp-content/uploads/2024/07/2022-New-Jersey-State-Impact-Report.pdf> (Accessed 17 Oct. 2024).

<sup>42</sup> Ganesh, Jaanavi. "Understanding Anti-Abortion Centers: Purpose, Activities, and Implications." Planned Parenthood Action Fund of New Jersey. pg. 8. 7 Dec. 2023. Available at: [https://cdn.plannedparenthood.org/uploads/filer\\_public/3d/q2/3d92bb20-9725-4aac-9b14-c35267431e72/final\\_understanding\\_aacs\\_report.pdf](https://cdn.plannedparenthood.org/uploads/filer_public/3d/q2/3d92bb20-9725-4aac-9b14-c35267431e72/final_understanding_aacs_report.pdf) (Accessed 15 May 2024).

<sup>43</sup> Ibid at pgs. 11-16.

Laboratory Improvement Amendments (CLIA) do not apply to facilities with a CLIA Certificate of Waiver.<sup>44, 45</sup> National organizations that affiliate with pregnancy centers encourage them to obtain such waivers.<sup>46</sup> Unlike the incomplete research of PPAFNJ, personal research conducted by the author of this paper has confirmed that all New Jersey pregnancy centers offering STI testing comply with CLIA, have obtained a waiver, or are otherwise exempt. No pregnancy center in New Jersey is subject to licensure as a “clinical laboratory” under state law.

By failing to make the effort to verify whether pregnancy centers have obtained the necessary waiver and are reporting in accordance with New Jersey laws, the Report manipulates the narrative to make assertions or insinuations about pregnancy centers that they have not proven to be true. This manipulation further demonstrates that the PPAFNJ Report is more focused on attacking pregnancy centers over ideological disagreements than on reporting the truth.

The Report also fails to acknowledge that, while pregnancy centers are in full compliance with the law related to the limited medical services they provide, most have voluntarily chosen to operate under higher standards of medical care. In fact, the Commitment of Care and Competence mandates of pregnancy centers affiliated with the above-mentioned national organizations, including those in New Jersey,<sup>47</sup> that “[m]edical services are provided in accordance with medical standards, under the supervision and direction of a licensed physician (or advanced clinical provider as permitted by law).”<sup>48</sup> Again, the Report offers no specific example of a pregnancy center failing to abide by this provision. Pregnancy centers that abide by the Commitment of Care and Competence also, in accordance with that commitment, maintain the confidentiality of client communications and files unless otherwise required to do so by law.<sup>49</sup>

### Lack of Evidential Support

The Report cites only one peer-reviewed source, a 2012 study published in *Contraception* titled “Abortion misinformation from crisis pregnancy centers in North Carolina,” in defense of its claims that

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<sup>44</sup> N.J. Stat. § 45:9-42.2, Available at: <https://casetext.com/statute/new-jersey-statutes/title-45-professions-and-occupations/chapter-459-state-board-of-medical-examiners-advisory-committee/section-459-422-definitions> (Accessed 20 May 2024).

<sup>45</sup> “Clinical Laboratory Improvement Amendments (CLIA), How to Obtain a CLIA Certificate of Waiver” (CDC, March 2006), <https://www.cdc.gov/cliac/docs/addenda/cliaco210/Addendum-F.pdf>.

<sup>46</sup> See e.g. “Waived Tests Under CLIA.” Legal Solutions. Care Net and Heartbeat International. 2011, pg. 420-421, Available for purchase at: <https://store.care-net.org/legal-solutions-electronic-download/> (Accessed 20 May 2024), and National Institute of Family and Life Advocates, “Understanding CLIA Waivers and Who Should Perform Pregnancy Tests.” *Clinic Tips*. vol. XVIII, July 2021.

<sup>47</sup> See N.J.S.A. 26:2H-12 and N.J.S.A. 45:9-42.26.

<sup>48</sup> See “Commitment of Care and Competence,” Appendix B. New Jersey pregnancy centers are generally excluded from state regulations. State law regulates two types of entities that resemble pregnancy centers, “ambulatory care facility” ([N.J. Admin. Code § 8:43A-1.3](#)) and “clinical laboratory,” ([NJ Rev Stat § 45:9-42.27](#)), but a close look at the relevant regulation indicates that pregnancy centers would need to provide “preventative, diagnostic, and treatment services” [emphasis added] to meet the definition of “ambulatory care facility.” Pregnancy centers do not typically provide all three services. In fact, in New Jersey, only one pregnancy center does so, and the author has confirmed that this one center is licensed with New Jersey and complying with state law. As discussed above, pregnancy centers are in compliance with the requirements for clinical laboratories by obtaining the CLIA Certificate of Waiver.

<sup>49</sup> See Appendix B.

pregnancy centers push misinformation about abortion's potential harms.<sup>50</sup> The study involved a secondary data analysis of research conducted by an unnamed pro-abortion group, with data collected by individuals posing as pregnant women contacting and/or visiting pregnancy centers in the state. This study fails to provide adequate support for the accusations made in the Report and is flawed in many ways.

First among the study's limits is that it only studied a small portion of pregnancy centers in North Carolina and makes no references to New Jersey. Moreover, the sample reviewed in the study consisted only of a small minority of total centers (32 of 122) in North Carolina, and "secret shoppers" only made personal visits to 19 of the 122 North Carolina centers. Furthermore, they did not have scientific or informed criteria for the centers they chose to visit, but instead chose them based on the "travel ability of the researchers."<sup>51</sup> To start with, then, the study is neither rigorous nor directly relevant to New Jersey.

The Report cited the study to support its claim that pregnancy centers have rightly "come under scrutiny due to concerns about the accuracy, completeness, and ethics of the resources they provide" and "have been criticized for using misleading or medically inaccurate information, employing emotionally manipulative tactics, and failing to disclose their ideological stance to people seeking assistance."<sup>52</sup> However, neither the Report nor the study acknowledge that there is *conflicting research* on the impacts that abortion has on women. It's therefore not "inaccurate" or "deceptive" for pregnancy centers to merely reference or draw from research they find more plausible or compelling (as pro-abortion groups consistently do).

One of the primary claims pregnancy centers make that the study argues is inaccurate/misleading is that women who undergo abortion may develop significant mental health/emotional issues. Far from inaccurate or misleading, however, substantial evidence exists showing that the emotional and mental health consequences of abortion are real and significant.<sup>53</sup> A 2016 analysis of data from the National Longitudinal Study of Adolescent to Adult Health, for instance, found that for each exposure to abortion the risk of mental disorders increases by 23%, even after controlling for other factors such as prior mental health issues.<sup>54</sup> Peer-reviewed studies conducted by CLI scholars have found similar results. For example, an analysis of state Medicaid data showed that women who obtain abortions in their first pregnancy are 5.7 times more likely to experience an increase in inpatient mental health admissions and 3.4 times more likely to experience an increase in outpatient mental health visits compared to women who give birth.<sup>55</sup> A 2011 meta-analysis published in the British Journal of

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<sup>50</sup> Bryant, A.G. & Levi, E.E. "Abortion misinformation from crisis pregnancy centers in North Carolina." Received 17 May 2012; revised 30 May 2012; accepted 4 June 2012. *Contraception* 86 (2012). 752-756. Available for purchase at: [https://www.contraceptionjournal.org/article/S0010-7824\(12\)00415-5/abstract](https://www.contraceptionjournal.org/article/S0010-7824(12)00415-5/abstract) (Accessed 17 Oct. 2024).

<sup>51</sup> *Ibid.*, p. 753.

<sup>52</sup> "Understanding Anti-Abortion Centers: Purpose, Activities, and Implications," p. 4.

<sup>53</sup> Charlotte Lozier Institute, "Fact Sheet: Abortion and Mental Health," *Lozier Institute*, September 13, 2023, <https://lozierinstitute.org/fact-sheet-abortion-and-mental-health/>.

<sup>54</sup> Donald Paul Sullins, "Abortion, Substance Abuse and Mental Health in Early Adulthood: Thirteen-Year Longitudinal Evidence from the United States," *SAGE Open Medicine* 4 (January 1, 2016): 2050312116665997, <https://doi.org/10.1177/2050312116665997>.

<sup>55</sup> James Studnicki et al., "A Cohort Study of Mental Health Services Utilization Following a First Pregnancy Abortion or Birth," *International Journal of Women's Health* 15 (June 15, 2023): 955-63, <https://doi.org/10.2147/IJWH.S410798>.

Psychiatry likewise found that women who have abortions are at a 37% greater risk of depression and a 34% greater risk of anxiety compared to women who did not have abortions.

Another example of alleged “inaccurate medical information” provided by North Carolina pregnancy centers was the claim that a link exists between abortion and a risk of preterm birth. It is notable, however, that even the authors of the study admit later in their paper that “[r]esearch is inconclusive regarding a possible link between abortion and preterm birth ... if there is any increased risk of preterm birth after abortion, it is minimal and likely confounded by other risk factors.” A 2019 American Association of Pro-Life OBGYNs Practice Guideline explored the evidence for the preterm birth-abortion link, with a focus on key meta-analyses, concluding that “[r]esearchers of varying countries and political bent have found that surgical abortion confers an increased risk for PTB, which may be mediated by infection risk.”<sup>56</sup> In the Guideline, potential mechanisms for this link were noted, including “[c]ervical trauma from surgical dilation,” “[p]redisposition to inflammation, or subclinical inoculation from the procedure,” and “[c]hronic increased production of maternal stress hormones.” A 2023 peer-reviewed meta-analysis similarly found that a history of induced abortion increases one’s risk for cervical dysfunction, which is itself a risk factor for preterm birth.<sup>57</sup>

To summarize, the only peer-reviewed study cited in the entire Report to justify its claims that pregnancy centers push misleading or inaccurate information is irrelevant to New Jersey, lacks experimental rigor, and is contradicted by other research demonstrating that abortion does indeed pose substantial risks to women’s mental and physical health.<sup>58</sup>

### **New Jersey Pregnancy Centers Serve their Communities Well**

Although the Report does not include specific studies or statistics about pregnancy centers in New Jersey, we can provide relevant data. A study of New Jersey pregnancy centers conducted by CLI and Care Net, with assistance from the New Jersey Association of Pregnancy Centers, shows that these centers offer essential and valuable services to individuals dealing with unintended pregnancies. In

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<sup>56</sup> AAPLOG, “AAPLOG Practice Guideline Number 5: The Association between Surgical Abortion and Preterm Birth: An Overview” (American Association of Pro-Life OBGYNs, November 2019), <https://aaplog.org/wp-content/uploads/2021/11/PB-5-Overview-of-Abortion-and-PTB.pdf>.

<sup>57</sup> Julia J. Brittain et al., “Prior Spontaneous or Induced Abortion Is a Risk Factor for Cervical Dysfunction in Pregnant Women: A Systematic Review and Meta-Analysis,” *Reproductive Sciences* 30, no. 7 (July 1, 2023): 2025–39, <https://doi.org/10.1007/s43032-023-01170-7>.

<sup>58</sup> The study also suggests that there is no substantial evidence for a link between abortion and breast cancer or between abortion and infertility. However, research exists supporting both of these links. The infections and uterine damage/scarring that can result from abortion, for example, mediate a risk for issues with fertility (see for ex. Fahrünnisa Sevinç et al., “Identifying the Risk Factors and Incidence of Asherman Syndrome in Women with Post-Abortion Uterine Curettage,” *The Journal of Obstetrics and Gynaecology Research* 47, no. 4 (April 2021): 1549–55, <https://doi.org/10.1111/jog.14667>). AAPLOG has also released a Committee Opinion exploring the evidence for the abortion-breast cancer link. See: AAPLOG, “AAPLOG Committee Opinion 8: Abortion & Breast Cancer” (American Association of Pro-Life OBGYNs, January 5, 2020), <https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-8-Abortion-Breast-Cancer-1.9.20.pdf>.

2022 alone, materials and services offered by 34 New Jersey pregnancy centers were valued at \$3,678,318.<sup>59</sup>

State-level statistics quantifying the estimated value of services and material items delivered by pregnancy centers in New Jersey to women, men, and youth during both 2019 and 2022 demonstrate the vital assistance centers provide and their concrete impact.

Thirty-four centers in the state provided education, health care services, support services, and material items to 23,288 women, men, and youth. This included medical services valued at \$2,231,895, such as the following:

- 8,713 free pregnancy tests;
- 6,872 free ultrasounds performed by licensed nurses and sonographers;
- 2,210 STD/STI tests performed for 1,090 patients.

Education and support services valued at \$898,491 included:

- 10,387 free consultations with new clients;
- 1,951 moms and dads receiving free ongoing parenting education;
- 718 women and men receiving free after-abortion support;
- 12,901 youth attending free sexual risk avoidance education presentations in a community setting.<sup>60</sup>

Material items valued at \$547,932 were provided to 3,275 clients, including the following:

- 9,025 free packs of diapers;
- 7,884 free packs of baby wipes;
- 75,472 free new and used baby clothing outfits;
- 55 free new car seats;
- 172 free new and used strollers;
- 1,658 free containers of formula
- 38 free new cribs.<sup>61</sup>

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<sup>59</sup> "Pregnancy Center State Impact Report: New Jersey." Charlotte Lozier Institute, Care Net, and the New Jersey Association of Pregnancy Centers. 2024. Available at: <https://lozierinstitute.org/wp-content/uploads/2024/07/2022-New-Jersey-State-Impact-Report.pdf> (Accessed 8 Aug. 2024).

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

Services at the 34 pregnancy centers studied were provided by a total of 204 paid staff, 22% of whom were licensed medical professionals, and 336 volunteers, 10% of whom were licensed medical professionals.<sup>62</sup> The 97.4% client satisfaction/positive experience rate at pregnancy centers in the U.S., also found during a study conducted by CLI and affiliates, speaks volumes about the level of care these centers provide.<sup>63</sup>

The total impact of pregnancy centers in New Jersey cannot be quantified by these statistics alone because they do not detail the impact of resource and community linkage referrals centers provide, nor the continued follow-up care they provide to countless people who visit them.

What is more, the Report fails to provide comments, stories, or testimony from even one real client of a pregnancy center. To this end, we offer the story of Crystal, a client of a New Jersey pregnancy center who had a successful result using the abortion pill reversal protocol:

In November 2022, Crystal realized she was pregnant. Because her five-year-old daughter's father passed away when she was pregnant with her, she immediately began to panic. Afraid that history would repeat itself, she booked an appointment at an abortion facility. She got to the abortion facility and took the first abortion pill. When she saw the sonogram of her baby there, she thought, "This can't be happening. I would never do this to my first child."

As soon as she left the clinic, regret overwhelmed her. Crystal asked herself, "What if I'm carrying the next president?" She called her partner. She told him, "I just took the first pill. I did something wrong." He began crying. He replied, "We did something wrong." At 10 p.m. that night, Crystal contacted a hotline stating, "I just took the abortion pill earlier today. Is there a possibility I can cancel that and just continue with the pregnancy?" A medical provider responded to her and shared that they could help her. These words brought so much comfort to Crystal, and she thought, "This is a blessing." Less than 12 hours later, the pharmacy contacted Crystal that her progesterone was ready. An ultrasound confirmed that her baby was growing perfectly.

Remembering the day her daughter was born, she shared, "I was so in love the moment she was born, hearing her cry. I was so grateful that my baby was strong and healthy throughout everything. She has a purpose in her life." Crystal is eternally grateful for the team at the pregnancy center. "If it weren't for [the pregnancy center], I wouldn't be here with my daughter."<sup>64</sup>

This prompts the question, why does PPAFNJ insist on attacking organizations that provide such valuable services to the citizens of New Jersey? Clearly, these attacks are unwarranted and likely stem from policy disagreements rather than any actual data or genuine concerns specific to New Jersey.

### **Abortion Pill Reversal: A Healthy Way to Reverse a Drug-induced Abortion**

The Report also warns that pregnancy centers "spread misinformation" about abortion pill reversal (APR), "jeopardizing the health and well-being of both the pregnant person seeking reproductive health

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<sup>62</sup> Ibid.

<sup>63</sup> Ibid.

<sup>64</sup> "Pregnancy Center State Impact Report: New Jersey." Charlotte Lozier Institute, Care Net, and the New Jersey Association of Pregnancy Centers. 2024. Available at: <https://lozierinstitute.org/wp-content/uploads/2024/07/2022-New-Jersey-State-Impact-Report.pdf> (Accessed 8 Aug. 2024).

care and the fetus.”<sup>65</sup> Yet, both studies and real-life stories reflect the record of safety and efficacy of this life-saving option for women seeking to discontinue a drug-induced abortion.

As illustrated by Crystal’s story above, abortion pill reversal (APR) has emerged as a significant option for women who regret initiating a drug-induced abortion and wish to continue their pregnancy. APR involves administering a prescription of high-dose progesterone, a hormone crucial for maintaining pregnancy, within 24 to 72 hours of taking the first dose of mifepristone (the initial pill used in a drug-induced abortion). Research suggests that administering high-dose progesterone during this interval can counteract the effects of mifepristone and increase the chances of continuing a pregnancy.<sup>66</sup>

A 2018 study by Delgado et al. reported that 64-68% of pregnancies were successfully continued following APR treatment, compared to a typical 25% pregnancy continuation rate without intervention after taking mifepristone alone.<sup>67</sup> Additionally, progesterone has been safely used to support women’s reproductive health for decades, further supporting its use in this context. The availability of APR therefore offers an important option for women seeking to reverse their decision and highlights the need for informed consent and comprehensive counseling in abortion considerations.<sup>68</sup> To further demonstrate and elaborate upon the scientific basis for APR, we offer the following points:

- Mifepristone (brand name “Mifeprex”), the first pill in the two-drug abortion pill regimen used along with misoprostol, binds to progesterone receptors, thereby blocking progesterone itself from binding to those same receptors. This cuts off the necessary hormonal support progesterone provides, causing the death of the unborn human. The second drug, misoprostol, is taken 24-48 hours later to induce contractions to expel the fetus and associated pregnancy tissue.
- Choosing an abortion is a complex, morally significant decision—a decision that therefore requires thorough informed consent including provision of information to the woman and appropriate time to process that information. Some women, however, are not given the opportunity for true informed consent and may make an overly rushed decision to abort in crisis, only to experience immediate regret. Others are coerced or feel pressured into abortion by people or situations in their life.<sup>69</sup>

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<sup>65</sup> “Understanding Anti-Abortion Centers: Purpose, Activities, and Implications,” p. 8.

<sup>66</sup> Milly McGee, “Primer: The Basic Biochemistry of Abortion Pill Reversal,” *Charlotte Lozier Institute*, June 27, 2024, <https://lozierinstitute.org/primer-the-basic-biochemistry-of-abortion-pill-reversal/>.

<sup>67</sup> Delgado, G., & Davenport, M. (2018). A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone. *Issues in Law & Medicine*, 33(1), 21-31.

<sup>68</sup> See generally American Association of Pro-Life Obstetricians & Gynecologists (AAPLOG). (n.d.). Abortion Pill Reversal (APR). Available at: <https://aaplog.org/abortion-pill-reversal/> (Accessed 20 May 2024).

<sup>69</sup> Reardon DC, Longbons T. Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health. *Cureus*. 2023; 1):e34456. DOI 10.7759/cureus.34456; Reardon DC, Longbons T, Rafferty K. The Effects of Abortion Decision Rightness and Decision Type on Women’s Satisfaction and Mental Health. *Cureus*. 2023. Available at <https://pubmed.ncbi.nlm.nih.gov/37303450/>.

- When immediate regret happens, an internet search often leads a woman to the option of APR. Statistics show that at least 5,000 healthy babies have been born following this prescribed medical intervention.<sup>70</sup>
- As a naturally occurring hormone in women with a variety of functions, progesterone is safe for many uses relating to women’s health. This “pro” “gestational” hormone, for example, is used by obstetricians for many indications in pregnancy, including support for assisted fertility, low progesterone levels, threatened miscarriage, and prior pregnancy losses. The FDA approved bioidentical progesterone for use in pregnant women in 1998.<sup>71</sup>
- The scientific basis for the effectiveness of APR rests on basic biological principles. First, consideration is given to whether there is “physiological plausibility” supporting the use of an intervention for a medical condition. Is there a logical biological mechanism of action suggesting the drug would help? Pharmacological knowledge of reversible cell receptor activation (agonism) and deactivation (antagonism) by biological agents led to the use of Narcan to reverse an opioid overdose, and this intervention has been hailed as “life-saving” by the CDC.<sup>72</sup> Similarly, leucovorin rescue, through a similar mechanism, will alleviate symptoms after methotrexate chemotherapy.<sup>73</sup> Natural progesterone works similarly in the process of APR, competing with mifepristone for progesterone receptors, sometimes displacing mifepristone and binding to the receptor instead, allowing the receptors to remain turned “on.” This permits continued nourishment and support for the growing baby.<sup>74, 75</sup>
- Animal studies are often then performed to determine if the intervention works in a non-human model. Studies in rats demonstrate that 81% of rat pups survive after progesterone is given.<sup>76</sup>
- Following initial use of a novel intervention, researchers may publish a “case report” documenting the use of a drug in one or a small set of patients, describing their outcomes. In

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<sup>70</sup> “2023 Impact Report,” Abortion Pill Reversal Rescue Network. See also <https://abortionpillreversal.com/>. (Accessed 6 June 2024); “Lives Saved Through Pregnancy Help –View APRN Stories Only,” Heartbeat International. Available at <https://www.heartbeatinternational.org/all-lives-saved> (Accessed 12 September 2024).

<sup>71</sup> “Drug Approval Package,” Prometrium (Progesterone) Capsules, Application No. 020843, U.S. Food & Drug Administration (approved Dec. 26, 1998), Available at

[https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/98/020843\\_s000\\_PrometriumTOC.cfm](https://www.accessdata.fda.gov/drugsatfda_docs/nda/98/020843_s000_PrometriumTOC.cfm). (Accessed 6 June 2024).

<sup>72</sup> Life-saving Naloxone. Available at: <https://www.cdc.gov/stop-overdose/media/pdfs/2024/04/Naloxone-Fact-Sheet-508.pdf> (Accessed 23 July 2024).

<sup>73</sup> Leucovorin. Available at [http://www.bccancer.bc.ca/drug-database-site/Drug%20Index/Leucovorin\\_monograph.pdf](http://www.bccancer.bc.ca/drug-database-site/Drug%20Index/Leucovorin_monograph.pdf). (Accessed 6 June 2024).

<sup>74</sup> Heikinheimo O, Kekkonen R, Lahteenmaki P. The pharmacokinetics of mifepristone in humans reveal insights into differential mechanisms of antiprogestins action. *Contraception* 2003;68:421-6; Sarkar NN. Mifepristone: bioavailability, pharmacokinetics and use-effectiveness. *Eur J Obstet Gynaecol Reprod Bio*; 2002;101:113-20.

<sup>75</sup> McGee, “Primer.”

<sup>76</sup> Yamabe, S; Katayana, K; Mochuzuki, M. Nihon Naibunpi Gakkai Zasshi, 65(5), 497-511, 1989. The Effect of RU486 and Progesterone on Luteal Function During Pregnancy; Camilleri, C., Sammut, S. Progesterone-mediated reversal of mifepristone-induced pregnancy termination in a rat model: an exploratory investigation. *Sci Rep* 13, 10942 (2023). <https://doi.org/10.1038/s41598-023-38025-9>.

2012, a case report found that four of six (2/3) women who used progesterone following mifepristone carried their pregnancies to a live birth.<sup>77</sup>

- If the treatment appears successful, observational “case series” often follow, retrospectively documenting outcomes of an intervention in larger numbers of patients. A peer-reviewed case series of APR was published in 2018, documenting the outcomes for 754 women who received this intervention. This study found that 2/3 (64-68%) of the unborn children survived to birth when using the most effective progesterone protocols (high-dose oral and high-dose intramuscular), with no increased risk of birth defects.<sup>78</sup>
- Review of the literature demonstrates that the mean percentage of embryos who survived out of all dose ranges for mifepristone, and all gestational ages, was just 12%.<sup>79</sup> (Abortion advocates sometimes claim that up to half of women who take mifepristone alone “continue their pregnancies,” but they are conflating retained but dead pregnancy tissue with living embryos.<sup>80</sup>) Further, in studies that used the current dosage/gestational ages at which mifepristone is approved, only around 25% of embryos survived. These percentages can be compared to the 64-68% success rate in the 2018 case series, demonstrating that the likelihood of an unborn child continuing to live may improve from around 1/8 to 1/4 for women who take mifepristone without progesterone to 2/3 who take mifepristone with progesterone. This is a significant improvement in survival.
- Notably, the aforementioned 2018 study by Delgado et al. has documented no increase in the incidence of birth defects compared to the general population after the reversal of mifepristone’s effects with progesterone.<sup>81</sup>
- A 2023 Scoping Review analyzed 16 available studies and concluded that APR is a “safe and effective treatment.” It recommended that physicians should disclose this treatment option to women at the time of informed consent.<sup>82</sup>

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<sup>77</sup> George Delgado and Mary L. Davenport, “Progesterone Use to Reverse the Effects of Mifepristone,” *Annals of Pharmacotherapy* 46(12), 1723-1723 (Nov. 2012), <https://doi.org/10.1345%2Faph.1R252>.

<sup>78</sup> George Delgado et al., “A case series detailing the successful reversal of the effects of mifepristone using progesterone,” *Issues in Law & Medicine* 33(1), 21-31 (Spring 2018), <https://pubmed.ncbi.nlm.nih.gov/30831017/>.

<sup>79</sup> Davenport M, Delgado G, Khau V. Embryo survival after mifepristone: review of the literature. *Issues in Law and Medicine* 2017, 32(1): 3-18.

<sup>80</sup> Grossman D et al. Continuing pregnancy after mifepristone and “reversal” of first-trimester medical abortion: A systematic review, *Contraception* (2015) 92(3), 206–211, DOI:

10.1016/j.contraception.2015.06.001; Creinin, M, Gemzell Danielsson, K. Chapter 9, Medical abortion in early pregnancy, in *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Published Online: 22 May 2009 DOI:10.1002/9781444313031.ch9; “Facts Are Important: Medication Abortion ‘Reversal’ Is Not Supported by Science,” ACOG, accessed January 3, 2024, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>.

<sup>81</sup> George Delgado et al., “A case series detailing the successful reversal of the effects of mifepristone using progesterone,” *Issues in Law & Medicine* 33(1), 21-31 (Spring 2018), <https://pubmed.ncbi.nlm.nih.gov/30831017/>.

<sup>82</sup> DeBeasi, Paul LC. Mifepristone Antagonization with Progesterone to Avert Medication Abortion: A Scoping Review. *Linacre Quarterly* (2023), 90(4), 395-407. DOI: 10.1177/00243639231176592.

- According to the Abortion Pill Rescue Network, as of 2023, APR had saved over 5,000 lives, 91% of whom were located in North America.<sup>83</sup> These women, like Crystal, regretted taking the abortion pill.

While the Report fails to provide a single negative experience of a woman in New Jersey using the APR protocol, this paper provides Crystal's story above in which she expresses her gratitude for the pregnancy center offering her the option of abortion pill reversal, saying, "If it weren't for [the pregnancy center], I wouldn't be here with my daughter."<sup>84</sup>

### Conclusion

PPAFNJ has released a report with the intent to damage pregnancy centers through false accusations, incomplete research, and misleading claims. It has failed to produce a single proven example of any legal violations committed by any New Jersey pregnancy center, nor has it presented a single client expressing dissatisfaction. Instead, it misrepresents the law and misleads readers by failing to present a full and balanced view of the work of pregnancy centers in the state. By contrast, the authors here have demonstrated that pregnancy centers in New Jersey not only serve their communities well but do so in full compliance with New Jersey law, providing millions of dollars in goods and services at no cost to their clients.

In short, PPAFNJ's efforts to discredit pregnancy centers are at best uninformed and at worst egregious and intentional defamation.

*The authors wish to thank the New Jersey Association of Pregnancy Centers and Anne O'Connor of the National Institute of Family and Life Advocates for their assistance.*

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<sup>83</sup> 2023 Impact Report. Abortion Pill Rescue Network. Available at: [https://www.heartbeatinternational.org/images/ImpactReports/APRN\\_Impact\\_Report\\_2023.pdf](https://www.heartbeatinternational.org/images/ImpactReports/APRN_Impact_Report_2023.pdf) (Accessed 6 June 2024).

<sup>84</sup> "Pregnancy Center State Impact Report: New Jersey." Charlotte Lozier Institute, Care Net, and the New Jersey Association of Pregnancy Centers. 2024. Available at: <https://lozierinstitute.org/wp-content/uploads/2024/07/2022-New-Jersey-State-Impact-Report.pdf> (Accessed 18 Nov. 2024).

## Appendix A

### Author Biographies

#### **Jeanneane Maxon, J.D.**

Jeanneane Maxon, J.D. currently serves as a non-profit law and compliance consultant based in Dallas, Texas, primarily serving pro-life clients and pro-life pregnancy centers. Jeanneane is an attorney and nationally recognized speaker and pro-life advocate. She is also an associate scholar of the Charlotte Lozier Institute.

From 2012 through 2015, she served as Vice President of External Affairs and Corporate Counsel for [Americans United for Life](#) (AUL), the legal architects of the pro-life movement and one of the first national pro-life organizations in the United States. In this role, she oversaw the communications, development, operations, and coalition departments of AUL. From 2008 through 2011, Jeanneane served as the general counsel of [Care Net](#), a pregnancy center affiliation network with over 1,200 pregnancy center members. In this role, she oversaw the legal education and advocacy program for the Care Net network of pregnancy centers, successfully leading pregnancy centers through numerous advocacy battles and attacks from Planned Parenthood and NARAL Pro-Choice America.

She has also been widely published in print media including the [Daily Caller](#), [Christian Science Monitor](#), the Washington Times, [Real Clear Religion](#), and the Ethics and Religious Liberty Commission. She has been actively involved in pro-life legislative battles and has been called to testify before dozens of state legislative bodies.

She holds a Bachelor of Science in political science and history from Westminster College, graduating *summa cum laude*, and a Juris Doctorate from Boston University School of Law, graduating *cum laude*. At Westminster College she was named a Winston Churchill Scholar, and a Dean's Scholar at Boston University School of Law. In 2016, Jeanneane was named the "Young Alumni of the Year" from her alma mater, Westminster College. In 2022, Jeanneane was awarded the Peggy Hartshorn Servant Leader Award from Heartbeat International.

#### **Ingrid Skop, M.D., FACOG**

Ingrid Skop, M.D., FACOG, is Vice President and Director of Medical Affairs for Charlotte Lozier Institute, leveraging more than 30 years' experience as a practicing obstetrician-gynecologist to support research and policies that respect the dignity of every human life.

Dr. Skop received her Bachelor of Science in physiology from Oklahoma State University and her medical doctorate from Washington University School of Medicine. She completed her residency in obstetrics and gynecology at the University of Texas Health Science Center at San Antonio. Dr. Skop is a Fellow of the American College of Obstetricians and Gynecologists, where she uses science and statistics to counter pro-abortion agendas, and is a lifetime member of the American Association of Pro-Life Obstetricians and Gynecologists.

Prior to joining Charlotte Lozier Institute, Dr. Skop served for over 25 years in private practice in San Antonio, where she delivered more than 5,000 babies and personally cared for many women who had been harmed, physically and emotionally, from complications due to abortion. She has served as board member and medical director for pregnancy resource centers in San Antonio, Austin, and Houston. She is also a member of the Texas Maternal Morbidity and Mortality Review Committee.

Dr. Skop's research on maternal mortality, abortion, and women's health has been published in multiple peer-reviewed journals. Additionally, she has provided expert testimony at both the state and federal levels on legislation related to abortion, including standing firm against prominent pro-abortion politicians who choose not to follow the science regarding fetal heartbeat and development.

Dr. Skop is married to a physician and is the proud mother of two sons and a daughter.

### **Moira Gaul, M.P.H.**

Moira Gaul is an associate scholar at the Charlotte Lozier Institute where she works on pregnancy center studies and women's health-related issues.

With a background in pregnancy center work, Moira first developed a passion for outreach in the role of client services director at an early medical pregnancy center in Charlottesville, Virginia. She has also served as a volunteer and board member of a pregnancy center in Washington, D.C. More recently, she has been a center director for services located within an urban-based rescue mission clinic and at a satellite based out of a public university's student medical services in Pennsylvania.

In addition to her work at the Charlotte Lozier Institute, Moira's policy and advocacy experience includes serving as fellow and director of women's and reproductive health at the Family Research Council in Washington, D.C. She has authored publications on a variety of women's and children's health and sanctity of life topics, including having co-authored four in-depth national reports on pro-life pregnancy help centers. She has testified before the Centers for Disease Control and Prevention, American Public Health Association conferees, state legislatures, and public school boards.

Moira received bachelor's degrees in biology and dance from the University of Michigan, Ann Arbor, and a master's in public health (with an emphasis in maternal and child health) from George Washington University. She is a native Michigander and first generation American.

## Appendix B

### Commitment of Care and Competence

- Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- Clients are treated with kindness and compassion, in a caring manner.
- Clients always receive honest and open answers.
- Client information is kept securely and confidentially and only released with the client's signed authorization or as required by law.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend, or refer for abortions or abortifacients, or contraceptives. We are committed to offering accurate information about related risks and procedures.
- All of our advertising and communications are truthful and honest, and accurately describe the services we offer.
- We provide a safe environment by screening and equipping all staff and volunteers interacting with clients.
- We are governed by a Board of Directors and operate in accordance with our articles of incorporation, bylaws, and stated purpose and mission.
- We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
- All services are provided in accordance with pertinent and applicable laws. Medical services are provided in accordance with medical standards, under the supervision and direction of a licensed physician (or advanced clinical provider as permitted by law).
- All of our staff and volunteers receive appropriate training to uphold these standards.

*Final language as approved by the Leadership Alliance of Pregnancy Care Organizations – 07/10/24.*

<https://www.heartbeatinternational.org/about-us/commitment-of-care>